

GA UGANDA SMART TRAVEL - CORPORATE PACKAGE



GA Insurance Uganda Limited
Plot 6, Mackinnon Road, Nakasero
P.O. Box 24876, Kampala
Tel: +256 414 232995 | 756 290 043
info@gauganda.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 Uganda
- Expenses that occur when the insured returns back to Uganda 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

Full Company Name _____

Postal Address _____

Phone Number _____

Email Address _____

KRA Pin No _____

Policy Period - Start Date _____ End Date _____

PACKAGE SELECTED 200 days/year ☐ 500 days/year ☐ 600 days/year ☐ 800 days/year ☐ 1000 days/year ☐ 1500 days/year ☐

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 _____

**Regulated by The Insurance Regulatory Authority of Uganda*

GA UGANDA CORPORATE TRAVEL COVER PACKAGE - SCHEDULE OF BENEFITS (USD)



SCOPE OF COVER	Provides Worldwide coverage except the country of residence
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PRODUCT BENEFITS AND LIMITATIONS: COOPERATE PLUS PLAN

CODE	COVER / BENEFIT	LIMIT (USD)	EXCESS (USD)
B0000	PERSONAL ASSISTANCE		
B0340S	RELAY OF URGENT MESSAGES	INCLUDED - SERVICE ONLY	Nil
B0440S	DISPATCH OF MEDICATION	INCLUDED - SERVICE ONLY	Nil
B0490S	GENERAL INFORMATION	INCLUDED - SERVICE ONLY	Nil
B0450I	REPLACEMENT STAFF	\$2,500	Nil
B3180I	HIJACK	\$250 HOUR MAX. 80 HOURS	Nil
B0010	MEDICAL TRANSPORTATION AND REPATRIATION		
B0090I	MEDICAL TRANSPORTATION OR REPATRIATION	\$50,000	Nil
B0130I	TRANSPORT OF A PERSON DUE TO THE HOSPITALISATION OF THE INSURED	RETURN TICKETS ECONOMY CLASS	5 DAYS
B0140I	STAY OF A PERSON DUE TO THE HOSPITALISATION OF THE INSURED	\$100 DAY MAX. 10 DAYS	5 DAYS
B0190I	TRANSPORTATION OR REPATRIATION OF THE ACCOMPANYING INSUREDS	\$5,000	Nil
B0030	MEDICAL EXPENSES		
B0030I	MEDICAL EXPENSES ABROAD	\$300,000	Nil
B0035I	FIRST MEDICAL ASSISTANCE ABROAD	INCLUDED IN GENERAL LIMIT	Nil
B0060I	DENTAL EXPENSES	\$400	Nil
B0070I	PHARMACEUTICAL EXPENSES	INCLUDED IN GENERAL LIMIT	Nil
B0820I	MEDICAL EXPENSES AFTER THE RETURN TO THE COUNTRY OF ORIGIN	\$1,500	Nil
B0270	REPATRIATION OF MORTAL REMAINS		
B0270I	TRANSPORT OR REPATRIATION OF THE DECEASED INSURED	\$50,000	Nil
B0290I	BURIAL EXPENSES	\$2,000	Nil
C0000	LUGGAGE		
C0030I	INDEMNITY DUE TO PROBLEMS WITH THE CHECKED - IN LUGGAGE (ACCIDENTAL DAMAGE, LOSS, ROBBERY)	\$2,000	Nil
C0040I	COMPENSATION FOR BAGGAGE DELAY	\$300	6 HOURS
D0000	CANCELLATION		
D0010I	REIMBURSEMENT OF THE CANCELLATION EXPENSES OF THE TRIP	\$2,000	Nil
D0010	DELAYS		
D0020I	INDEMNITY DUE TO THE TRANSPORT DEPARTURE DELAY	\$100	4 HOURS
D0030	CURTAILMENT		
D0031I	CURTAILMENT EXPENSES	\$2,000	Nil
B0210I	EARLY RETURN DUE TO SERIOUS FAMILY MATTER	\$5,000	Nil
F0000	PERSONAL ACCIDENTS		
F0020I	ACCIDENTAL DEATH MEANS OF TRANSPORT	\$30,000	Nil
F0040I	PERMANENT ACCIDENTAL DISABILITY (MEANS OF TRANSPORT)	\$30,000	Nil
G0000	PERSONAL LIABILITY		
G0020I	PERSONAL LIABILITY DUE TO PHYSICAL DAMAGES TO THIRD- PARTIES	\$75,000	Nil
G0030I	LEGAL DEFENCE (NOT TRAFFIC)	\$1,500	Nil
G0040I	DEPOSIT FOR LEGAL COSTS AND EXPENSES	\$20,000	Nil
G0010I	PERSONAL LIABILITY DUE TO MATERIAL DAMAGES TO THIRD-PARTIES	\$75,000	Nil
I0000	COMPLEMENTARY MEDICAL COVERS		
I0110I	HOSPITAL COMPENSATION	\$30 DAY MAX. 20 DAYS	Nil
J0000	COMPLEMENTARY CARD COVERS		
J0070I	REPLACEMENT OF THE PASSPORT AND THE DRIVING LICENCE BY EMERGENCY DOCUMENTS	\$1,500	Nil

