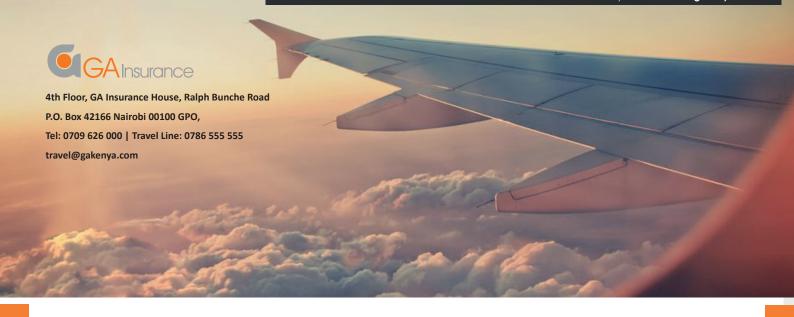
GA SMART TRAVEL - OUTBOUND PACKAGE



MAKING A CLAIM

If an accident occurs under any of the guarantees described in the benefits schedule, then the insured should in the shortest time possible contact the 24/7 International Helpline on the following:





Direct assistance email: afrcosiam@mapfre.com Refund assistance email: refund@mapfre.com

By dialing the emergency number, you will be prompted to provide:

- Passport or identity card number
- Policy number
- Full name of the injured and principle insured
- Cause of the call
- The place you are located (Hotel/City/Address/Phone number)

For non-emergency medical and other claims, you will need to complete a claim form as soon as possible after the incident has occurred or within 31 days of vour return to your home country.

The form together with relevant invoices, travel documents and any other details must be sent to GA INSURANCE LIMITED.

MAJOR COVER EXCLUSIONS

- Pre-existing illnesses/conditions whether known/unknown to the insured
- Expenses that arise from pandemics or epidemics such as Covid-19
- Reimbursement of medical expenses over 300USD where the client did not seek approval from MAPFRE before making the payment
- Expenses arising from flight cancellations by airline

- Alcohol/drug abuse
- Dangerous sports such as underwater diving, mountain climbing, motor racing etc.
- Loss arising from Labor accidents e.g mining
- Expenses that occur when the insured returns back to Kenya except pre-authorized
- Claims whereby the client did not suffer financial loss
- Any damage occurring to Mobile Phones or Personal Computer not registered at the moment of taking out the policy
- Prior notice should be given in-case there is a need to cancel a policy, policies that will have already taken effect will not be cancelled.

Refer to the policy document for detailed policy terms, conditions & exclusions

APPLICATION FORM First name Middle name Last name Date of birth _ Passport _ Occupation _ Postal address _ Phone number _ Email address Destination (s) _ KRA Pin No Purpose of trip _ Date of departure Total number of days/months _ Beneficiary (name) _ Contact details of beneficiary ___ Mobile Phone □ Model: _ Personal Computer (PC) Serial No: Model: Note: Mobile and PC Not available for Africa/Asia Optional Covers: Upgrade to 24 hours Personal Accident Cover (Attracts 75% premium loading) Winter Sports - Skiing (Attracts 100% premium loading) $\ \square$ PRODUCT SELECTED AFRICA/ASIA O EUROPE BASIC O WORLDWIDE BASIC O WORLDWIDE PLUS O WORLDWIDE PLUS O WORLDWIDE EXTRA -FAMILY O WORLDWIDE EXTRA -FAMILY O DECLARATION 1. I am not aware of any circumstances likely to lead to cancellation of the journey nor have I withheld any information likely to affect the acceptance of this insurance and will notify the company of any change in circumstances or health occurring prior to departure. I declare that all persons are in good state of health and fit to travel. Pre-existing medical conditions are excluded. I accept the levels of cover chosen as well as all terms and conditions.

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	and defined the desired and de		
INSURED SIGNATURE		DATE	

Regulated by Insurance Regulatory Authority

OUTBOUND PACKAGES - SCHEDULE OF BENEFITS (USD)



