

FIRST ASSURANCE COMPANY LIMITED
 FIRST ASSURANCE HOUSE CLYDE GARDENS GITANGA ROAD, LAVINGTON NAIROBI
 P.O. BOX 30064-00100 NAIROBI, TEL: 0709544000
 EMAIL: quotations@firstassurance.co.ke

TRAVEL INSURANCE PROPOSAL FORM

MPESA Pay bill number 898200

Agent / Broker

I/ We the undersigned wish to apply for travel insurance and provide the following details which we understand shall form part and the parcel of the contract between me/ourselves and the Company.

List of persons for whom this insurance is being proposed (Limited to family members) .For persons who are not members of one family, each person to complete a separate proposal form.

Name of the insured person	M	F	Age	Relationship	Passport No /ID Number	No of Days	Plan Taken

Postal address _____ Code _____ Town _____

Email address _____ Occupation _____

Please answer the following questions.

1. Has any person for whom this insurance is being proposed suffered any accident(s) previously? Yes..... No.....
 If yes, please give details including the extent of injury _____
2. Does any of the persons for whom this insurance is being proposed suffer from any chronic/ recurring illness? Yes.....No.....
 If yes, please give details _____
3. Does any of the persons for whom this insurance is being proposed suffer from any other medical condition / Physical defect?
 Yes.....No.....If yes please give details _____

Travel Destination _____ Commencement Date: _____ Return Date _____

Beneficiary details in case of death: The proportions below should total 100%. Please indicate details of the guardian if the beneficiary is a minor

Name of the insured person	Name & address of beneficiary	ID no.	Relationship	Mobile No.	Proportion
1.					
2.					

Notable terms and Conditions

<p>In eligible persons Persons of less than 3 months of age, non-residents in the country where the policy is issued and Insureds travelling for more than 92 consecutive days (except students)</p> <p>Other Conditions</p> <ul style="list-style-type: none"> The policy must be taken before leaving the country Cancellation must be reported before leaving the country 	<p>Exclusions Acts of God, terrorism unless stated, competitions, sports, and preparatory or training tests, unauthorized public means of transport, Internationally and locally recognized epidemics, Pre-existing, congenital or chronic conditions drug abuse and suicide.</p>
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COVER OPTIONS

