

Schedule

Travel Health Insurance



Crescent Business Centre, 7th Floor, Parklands Road, Parklands
P.O.Box 39459 Nairobi 00623, Kenya
Tel. 254-709896000

Agent / Broker: UNIVERSAL INSURANCE BROKERS LIMITED

		Premium Details (USD)
Policy No:	OIC/TVH/11/90366/03	Basic 144.19
Period of Insurance:	From: 26-Mar-2024 To: 25-Mar-2024 25/3/2025	ITL 0.29
Policy Type:	429WWE4	PCF 0.36
Geographical Scope:	WORLDWIDE EXTRA	S/ Duty 0.25
Country(ies) Of Visit:	MULTIPLE COUNTRIES	Net Prem. 145.08

Travelers Details

Name as per passport:	YOGESHKUMAR ARVINDKUMAR PATEL	Passport No:	CK28183
Address:		Gender:	Male
Telephone No:		Date of Birth:	13-May-1976
Beneficiary Name:		Visa Type:	

Sponsor Details

Sponsor Name:	Passport/ID No.:
Address:	
Telephone No:	Relationship:
Parent Name:	

Schedule of Benefits

Section	Benefit	Max. Sum Insured	Excess
A	Personal Accident	\$150,000	Nil
B	Emergency Medical Expense, Emergency Medical Evacuation and Other Expenses		
	Emergency Medical Expenses, Emergency Medical Evacuation	\$150,000	\$50
	Emergency Dental Care	\$650	\$25
	Repatriation of Mortal Remains	\$15,000	Nil
	Repatriation of family member travelling with the insured person	\$3,000	Nil
C	Loss or Delay of Checked Baggage		
	Loss of Checked Baggage	\$2,000	\$50
	Delayed Baggage	\$350	4 Hours
	\$50 per each 12 hour period of delay		
D	Loss of Passport	\$500	Nil
E	Personal Liability	\$50,000	Nil
F	Hi-Jack		
	\$50 per each 12 hour period of delay	\$7,500	Nil
G	Cancellation and Curtailment	\$3,000	\$100
H	Travel Delay	\$1,000 per day up to a maximum of \$1,000	4 Hours

TRAVEL INSURANCE POLICY

Policyholder: YOGESHKUMAR ARVINDKUMAR PATEL	Policy Number 429WWE4
Passport: CK28183	N. Passengers 1
Coverage Period	Policy Amount
Effective from: 26/03/2024	Net premium: 144.03 USD
Expiry: 25/03/2025	Gov. Levies (0.45%) 0.65 USD
Policy period: 365 Day(s)	Stamp Duty 0.4 USD
Product: WORLDWIDE EXTRA	Total Premium 145.08 USD
Country of Origin: Kenya	
Agent Code: (OCCIDENTAL INSURANCE CO. LTD. KENYA)	

Destination Area: Worldwide - Provides Worldwide cover excluding the country of residence

Cover Table / Schedule of Covers

MEDICAL & EMERGENCY ASSISTANCE	
MEDICAL EXPENSES AND HOSPITALIZATION ABROAD (INCLUDING COVID-19)	USD 100000 EXCESS 50 OUT-PATIENT
COMPULSORY QUARANTINE DUE TO DIAGNOSED COVID-19	USD 80 PER DAY - MAX. 14 DAYS
EMERGENCY MEDICAL EVACUATION IN CASE OF ILLNESS OR ACCIDENT	USD 150000
EMERGENCY DENTAL CARE	USD 650 EXCESS 25
REPATRIATION OF MORTAL REMAINS	USD 15000
REPATRIATION OF FAMILY MEMBER TRAVELLING WITH THE INSURED	USD 3000
EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER	SAME CLASS TICKET
TRAVEL OF ONE IMMEDIATE FAMILY MEMBER	RETURN TICKETS IN ECONOMY CLASS AND \$200/DAY MAX 10 DAYS
PERSONAL ASSISTANCE SERVICES	
24 HOURS ASSISTANCE SERVICES	COVERED
DELIVERY OF MEDICINES	COVERED
RELAY OF URGENT MESSAGES	ASSISTANCE ONLY
HIDJACK IN MEANS OF PUBLIC TRANSPORT	USD 100/DAY MAX 7500
BAGGAGE	
LOSS OF PASSPORT, DRIVING LICENSE, NATIONAL ID CARD ABROAD	USD 500
COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE	USD 2000 EXCESS 50
COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE	USD 350 EXCESS 4 HOURS
LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL BELONGINGS	ACTUAL COST
CANCELLATION OR CURTAILMENT	
TRIP CANCELLATION	USD 3000
CURTAILMENT (INTERRUPTION)	USD 2500 EXCESS 100
LOSSES AND DELAYS	
DELAYED DEPARTURE	USD 1000 DEDUCTIBLE 4 HOURS
MISSED TRAVEL CONNECTION	USD 500
PERSONAL ACCIDENTS	
ACCIDENTAL DEATH MEANS OF TRANSPORT	USD 50000
TOTAL DISABILITY MEANS OF TRANSPORT	% AS PER SCALE
PERSONAL LIABILITY	
ADVANCE OF BAIL BOND	USD 10000
PERSONAL CIVIL LIABILITY	USD 150000
LEGAL DEFENSE ABROAD	USD 5000
MEDICAL COMPLEMENTARY SERVICES	
DAILY HOSPITAL CASH BENEFIT	USD 50/DAY MAX 500

ASSISTANCE INFORMATION
How the Insured should contact for assistance?

WhatsApp Chat: +216 29 67 72 76
By Phone: +33 437 932 818
E-mail: afrcosiam@magfre.com

24/7
EMERGENCY SERVICE AVAILABLE 24/7 ALL YEAR ROUND

TO VERIFY THE AUTHORITY OF THE INSURANCE POLICY PLEASE GO TO: <https://afrcosiam-magfre.com/travelsupport.aspx>
PLEASE POLICY NUMBER AND YOUR COUNTRY OF RESIDENCE

By signing this document, the Policyholder expressly accepts the clauses limiting the rights of the Insured Included in the attached General Conditions of the Policy.

POLICYHOLDER

01/02/2024

OCCIDENTAL INSURANCE CO. LTD. KENYA

OCCIDENTAL INSURANCE CO. LTD.
SIGNED: [Signature]
[Stamp]