

GA SMART TRAVEL - STUDENT PACKAGE

Purchase Your Travel Policy Online at www.gakenya.com



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

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.

MAJOR COVER EXCLUSIONS

- Pre-existing illnesses/conditions whether known/unknown to the insured
- 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
- Natural perils such as floods, earthquakes, landslides, volcanic eruptions etc.
- Loss arising from terrorism, mutiny or crowd disturbances
- Alcohol/drug abuse
- Dangerous sports such as underwater diving, mountain climbing, motor racing etc.
- Loss arising from Labor accidents e.g mining
- Incidents that happen before the client leaves Kenya
- Expenses that occur when the insured returns back to Kenya except pre-authorized follow-up medical treatment
- Claims whereby the client did not suffer financial loss
- Any damage occurred to Mobile Phones or Personal Computers non-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 _____
KRA Pin No _____ Destination (s) _____ Purpose of trip _____
Date of departure _____ Date of return _____ Total number of days/months _____
Beneficiary (name) _____ Contact details of beneficiary _____

ZONE I	Provides coverage for Worldwide except the country of residence, USA, Canada, Australia and Japan.
ZONE II	Provides Worldwide cover except the country of residence.

PRODUCT SELECTED STUDENT ZONE I STUDENT ZONE II

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 STUDENTS TRAVEL COVER PACKAGE - SCHEDULE OF BENEFITS (USD)

GEOGRAPHICAL SCOPE

ZONE I	Provides coverage for Worldwide except the country of residence, USA, Canada, Australia and Japan.
ZONE II	Provides Worldwide cover except the country of residence.

PRODUCT BENEFITS AND LIMITATIONS: STUDENTS PLUS PLAN

BENEFITS / PRODUCT	STUDENTS PLUS	EXCESS
	LIMITS IN USD	
A. MEDICAL & EMERGENCY ASSISTANCE		
MEDICAL EXPENSES & HOSPITALIZATION ABROAD	USD 60,000	NIL
COMPULSORY QUARANTINE DUE TO DIAGNOSED COVID-19	USD 80 PER DAY - MAX. 14 DAYS	NIL
EMERGENCY MEDICAL EVACUATION IN CASE OF ILLNESS OR ACCIDENT	USD 80,000	NIL
EMERGENCY DENTAL CARE	USD 400	10%
REPATRIATION OF FAMILY MEMBER TRAVELLING WITH THE INSURED	Actual Cost	NIL
REPATRIATION OF MORTAL REMAINS	Actual Cost	NIL
TRAVEL OF ONE IMMEDIATE FAMILY MEMBER	USD 125 PER DAY / MAX. USD 1,250	NIL
EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER	Actual Cost - Economy class flight	NIL
B. PERSONAL ASSISTANCE SERVICES		
24 HOURS ASSISTANCE SERVICES	Unlimited	NIL
DELIVERY OF MEDICINES	Actual Cost - Service Only	NIL
RELAY OF URGENT MESSAGES	Actual Cost - Service Only	NIL
LEGAL DEFENSE ABROAD	USD 6,000	NIL
HIJACK IN MEANS OF PUBLIC TRANSPORT	USD 200 PER DAY / MAX. USD 2,000	6 HOURS
REIMBURSEMENT OF UNIVERSITY / COLLEGE FEES	USD 6,000	USD 200
COVER IN CASE OF WAR & TERRORISM	INCLUDED	NIL
C. LOSSES & DELAYS		
LOSS OF PASSPORT, DRIVING LICENSE, NATIONAL ID CARD ABROAD	USD 300	NIL
COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE	USD 1,000	NIL
COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE	USD 300	4 HOURS
LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL BELONGINGS	Actual Cost	NIL
D. PERSONAL ACCIDENTS 24 HOURS		
PERSONAL ACCIDENT 24 HOURS	USD 6,000	NIL
E. CIVIL LIABILITY BENEFITS		
PERSONAL CIVIL LIABILITY	USD 50,000	NIL
F. CANCELLATION OR CURTAILMENT		
TRIP CANCELLATION OR CURTAILMENT	USD 1,500	NIL



PREMIUM SCHEDULE IN USD

STUDENTS PLUS - NET REINSURANCE PREMIUM IN USD	STUDENTS PLUS	
	ZONE I	ZONE II
6 months maximum 180 consecutive days	\$341	\$389
1 year maximum 365 consecutive days	\$424	\$488

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.