BENEFIT	PLAN (Excludes Country of Residence)								
	AFRICA / ASIA	EUROPE BASIC	EUROPE PLUS	WORLDWIDE BASIC	WORLDWIDE SILVER	WORLDWIDE GOLD	STUDENT	CORPORATE	
A. Emergency Medical Assistance									
Medical Expenses & hospitalization abroad (Covid-19 included)	USD 15,000	€ 30,000	USD 80,000	USD 100,000	USD 225,000	USD 500,000	USD 70,000	USD 100,000	
<i>Outpatient Excess</i>	USD 50	€ 50	USD 50	USD 50	USD 50	USD 50	USD 100	USD 50	
Emergency medical evacuation in case of illness or Accident	Real Expenses	Real Expenses	Real Expenses	Real Expenses	Real Expenses	Real Expenses	80000	Real Expenses	
Emergency Dental Care	USD 450	€ 450	€ 450	USD 500	USD 500	650 USD	USD 400	USD 400	
<i>Excess</i>	USD 25	€ 25	€ 25	USD 25	USD 25	25 USD	10%	USD 25	
Repatriation of Mortal Remains	USD 25,000	€ 25,000	€ 25,000	USD 30,000	USD 30,000	USD 50,000	Actual Cost	USD 10,000	
Repatriation of Family Member travelling with insured	USD 1,500	€ 1,500	€ 3,500	USD 1,500	USD 3,500	USD 5,000	Actual Cost	USD 1,500	
Emergency Return Following Death of close Family member	Same Class Ticket	Same Class Ticket	Same Class Ticket	Same Class Ticket	Same Class Ticket	Same Class Ticket	Actual Cost - Economy class	USD 1,500	
Travel of one immediate Family Member / Compassionate Emergency Visit	Economy Return ticket and 85/-day max. 10 days	Economy Return ticket and 85/-day max. 10 days	Economy Return ticket and 100/-day max. 10 days	Economy Return ticket and 100/-day max. 10 days	Economy Return ticket and 100/-day max. 10 days	Economy Return ticket and 200/-day max. 10 days	Economy Return ticket and 125/-day max. 10 days	Economy Return ticket and 100/-day max. 10 days	
B. Personal Assistance Services									
24 hours assistance services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
Delivery of Medicines (services only)	Covered	Covered	Covered	Covered	Covered	Covered	Actual Cost	Covered	
Hijack in Means of Public Transport	30 USD per day max. 3000USD	50€ per day max. € 3,000	50€ per day max. € 3,000	50USD per day max. 5000USD	50USD per day max. 5000USD	75USD per day max. 7500USD	USD 200 PER DAY MAX. USD 2000	Not Covered	
C. Baggage									
Loss of passport, Driving license, National ID card abroad	USD 200	200 €	500	USD 500	USD 500	USD 500	USD 300	USD 200	
Compensation for In-flight loss of checked-in baggage	USD 300	€ 800	€ 1,500	USD 1,500	USD 1,500	USD 2,000	USD 1,000	USD 2,500	
<i>Excess</i>	USD 50	€ 50	€ 100	USD 100	USD 100	USD 100	USD 100	USD 50	
Luggage Delay	USD 200	€ 200	€ 200	USD 250	USD 250	USD 350	USD 300	USD 200	
<i>Excess</i>	4 hours	4 hours	4 hours	4 hours	4 hours	4 hours	4 hours	4 hours	
Location & forwarding of baggage and personal belongings	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	
D. Personal Accidents in Means of Public Transport									
Accidental Death	NIL	NIL	€ 25,000	USD 35,000	USD 35,000	USD 200,000	USD 10,000	USD 60,000	
Accidental Partial Disablement	NIL	NIL	% of principal sum as per scale						
Accidental Disablement	NIL	NIL	€ 25,000	USD 35,000	USD 35,000	USD 200,000	USD 10,000	% as per scale	
E. Personal Liability									
Advance of bail bond	Assistance Only	Assistance Only	Assistance Only	Assistance Only	Assistance Only	Assistance Only	NIL	USD 1,500	
Personal Civil Liability	NIL	NIL	€ 150,000	USD 200,000	USD 200,000	USD 250,000	USD 10,000	USD 50,000	
<i>Deductible</i>	NIL	NIL	NIL	NIL	NIL	NIL		NIL	
Legal Defense Abroad	NIL	NIL	€ 2,500	USD 3,500	USD 3,500	USD 5,000	USD 6,000	USD 1,500	
F. Cancellation and Curtailment									
Journey Cancellation	NIL	NIL	€ 1,500	USD 2,000	USD 2,000	USD 5,000	USD 1,500	USD 2,500	
Journey Curtailment	NIL	NIL	€ 1,500	USD 2,000	USD 2,000	USD 5,000	USD 1,500	USD 2,500	
<i>Deductible</i>	NIL	NIL	€ 100	USD 100	USD 100	USD 100	USD 200	USD 100	
G. Losses & Delays									
Delayed Departure	180 USD	€ 180	€ 250	300 USD	300 USD	400 USD	NIL	USD 500	
<i>Deductible</i>	6 hours	6 hours	6 hours	6 hours	6 hours	6 hours		4 hours	
Missed travel Connection	NIL	NIL	200 €	300 USD	300 USD	500 USD	NIL		
Missed departure	NIL	NIL	200 €	300 USD	300 USD	500 USD	NIL		
I. War and Terrorism - Applicable to Medical Expenses Only									
Passive War Risk	NIL	NIL	Covered	Covered	Covered	Covered	NIL		
Terrorism	NIL	NIL	Covered	Covered	Covered	Covered	NIL		
Premium for 19-65 yrs exclusive of tax									
1-8 days	17.15 USD	19.88 USD	22.42 USD	27.20 USD	27.80 USD	51.83 USD	Upto 180 days	Zone I-\$341.01 Zone II-\$388.58	
9-14 days	18.63 USD	22.19 USD	23.53 USD	28.59 USD	29.22 USD	54.48 USD			
15-21 days	20.88 USD	27.34 USD	28.80 USD	32.34 USD	33.05 USD	61.64 USD			
22-32 days	29.82 USD	34.78 USD	38.07 USD	50.50 USD	51.62 USD	96.28 USD	Upto 365 days	Zone I -\$459.95 Zone II-\$491.68	
33-49 days	37.26 USD	49.70 USD	57.08 USD	70.84 USD	72.40 USD	135.02 USD			
50-62 days	49.70 USD	59.64 USD	66.42 USD	82.42 USD	84.24 USD	157.11 USD			
63-92 days	59.14 USD	79.86 USD	87.88 USD	99.97 USD	102.16 USD	190.54 USD			
93-180 days*	81.99 USD	119.25 USD	142.76 USD	177.14 USD	181.06 USD	337.67 USD			
Annual Multi-trip*	146.59 USD	233.55 USD	262.36 USD	325.56 USD	332.75 USD	620.54 USD			

*Non-consecutive trips, one not exceeding 92 consecutive days. Except Plan STUDENTS

*Discount for children (3 months -18 yrs)

DECLARATION

- I/we hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in the application suffer been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. I am/We are aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered.
- I/We have been made aware of certain restrictions to do with the cover do apply as per the terms, conditions and exclusions which are fully described in the policy wording.
- I/We accept the levels of cover chosen and have read the cover involved as described in the summary of cover and the policy document.
- I/We agree that the company shall have the right to access my/our medical records prior to the journey in order to proceed with assessment of a claim and/or render medical assistance.

Insured's Signature _____

Date _____

Emergency Contacts

Helpline: + 44 845 217 1379

Assistance: afrcosiam@mapfre.com

Non-Emergency Claims

Email: claims@firstassurance.co.ke