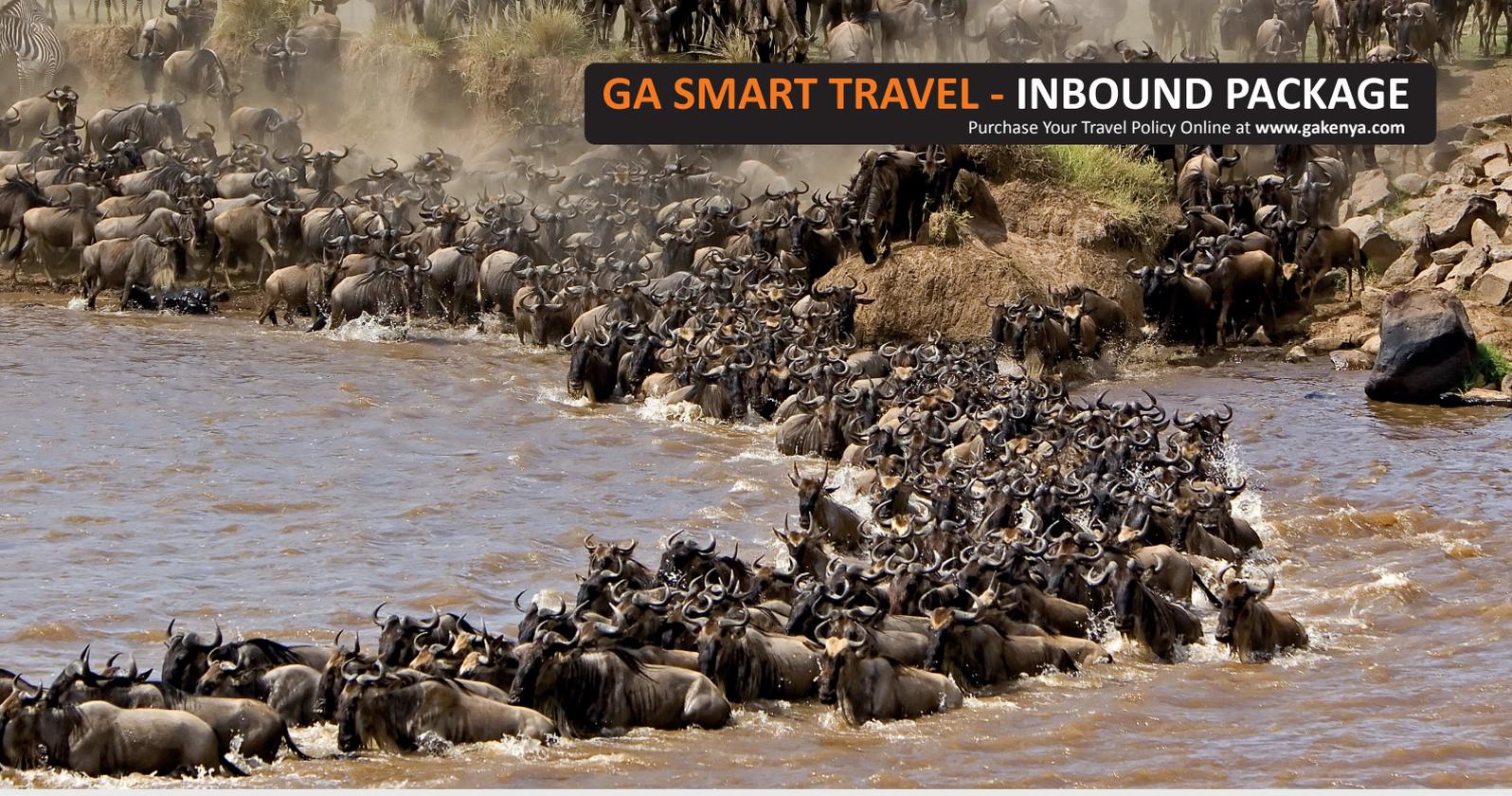


GA SMART TRAVEL - INBOUND PACKAGE

Purchase Your Travel Policy Online at www.gakenya.com



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:

+44 845 217 1379

+216 29 67 72 76

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 your return to your home country.

