

TRAVEL WITHOUT A WORRY
IN THE WORLD,
WITH **GLOBETROTTER**
TRAVEL INSURANCE.

THE
APOLLO  GROUP



Not many things can free your soul as much as taking a trip somewhere you can find peace. Travelling the world can help expand your worldview, and With APA's Globetrotter Travel Insurance you can rest assured that your travel plans are in safe hands.

APA
INSURANCE
GENERAL • LIFE • HEALTH

APA TRAVEL INSURANCE

Travelling around the globe and exploring the wonders of the world has become easier. Whether on business or pleasure you require some essentials without which your trip would not be complete. One of these is the APA Globetrotter Travel Cover. It provides security for the unexpected emergencies and peace of mind that you will have assistance whenever you travel.

Who Can be Covered?

- Any person between the age of six months and 80 years
- A traveller within and outside Kenya
- Tourists - while in Kenya
- Persons on business trips

What Does it Cover?

- You have comprehensive coverage against local and international travel risks and hazards anywhere in the world
- You are covered from the time you leave your usual place of residence or business until your return for a period of up to 180 days

24 Hour Assistance

You will have access to 24 hour assistance in any emergency situation including:

- Rescue and Evacuation in the event of an accident or illness
- Emergency Medical Treatment

PERSONAL ACCIDENT

You and/or your beneficiaries will receive compensation should you be involved in an accident that results in:

- Injuries
- Disability
- Death

MEDICAL EXPENSES

You will have your expenses arising directly out of the following covered:

- Evacuation or repatriation following accidental injury or illness
- Emergency Dental Care
- Follow-up treatment

PERSONAL LIABILITY

You are covered should you be found to be legally liable in the event of:

- Accidental damage to property belonging to a third party
- Accidental loss or damage to property belonging to a third party

TRAVEL DELAY/ MISSED DEPARTURE

You will be compensated for eventual delay of booked flights, including accommodation

HIJACK

In the event that you cannot reach your destination as a result of a hijacking, the cover compensates USD 100 for each full 24 hour period up to a maximum of 10 days or USD 500

LOSS OF BAGGAGE & DOCUMENTS

- You are covered for loss of passport or essential documents while travelling
- Loss or damage to checked baggage or personal effects

APA GLOBETROTTER TRAVEL INSURANCE
SCHEDULE OF COMPENSATION

The schedule of compensation applicable under each section of this policy for each insured during each period of travel

BENEFITS	AFRICA	ASIA	EUROPE	WORLDWIDE BASIC	WORLDWIDE SUPERIOR	SILVER	PLATINUM	EXCESS
Medical Section								
EMERGENCY MEDICAL EXPENSES	\$ 15,000	\$ 15,000	\$ 75,000	\$ 100,000	\$ 150,000	\$ 200,000	\$ 250,000	\$ 100
Medical Evacuation In Case Of Illnesses Or Accident	\$ 5,000	\$ 5,000	\$ 15,000	\$ 15,000	\$ 25,000	\$ 30,000	\$ 50,000	\$ 100
Emergency Dental Care	\$ 350	\$ 350	\$ 500	\$ 500	\$ 600	\$ 750	\$ 750	\$ 50
Daily Hospital Benefits	50 per day Max 500	50 per day Max 500	50 per day Max 500	50 per day Max 500	75 per day Max 750	75 per day Max 750	75 per day Max 750	24hours
REPATRIATION OF FAMILY MEMBER TRAVELLING WITH INSURED	\$ 1,000	\$ 1,000	\$ 2,500	\$ 3,000	\$ 3,500	\$ 4,000	\$ 5,000	
Repatriation of Mortal Remains/ Burial Expenses	\$ 3,000	\$ 3,000	\$ 5,000	\$ 5,000	\$ 7,500	\$ 7,500	\$ 10,000	
Follow Up Treatment In Kenya	\$ 250	\$ 250	\$ 500	\$ 500	\$ 750	\$ 1,000	\$ 1,500	\$ 50
Travel of One Immediate Family Member	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,750	\$ 2,000	\$ 2,500	\$ 3,000	
Emergency Return Home Following Death of a Close Family Member	Covered	Covered	Covered	Covered	Covered	Covered	Covered	
PERSONAL ACCIDENT	\$ 5,000	\$ 5,000	\$ 15,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	
Loss of Checked Baggage	\$ 250	\$ 500	\$ 1,000	\$ 1,000	\$ 1,500	\$ 2,500	\$ 3,500	\$ 100
Delay of Checked Baggage	\$ 100	\$ 200	\$ 500	\$ 500	\$ 1,000	\$ 1,250	\$ 1,500	6 hours
TRAVEL DELAY	\$ 100	\$ 200	\$ 350	\$ 350	\$ 500	\$ 500	\$ 750	\$50 per 6 hours
Missed Departure	\$ 100	\$ 200	\$ 500	\$ 500	\$ 650	\$ 750	\$ 1,000	\$ 50.00
LOSS OF PASSPORT	\$ 100	\$ 200	\$ 200	\$ 250	\$ 250	\$ 300	\$ 500	\$ 50.00