PREMIUM SCHEDULE IN USD

Type of Plan (Travel Days/year)	200 days/year	500 days/year	600 days/year	800 days/year	1000 days/year	1500 days/year
Annual Premium	\$1,849.03	\$3,139.36	\$4,213.75	\$5,295.22	\$5,874.01	\$8,580.34
Premium per excess day	\$9.29	\$7.43	\$7.43	\$7.43	\$5.58	\$5.58

NOTES

50% loading for persons between 66 - 75 years

100% loading for persons between 76 - 80 years.

Policy should be bought prior to leaving Uganda.

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.

*Regulated by The Insurance Regulatory Authority of Uganda



1. Product description

This Plan covers those employees designated by the Client Company (The Policyholder) during their international journeys for a maximum of 92 consecutive days. The travel object of this insurance has to be communicated to the Insurer before its beginning and the beneficiary's information registered in the traveller's database. Manual labour of any kind is not covered accordingly with the General Conditions of the Policy.

2. Main definitions affecting this product:

- **Policyholder:** Corporations buying any of the proposed packages including the benefits in the policy.
- **Insured Person:** Employees, Board Members and consultants, declared within the travellers Database and travelling on international business trips for and on behalf of the Policyholder.
- **Maximum Beneficiary Age:** 75 years old.
- **Geographical Coverage:** Worldwide excluding the country of Residence.
- **Manual Labour:** unskilled, semi-skilled, and/or skilled labour involving working with your hands and/or operation of mechanical and/or non-mechanical machinery and/or equipment are excluded.

3. Insured Database

It is warranted that the Policyholder will declare to THE INSURER the following information (Traveller database) before the travel journey of the cover starts. This database must include the following:

- Designation of the policyholder (Company's Name)

- Number of blanket policy
- Validity dates of the policy (annual policies)
- Daily package purchased
- Trip information:
 - Name of the Employee travelling
 - Passport/ID number
 - Start date
 - End date
 - Duration of the trip (days)
 - Destination

It is explained, understood and noted that those employees not declared before the trip begins will not be covered.

4. Coverage

One Year BLANKET Policy: Several employees can be covered during the validity of the policy for journeys declared before its commencement. Travelling days covered will be deducted of the daily plan contracted by the policyholder. Excess days will be charged accordingly to the pricing set in this document.

5. The Premium

- Premiums paid for Annual plan are not eligible for total or partial reimbursement.
- The blanket policy is valid up to one year from the inception date.
- Non-consumed days are not cumulative for the next period in case of renewal of the policy in any of its day packages.