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



4th Floor, GA Insurance House, Ralph Bunche Road
P.O. Box 42166 Nairobi 00100 GPO,
Tel: 0709 626 000 | Travel Line: 0786 555 555 | travel@gakenya.com

NOTES

50% loading for persons between 66 - 75 years

100% loading for persons between 76 - 80 years.

Policy should be bought prior to leaving the country.

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.

APPLICATION FORM

First name _____ Middle name _____ Last name _____
Date of birth _____ Passport _____ Occupation _____
Postal address _____ Phone number _____ Email address _____
Country of Origin _____ Destination _____ Purpose of trip _____
Date of departure _____ Date of return _____ Total number of days/months _____
Beneficiary (name) _____ Contact details of beneficiary _____

PRODUCT SELECTED INBOUND BASIC INBOUND PLUS

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.
2. I declare that all persons are in good state of health and fit to travel. **Pre-existing conditions are excluded.**
3. I accept the levels of cover chosen as well as all terms and conditions.

INSURED SIGNATURE _____ DATE _____

GA SMART TRAVEL INBOUND BROCHURE

SCHEDULE OF BENEFITS (USD)

BENEFITS/PRODUCT	GA INBOUND BASIC	GA INBOUND PLUS	EXCESS
COVID-19 MEDICAL EXPENSES NOW INCLUDED*			
A. MEDICAL & EMERGENCY ASSISTANCE			
MEDICAL EXPENSES & HOSPITALIZATION ABROAD	USD 65,000	USD 130,000	NIL
COMPULSORY QUARANTINE DUE TO DIAGNOSED COVID-19	80 PER DAY - MAX. 14 DAYS	80 PER DAY - MAX. 14 DAYS	NIL
TRANSPORT OR REPATRIATION IN CASE OF ILLNESS OR ACCIDENT	ACTUAL COST	ACTUAL COST	NIL
EMERGENCY DENTAL CARE	USD 600	USD 1,000	USD 60
HOSPITAL BENEFIT	NIL	USD 50 PER DAY/MAX. USD 500	3 DAYS AS INPATIENT
REPATRIATION OF FAMILY MEMBER TRAVELING WITH THE INSURED	ACTUAL COST	ACTUAL COST	NIL
REPATRIATION OF MORTAL REMAINS	ACTUAL COST	ACTUAL COST	NIL
TRAVEL OF ONE IMMEDIATE FAMILY MEMBER	USD 110 PER DAY MAX. USD 1,100	USD 110 PER DAY MAX. USD 1,100	NIL
EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER	ACTUAL COST ECONOMY CLASS FLIGHT	ACTUAL COST ECONOMY CLASS FLIGHT	NIL
B. PERSONAL ASSISTANCE SERVICES			
DELIVERY OF MEDICINES (SERVICE ONLY)	ACTUAL COST	ACTUAL COST	NIL
RELAY OF URGENT MESSAGES (SERVICE ONLY)	ACTUAL COST	ACTUAL COST	NIL
ADVANCE OF BAIL BOND	USD 20,000	USD 20,000	NIL
ADVANCE OF FUNDS	USD 2,000	USD 2,000	NIL
LEGAL DEFENSE ABROAD	USD 3,000	USD 3,000	NIL
INTERNATIONAL ASSISTANCE	UNLIMITED	UNLIMITED	NIL
C. LOSSES & DELAYS			
COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE	NIL	USD 200	NIL
D. PERSONAL ACCIDENT			
PERSONAL ACCIDENT 24 HOURS	USD 30,000	USD 30,000	NIL
F. CANCELLATION OR CURTAILMENT			
TRIP CANCELLATION OR CURTAILMENT	USD 2,000	USD 2,000	USD 200

	GA INBOUND TRAVEL INSURANCE	INBOUND BASIC	INBOUND PLUS
PREMIUM SCHEDULE (USD)	7 DAYS	29	40
	10 DAYS	43	56
	15 DAYS	48	66
	21 DAYS	53	75
	30 DAYS	69	98
	60 DAYS	130	187
	90 DAYS	184	262
PREMIUMS ARE EXCLUSIVE OF LEVIES. PHCF = 0.25% TRAINING LEVY = 0.2% STAMP DUTY = KES 40/-			

Important Points

- Pre-existing conditions and scheduled medical treatments are not covered.
- 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 canceled.
- GA Inbound basic & plus provides coverage while visiting Kenya and Tanzania (Kenya being the country of arrival and where more than 60% of the stay will take place).