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COVER / BENEFIT	AFRICA OR ASIA	EUROPE BASIC	WORLDWIDE BASIC	WORLDWIDE PLUS	WORLDWIDE EXTRA	EXCESS (IN USD)
PERSONAL ASSISTANCE						
Dispatch of Medication	Included - Service Only	Nil				
General Information	Included - Service Only	Nil				
Hijack	30 Per Day Max. 3,000	50 Per Day Max. 3,000	50 Per Day Max. 3,000	50 Per Day Max. 3,000	75 Per Day Max. 7,500	Nil
MEDICAL TRANSPORTATION AND REPATRIATION						
Medical Transportation or Repatriation	Real Expenses	Nil				
Transport of a Person due to the Hospitalisation of the Insured	Return Tickets Economy Class	5 Days				
Stay of a Person due to the Hospitalisation of the Insured	85 Per Day Max. 10 Days	100 Per Day Max. 10 Days	100 Per Day Max. 10 Days	100 Per Day Max. 10 Days	200 Per Day Max. 10 Days	5 Days
Transportation or Repatriation of the Accompanying Insured	1,500	3,500	1,500	3,500	5,000	Nil
MEDICAL EXPENSES						
Medical Expenses Abroad	15,000	80,000	100,000	225,000	500,000	Nil
Compulsory Quarantine Due To Diagnosed Covid-19	80 Per day - Max. 14 Days	Nil				
First Medical Assistance Abroad Covid-19 Medical	Included In General Limit	Nil				
Dental Expenses Abroad Now Included*	450	450	500	500	650	Nil
Pharmaceutical Expenses	Included In	Nil				
·	General Limit					
Medical Expenses After the Return to the Country of Origin	500	500	500	500	1,000	Nil
REPATRIATION OF MORTAL REMAINS						
Transport or Repatriation of the Deceased Insured	Real Expenses	Nil				
LUGGAGE Indemnity due to problems with the Checked - in Luggage (Accidental Damage,	300	1,500	1,500	1,500	2,000	Nil
Loss, Robbery)		<u> </u>		250		
Compensation for Baggage Delay	200	200	250		350	4 Hours
Compensation due to Damage of Registered Personal PC	Nil	200	200	300	500	Nil
Compensations due to Damage of Registered Mobile Phone	Nil	200	200	300	500	Nil
TRIP CANCELLATION Reimbursement of the Cancellation Expenses of the Trip (Prevents the Policy to be						
Cancelled after Purchase)	Nil	1,500	Nil	2,000	5,000	50
DELAYS						
Indemnity due to the Transport Departure Delay	180	250	300	300	500	4 Hours
Missed Connections	Nil	200	300	300	500	Nil
Missed Departure	Nil	200	300	300	500	Nil
CURTAILMENT						
Curtailment Expenses	500	2,000	3,000	5,000	5,000	Nil
Early Return due to Serious Family Matter	Same Class Ticket	Nil				
PERSONAL ACCIDENTS						
Accidental Death on Means of Transport (Optional upgrade to 24 hours cover, subject to premium increase of 75%)	7,000	50,000	200,000	200,000	500,000	Nil
Permanent Accidental Disability (Means of Transport)	% As Per Scale	Nil				
PERSONAL LIABILITY						
Personal Liability due to Physical Damages to Third-Parties	200,000	200,000	200,000	250,000	250,000	Nil
Legal Defence (Not Traffic)	3,500	3,500	5,000	5,000	5,000	Nil
Deposit for Legal Costs and Expenses	3,500	3,500	5,000	5,000	5,000	Nil
Personal Liability due to Material Damages to Third-Parties	200,000	200,000	200,000	250,000	250,000	Nil
COMPLIMENTARY MEDICAL COVERS	,,,,,	,	,	,	,	
Hospital Compensation	Nil	100 Day Max. 10 Days	200 Day Max. 10 Days	200 Day Max. 10 Days	200 Day Max. 10 Days	5 Days
COMPLIMENTARY CARD COVERS			,	,		•
Replacement of the Passport and the Driving Licence by Emergency Documents	200	500	500	500	500	Nil

OUTBOUND PACKAGE		AFRICA		EUROPE	WORLD- WIDE BASIC	WORLDWIDE PLUS		WORLDWIDE EXTRA	
	Type of Plan	Individual	Individual	Individual	Individual	Individual	Family	Individual	Family
PREMIUM SCHEDULKE (USD)	1-8 days	13	13	20	23	34	83	38	92
	9-14 days	18	18	29	32	38	92	43	103
	15-21 days	25	25	34	40	45	110	50	121
	22-32 days	31	31	38	45	52	126	58	140
	33-49 days	38	38	50	58	68	164	76	182
	50-62 days	65	65	79	92	108	261	121	288
	63-92 days	88	88	103	119	140	337	155	373
	93-180 days (¹)	137	137	207	239	283	679	313	751
	93-180 days (²)	149	149	238	277	326	783	362	866
	Annual Multi-trip (¹)	164	164	270	315	371	889	409	983
	Annual Multi-trip (²)	189	189	331	364	428	1,028	473	1138

⁽¹⁾ Maximum 92 consecutive days per trip (2) Maximum 180 consecutive days per trip

Premiums are exclusive of levies: Policy Holder's Compensation Fund = 0.25% Training Levy = 0.2 Stand Duty = KES 40/-

Disclaimer*

- The information contained in this brochure is for marketing purposes only, full information of the cover is contained in the policy document. In case of any queries and clarifications, please contact your agent/broker or any of our branches near you.*
- Cover for Covid-19 is only limited to "medical expenses benefit" abroad but not on any other expense that arise from the other list of benefits above.*