

TRAVEL CLAIM FORM

MPESA Business No: 600112

Agency/Broker: _____

Postal Address: _____ Town: _____ Code: _____

Agent's Signature/
Official Rubber Stamp: _____

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

Please complete all questions in **CAPITAL BLOCK LETTERS**. Do not leave any blank spaces.

Name of Insured Persons	Gender		ID/Passport No.	Tel / Cell	Email	Age	No. of Days of Journey
	M	F					

Postal Address: _____ Town: _____ Code: _____

PURPOSE FOR TRAVEL: _____

1. Has any of the persons to be insured suffered any accident(s) previously? YES NO If yes, please give details including extent of injuries

2. Does any of the persons to be insured suffer from any physical defect or infirmity? YES NO If yes, please give details

3. Does any of the persons to be insured suffer from any chronic or recurring illnesses? YES NO If yes, please give details

4. Is there any other medical condition that any of the insured person is suffering from? YES NO If yes, please give details

COMMENCEMENT DATE: DD / MM / YYYY RETURN DATE: DD / MM / YYYY

FROM: _____ VIA: _____ TO: _____

BENEFICIARIES IN CASE OF DEATH

Insured	Name & Address of Beneficiary	ID/Passport No.	Relationship	Telephone
1.	1.			
2.	2.			
3.	3.			

Please give details of your doctor / hospital

Name: _____ Email: _____

Tel: _____ Postal Address: _____ Town: _____ Code: _____

COVER OPTIONS

COVER & BENEFIT OPTIONS	GOLD PP US\$	SILVER PP US\$	DIAMOND PP US\$	STUDENT PP US\$ (Max age 25yrs)	BUDGET PP US\$
Section 1: Medical Protection					
Emergency medical related expenses	300,000	200,000	75,000	45,000	50,000
Medical, Transportation Repatriation	50,000	30,000	25,000	20,000	20,000
In Hospital Cash Benefit - maximum 30 days	350 (35 per day)	250 (35 per day)	200 (15 per day)	200 (15 per day)	200 (15 per day)
Emergency Dental Cover	350	300	250	200	200
Emergency Optical Expenses	350	300	250	200	200
Burial, Cremation or Return of Mortal remains, Coffin expenses cost	50,000	30,000	25,000	20,000	20,000
Follow up treatment in Country of usual Residence	2,000	1,000	500	500	500
Terrorism, Hostage, Hijack or wrongful Detention	Included	Included	Included	Included	Included
Section 2: Personal Accident					
Accidental Death - Adults only Children less than 18 years respectively (Exposure, disappearance, strikes & riots Terrorism, Hijack, wrongful Detention)	15,000 7,500	10,000 5,000	5,000 3,000	5,000 2,500	5,000 2,000
Accidental Death - Adults only Children less than 18 years respectively (Exposure, disappearance, strikes & riots Terrorism, Hijack, wrongful Detention)	30,000 7,500	25,000 5,000	15,000 3,000	10,000 2,500	10,000 2,000
War & Terrorism	Included	Included	Included	Included	Included
Section 4: Travel Delay					
	200	150	100	75	100
Section 5: Personal Liability					
Legal Expenses	150,000 1,000	100,000 500	50,000 500	50,000 500	25,000 500
Section 6: Hijack, Hostage or wrongful Detention Maximum per event					
	7,500 (75 per day)	5,000 (50 per day)	4,000 (40 per day)	3,000 (30 per day)	3,000 (30 per day)
Section 7: Travel Luggage Protection					
Luggage (Single Item Unit 25%)	1,500	1,000	750	500	500
Section 8: Luggage Delay					
	200	150	100	75	75
Section 9: Cash & Documents (Included in Luggage)					
	150	100	100	100	100
Section 10: Emergency Medical Assistance					
Cash advances, consular referral, accomodation, travel arrangements, urgent messages	Assistance only	Assistance only	Assistance only	Assistance only	Assistance only

OPTIONS No of Days	GOLD Premium US\$ PP	SILVER Premium US\$ PP	DIAMOND Premium US\$ PP	STUDENT Premium US\$ PP	BUDGET Premium US\$ PP
1 - 8 days	51	37	26	30	20
9 - 14 days	107	77	42	47	40
15 - 21 days	177	122	59	53	50
22 - 32 days	199	152	72	68	60
33 - 49 days	252	182	84	75	70
50 - 62 days	267	210	108	135	100
63 - 92 days	319	240	175	202	150
93 - 180 days	452	382	200	282	175
Annual multi - trip (Max age 65 yrs)	552	500	364	352	350

NB: A 50% loading is applicable to persons aged between 70-80 years, and cover should only be granted upon medical examination by a Medical Practitioner specified by CIC at the insured's cost. The cover should not exceed 3 months.

DECLARATION

1. I/We declare that I/We have read the cover involved as described in the summary of the Terms and Conditions as outlined in the policy document.
2. I/We declare that I/We accept such terms and conditions.
3. I/We declare that to the best of my/our knowledge and belief that are not aware of any circumstances which are likely to lead to the cancellation or curtailment of the proposed journey.
4. I/We Agree that The Company shall have the right to access my/our medical records prior to journey in order to proceed with assessment of a claim and/or to render medical assistance.

Proposed's Signature:

Date: **DD / MM / YYYY**

GENERAL • LIFE • HEALTH • ASSET

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