

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam,

**RE: Student GPA Policy NO:** BPA42639980

**Policy Holder:** WANDERE AMATESHE

**Name:** WANDERE AMATESHE

This is to inform you that the above named is insured under the above Group Student Personal Accident Policy.

Below are the details:

**Commencement Date:** 05-MAY-25      **Expiry Date:** 05-AUG-25

<b>Student Personal Accident Policy Benefits</b>	<b>Product Option: BRONZE</b>
Accidental Dental Expenses	15,000
Last Expenses	25,000
Accidental Medical Expenses	75,000
Accidental Death	75,000
Permanent Total Disability	100,000

Kindly contact the undersigned for any clarification or further information

