

#### 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 insured 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 area.

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
- Claims arising from directly or indirectly from pandemic and epidemic arising from Covid-19
- 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 his/her permanent residence
- Expenses that occur when the insured returns back to his/her permanent residence
- Claims whereby the client did not suffer financial loss
- 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/ID No	Occupation		
Postal address	Phone number	Email address		
Permanent residence	Destination	Purpose of trip		
Date of departure	Date of return	Total number of days/months		
Beneficiary (name)	Contact details of beneficiary			
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 – DOMESTIC PACKAGE (KENYA)**

## **SCHEDULE OF BENEFITS (USD)**

BENEFITS/PRODUCT	LIMITS IN USD	EXCESS
PERSONAL ASSISTANCE		
Dispatch of Medication	Included – Service Only	Nil
General Information	Included – Service Only	Nil
Hijack	30 USD per day max. 3,000 USD	Nil
MEDICAL TRASPORTATION AND REPATRIATION		
Medical transportation or repatriation	\$3,000	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 Day max. 10 Days	5 Days
Transportation or repatriation of the accompanying insureds	\$500	Nil
MEDICAL EXPENSES		
Medical expenses abroad (Countrywide – Kenya)	\$5,000	100 Km from place of permanent residence
First medical assistance abroad – (Countrywide – Kenya)	Included in general limit	
Dental expenses	\$350	
Pharmaceutical expenses	Included in general limit	100 Km from place of permanent residence
LUGGAGE		
Indemnity due to problems with the checked - in luggage (accidental damage, loss, robbery)	\$300	Nil
Compensation for baggage delay	\$100	4 Hours
TRIP CANCELLATION		
Reimbursement of the cancellation expenses of the trip (Prevents the policy to be cancelled after purchase)	\$500	\$50
CURTAILMENT		
Curtailment expenses	\$200	Nil
Early return due to serious family matter	Same class ticket	Nil
Personal accidents		
Accidental death means of transport	\$7,000	Nil
Permanent accidental disability (means of transport)	% As per scale	Nil

Geographical scope of cover	Domestic (Kenya)
Type of plan	INDIVIDUAL PREMIUMS PER DAY
Period of coverage	Retail Premium
1 – 8 days	1.20
9 – 14 days	0.95
15 – 21 days	0.90
22 – 32 days	0.70
33 – 49 days	0.60
50 – 62 days	0.80
63 – 92 days	0.75

Premiums are exclusive of levies.

PHCF = 0.25%

Training levy = 0.2%

Stamp duty = Kes 40/-

# **Important Point**

 Geographical scope of cover: Kenya.
 Cover will be valid for journeys to a destination within Kenya that is more than 100Km's from the insured home.

### NOTES

50% Discount for persons between 3 months to 18 years

50% loading for persons between 66 - 75 years

100% loading for persons between 76 - 80 years.

Policy should be bought prior to leaving the place of residence.

Note: Total premium = Number of days  $\times$  premium per the category of days above.

#### 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.