



# GA SMART TRAVEL OUTBOUND BROCHURE

## SCHEDULE OF BENEFITS (USD)

Benefits / Product	Africa	Asia	Europe	Worldwide Basic	Worldwide Plus	Students Plus	Excess
<b>A. Medical &amp; Emergency Assistance</b>							
Medical Expenses & Hospitalization Abroad	15,000	15,000	75,000	75,000	150,000	60,000	Nil
Emergency Medical Evacuation In Case Of Illness Or Accident	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	80,000	Nil
Emergency Dental Care	600	600	600	600	600	400	10%
Daily Hospital Cash Benefit	50 Per Day Maximum 500	50 Per Day Maximum 500	50 Per Day Maximum 500	50 Per Day Maximum 500	50 Per Day Maximum 500	Nil	3 Days Inpatient
Repatriation Of Family Member Traveling With The Insured	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Nil
Repatriation Of Mortal Remains	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Nil
Travel Of One Immediate Family Member	125 Per Day Maximum 1,250	125 Per Day Maximum 1,250	125 Per Day Maximum 1,250	125 Per Day Maximum 1,250	150 Per Day Maximum 1,500	125 Per Day Maximum 1250	Nil
Emergency Return Home Following Death Of A Close Family Member	Actual Cost Economy Class	Actual Cost Economy Class	Actual Cost Economy Class	Actual Cost Economy Class	Actual Cost Economy Class	Actual Cost Economy Class	Nil
<b>B. Personal Assistance Services</b>							
24 Hours Assistance Services	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Nil
Delivery Of Medicines (Service Only)	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost (Service Only)	Nil
Relay Of Urgent Messages (Service Only)	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost (Service Only)	Nil
Advance Of Bail Bond	10,000	10,000	25,000	25,000	25,000	Nil	Nil
Advance Of Funds	1,500	1,500	2,500	2,500	2,500	Nil	Nil
Legal Defense Abroad	10,000	10,000	25,000	30,000	30,000	6,000	Nil
Hijack In Means Of Public Transport	100 Per Day Maximum 1,000	200 Per Day Maximum 2,000	Nil	Nil	200 Per Day Maximum 2,000	200 Per Day Maximum 2,000	6 Hrs
Reimbursement Of University/College Fee	Nil	Nil	Nil	Nil	Nil	6,000	200
Cover In Case Of War & Terrorism	Included	Included	Included	Included	Included	Included	Nil
<b>C. Losses &amp; Delays</b>							
Loss Of Passport, Driving License, National Id Card Abroad	Nil	200	300	300	300	300	Nil
Loss Of Checked-In Baggage	Nil	500	2,000	1,000	2,500	1,000	100
Delay In The Arrival Of Luggage	Nil	200	500	300	500	300	4 Hours
Location And Forwarding Of Baggage And Personal Belongings	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Nil
Delay Departure	Nil	200	300	300	500	Nil	4 Hours
Missed Travel Connection	Nil	300	500	300	500	Nil	Nil
<b>D.</b>							
Personal Accident 24 Hours	Nil	Nil	45,000	75,000	75,000	6,000	Nil
<b>E.</b>							
Personal Civil Liability	Nil	Nil	10,000	Nil	Nil	50,000	Nil
<b>F.</b>							
Trip Cancellation Or Curtailment	2,000	2,000	2,000	1,500	2,000	1,500	200

PREMIUM SCHEDULE (USD)	PERIOD OF COVERAGE	AFRICA	ASIA	EUROPE	WORDWIDE BASIC	WORDWIDE PLUS	WORDWIDE FAMILY PLAN
	7 Days	13	16	19	22	26	58
	10 Days	18	21	27	30	35	78
	15 Days	26	29	32	37	42	94
	21 Days	30	35	37	42	48	107
	30 Days	38	46	48	54	62	141
	60 Days	66	72	75	88	99	224
	90 Days	90	90	98	112	128	290
	180 Days (*)	138	168	195	227	258	579
	365 Days (*)	165	200	256	298	338	758

PREMIUMS ARE EXCLUSIVE OF LEVIES.

PHCF = 0.25%

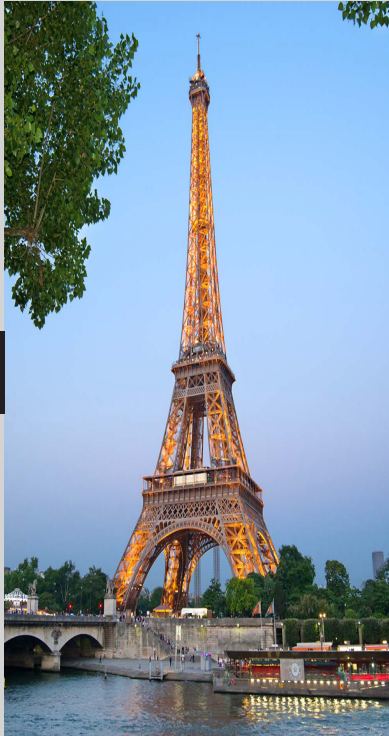
TRAINING LEVY = 0.2%

STAMP DUTY = KES 40/-

STUDENT PLUS	ZONE I	ZONE II
6 Months maximum 180 consecutive days	341	389
1 Year maximum 365 consecutive days	424	488
<b>Zone I</b> Provides worldwide cover except for the country of residence, USA, Canada, Australia and Japan <b>Zone II</b> Provides worldwide cover except the country of residence. Only applicable to the students plan.		
<b>IMPORTANT POINTS</b> <ul style="list-style-type: none"> <li>• Preexisting conditions and scheduled medical treatments are not covered.</li> <li>• 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.</li> </ul>		



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**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 numbers :

- +353 91 560 628 (From outside Ireland)
- +091 560 628 (From Ireland)
- +44 845 217 1379 (From outside UK)
- 0845 217 1379 (From UK)

By dialing the emergency numbers, 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.

**NOTES**

50% Discount for children up to 18 years

50% loading for persons between 66 - 75 years

100% loading for persons between 76 - 80 years.

300% loading for persons aged from 81 years, only available for Schengen

100% loading for winter sports inclusion

Annual cover: Non- consecutive trips, not exceeding 92 days

Family plan covers principle + spouse + children (Max 3 children below 18 years) and benefits are same as the worldwide plus

Policy should be bought prior to leaving the country.

**APPLICATION FORM**

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Passport NO. \_\_\_\_\_ Occupation \_\_\_\_\_  
 Postal address \_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_  
 Pin number \_\_\_\_\_ Destination (s) \_\_\_\_\_ Purpose of trip \_\_\_\_\_  
 Date of departure \_\_\_\_\_ Date of return \_\_\_\_\_ Total number of days/months \_\_\_\_\_  
 Beneficiary (name) \_\_\_\_\_ Contact details of beneficiary \_\_\_\_\_

PRODUCT SELECTED  AFRICA  ASIA  EUROPE  WORLDWIDE BASIC  WORLDWIDE PLUS  WORLDWIDE FAMILY  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. **Preexisting conditions are excluded**
3. I accept the levels of cover chosen as well as all terms and conditions

INSURED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_