BENEFITS	AFRICA	ASIA	EUROPE	WORLDWIDE BASIC	WORLDWIDE SUPERIOR	SILVER	PLATINUM	EXCESS
Legal Assistance	\$ 5,000	\$ 7,500	\$ 7,500	\$ 10,000	\$ 10,000	\$ 12,500	\$ 15,000	
HIJACK	\$ 500	\$ 500	\$ 800	\$ 1,000	\$ 1,000	\$ 1,300	\$ 1,500	12 hours
	\$ 100 per 24 hrs	\$ 100 per 24 hrs	\$ 100 per 24 hrs	\$ 100 per 24 hrs	\$ 100 per 24 hrs	\$ 100 per 24 hrs	\$ 100 per 24 hrs	
TRIP CANCELLATION AND CURTAILMENT	\$ 750	\$ 750	\$ 1,000	\$ 1,500	\$ 2,000	\$ 2,500	\$ 3,500	\$ 150
ADVANCE BAIL BOND	\$ 5,000	\$ 5,000	\$ 10,000	\$ 10,000	\$ 12,500	\$ 15,000	\$ 20,000	
PERSONAL LIABILITY	\$ 25,000	\$ 25,000	\$ 75,000	\$ 100,000	\$ 150,000	\$ 250,000	\$ 300,000	\$ 250
PREMIUM PER PERSON	AFRICA	ASIA	EUROPE	WORLDWIDE BASIC	WORLDWIDE SUPERIOR	SILVER	PLATINUM	
1 to 7 days	\$ 14	\$ 29	\$ 26	\$ 28	\$ 32	\$ 34	\$ 50	
8 to 10 days	\$ 19	\$ 37	\$ 31	\$ 41	\$ 52	\$ 68	\$ 90	
11 to 15 days	\$ 27	\$ 46	\$ 41	\$ 53	\$ 65	\$ 97	\$ 165	
16 to 21 days	\$ 32	\$ 61	\$ 55	\$ 67	\$ 79	\$ 125	\$ 185	
22 to 30 days	\$ 40	\$ 75	\$ 67	\$ 98	\$ 106	\$ 165	\$ 215	
31 to 60 days	\$ 68	\$ 130	\$ 125	\$ 155	\$ 185	\$ 250	\$ 294	
61 to 90 days	\$ 90	\$ 180	\$ 170	\$ 225	\$ 235	\$ 310	\$ 349	
91 to 180 days	\$ 140	\$ 280	\$ 276	\$ 290	\$ 305	\$ 370	\$ 390	
Annual Multi Trip (maximum any one trip 45 days)	\$ 210	\$ 210	\$ 235	\$ 300	\$ 375			
Annual Multi Trip (maximum any one trip 60 days)	\$ 235	\$ 235	\$ 280	\$ 350	\$ 450			
Annual Multi Trip (maximum any one Trip 90 days)	\$ 250	\$ 250	\$ 355	\$ 465	\$ 500			
Student Rate (age up to 40 years)								
180 days	\$ 180	\$ 180	\$ 265	\$ 285	\$ 350			
365 days	\$ 235	\$ 235	\$ 310	\$ 350	\$ 500			

Note:

- Maximum Insured age 80 years at the date of inception of policy
- Premium loaded by 25% for person aged between 66 to 70 years
- Premium loaded by 50% for person aged between 71 to 75 years
- Premium loaded by 100% for person aged between 76 to 80 years
- Premium for Worldwide, Worldwide Superior, Gold, Elite premiums are excluding USA/Canada
- For USA/Canada : 35% Loading on the above rates
- For Age 70 and over medical/doctor report required

SALIENT FEATURES

1. Pre-existing medical conditions or planned medical treatment are not covered
2. Policy Cancellation can only be effected prior to commencement of cover. No refunds will be allowed once cover has begun
3. In case of any medical emergencies requiring treatment, call and /or advice the International Assistance office on the numbers provided on your travel card / policy document.
4. Lodge your claim with APA Insurance Ltd within 30 days after the end of your journey and ensure the claim form and the relevant original receipts and / or invoices, travel documents and other related documents are attached
5. Disclose all material facts relating to your health when applying for cover. Failure to disclose may lead to nonpayment of benefits

Disclaimer:

The information contained in this brochure is for marketing purposes only. For detailed information on the product please contact your agent/broker or any one of our branches near you.

If interested in this cover, feel free to get in touch with our representatives through **0709 912 777** or email us at **customer.service@apollo.co.ke**

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 _____
Next of Kin (Name) _____ Contact Details _____
Name and Address of the regular Doctor/last seen Doctor _____

Product Selected: ☐ Africa ☐ Asia ☐ Europe ☐ Worldwide Basic
☐ Worldwide Superior ☐ Silver ☐ Platinum ☐ Student

MEMBER'S DECLARATION

I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration shall be the basis of the contract between all insured persons and the underwriter. If the answers now given by me cease to be true and/or complete, prior to departure I undertake to give immediate written notification to the underwriter. I authorize any doctor or physician, healthcare practitioner, hospital, or other medical care facility, the Ministry of Health, or any person who has knowledge or records or has attended or examined me or any other named persons mentioned above to provide to the underwriter or to Assistance Company all information with respect to any illness, injury, medical history, consultations, medications, treatments and copies of all hospital or medical records for the purpose of this policy application and any subsequent claim. I authorize the underwriter or the Assistance Company to consult its existing files for this purpose. A photocopy or fax copy of this Declaration and Authorization shall be deemed as valid as the original.

INSURED SIGNATURE _____ DATE _____

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