

AKWAABA GOLD BUSINESS TRAVEL INSURANCE POLICY

DEFINITIONS

Co-Insurers means:

ALL THE CO-INSURERS (SIC INSURANCE COMPANY LIMITED, GLICO LIFE INSURANCE COMPANY LIMITED, ENTERPRISE (LIFE & GENERAL) INSURANCE COMPANY LIMITED, STAR ASSURANCE COMPANY LIMITED), with SIC Insurance Company Limited as Lead with their Head Office at Nyamitei House, 28/29 Ring Road East, Accra, and of P. O. Box 2363, Accra, Ghana.

The Co-Insurers have agreed to issue the policy.

Policyholder means: The natural or legal person who subscribes the policy with the Coinsurers and who is bound by the obligations arising therefore, save those which, owing to their nature, must be complied with by the Insured.

Insured Person means: Within the validity period of the policy, the person aged between 3 months and 80 years, whose name and address are specified in the policy, with respect to whom the premium has been paid before his/her travel and who is not permanently resident in Ghana.

Not eligible as "Insured Person":

- a) Insured intending to travel more than 92 consecutive days.
- b) Persons of less than 3 months of age.
- c) Persons aged from 81 years old, except in case a specific Plan including such cover for persons aged from 81 years is contracted.
- d) Those who have initiated the trip prior to the insurance underwriting.
- f) Insured travelling for work reasons (paid or otherwise), undertaking physical or manual hazardous activities such as: driving vehicles, use of machinery, loading and unloading, working at heights or in confined spaces, assembly of machinery, working on floating or underwater platforms, mines or quarries, use of chemical substances, laboratory work of any kind and any other hazardous activities except a specific policy is contracted.

Beneficiary means: Person(s) for whom the Insured recognises the right to receive the corresponding amount of compensation as outlined in this contract. Should no one have been specified, the compensation will form part of the Insured's estate.

Close Relative of the insured means: Spouse, parents, children, grandparents, grandchildren, siblings, mother and father in law and brothers and sisters in law.

Immediate Family Member means: The spouse or fiancé, children (aged 18 or less) or parents accompanying permanently or residing with the Insured Person.

Children means: Persons from 3 months to 18 years old travelling as a companion of an adult and whose premium rate is reduced to 50% of the reference one.

Spouse means: Person officially registered as wife or husband of the Insured.

Usual Country of Residence means: The country where the Insured person is a citizen or permanent resident.

Illness means: Any change in health diagnosed and confirmed by a legally recognised Medical Practitioner during the life of the policy and which is not comprised in either of the following two groups:

- Congenital disease: that exists at the moment of birth as a consequence of hereditary factors or complaints acquired during pregnancy.
- Pre-existing disease: that the Insured suffered prior to the date of taking out this Policy.

Serious Illness means: Any change in health that requires admission to hospital and which, in the opinion of the Co-Insurer's Medical Team, prevents the Insured from continuing his or her normal activities, or which involves the risk of death.

Injury means: Bodily injury or death caused by a sudden, unforeseen violent accident resulting in external and visible injury or death, within the validity period of this Policy.

Cover means: The Policy will immediately provide the Insured, the assistance specified under the "Coverage" clause of this Insurance Policy for mishaps *that* occur due to unforeseen incidents whilst in Ghana, provided that this occurrence does not take place outside the specified geographical boundaries of Ghana and does not take place out of the prescribed travel duration between the validity dates of this Policy. The scope of this Policy becomes void when the travel causing the acquisition of this Policy ends and/or the Insured arrives at his/her Usual Country of Residence, whichever takes place first.

Transportation means: Any land, water or air conveyance required to transport the Insured Person during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Travel Insurance Certificate means: The certificate which shows the Inception Date of the Policy, Expiry Date of the Policy, Personal Details, Schedule of Benefits and Special Identity Code.

Emergency Evacuation means: (a) the Insured Person's medical condition warrants immediate transportation from the place where he is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, his medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Accident means a sudden unexpected and specific event caused solely and directly by violent, external and visible means which occurs at an identifiable time and place, resulting in Injury or death.

Inception Date means the policy effective date stated in the Travel Insurance Certificate.

Expiry Date means the policy expiry date stated in the Travel Insurance Certificate.

Hospital means a place that:

- (a) holds a valid license (if required by law);
- (b) operates primarily for the care and treatment of sick or injured persons;
- (c) has a staff of one or more physicians available at all times;
- (d) provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
- (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center.

Insured Event means an event stated in the Schedule of Benefits.

Insured Journey means a journey commencing at the time when the Insured Person leaves his Country of Residence to travel to Ghana. The Insured Journey should start and end in the Insured Person's Country of Residence and within the time frame of the Period of Coverage.

Family means the person whose name appears as the Insured Person on the Travel Insurance Certificate, Spouse, and Children whose names also appear on the Travel Insurance Certificate.

Loss means the act or instance of losing and / or the disappearance of something cherished and / or a measurable reduction in some substance or process.

Medical Expenses means all reasonable and customary charges for illness or injury on an Insured journey resulting in hospitalization, surgical or other diagnostic or remedial treatment given or prescribed by a Medical Practitioner.

Medical Practitioner means a person registered with a current, legal license to practice medicine, but excludes an Insured Person or Insured Person's Relative.

Medical Treatment means a Medical Practitioner's medical advice, treatment, consultations and prescribed or repeat maintenance medication.

Permanent Total Disablement means total and absolute disablement which entirely prevents the Insured Person from engaging in or giving attention to any occupation and which will in all probability be lasting and continuous for his lifetime.

Policy means this document and Travel Insurance Certificate which is issued to the Insured Person.

Pre-Existing Medical Conditions means a condition for which medical care, treatment, or advice was recommended by or received from a Medical Practitioner within a two (2) year period preceding the Inception Date, or a condition for which hospitalization or surgery was required within a five (5) year period preceding the Inception Date.

Reasonable and Customary Charges means the charges which: (a) are medically required for the treatment, supplies or medical service to treat an Insured Person's condition; (b) do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred, and (c) do not exceed the charges for treatment that would have been made if no insurance existed.

Related Expenses means additional accommodation and traveling expenses, excluding telephone costs, meals and beverages of necessity incurred by any one person, who on the advice of a Medical Practitioner appointed by the Co-Insurers remains with or escorts the Insured Person until completion of his Insured Journey or until he resumes the Insured Journey or returns to the Country of Residence, whichever occurs first.

Emergency Dental Care means any natural dental treatment covered by the policy due to a condition suddenly started up at travel and that it does not occur by reason of any pre-existing situation has been documented by dentist's report.

Sum Insured means the maximum amount afforded to the Schedule of Benefits.

Fraudulent Claims means: When the Insured, beneficiary or someone acting on their behalf, uses any fraudulent means or devices in order to obtain any of the benefits of this policy, consequently, any payment of any amount in respect of such claim shall be cancelled.

Premium means: The price of the insurance that the Policyholder must pay the CoInsurer in consideration for the coverage of the risks provided for the Insured by the latter, the receipt for which will include, moreover, the surcharges and taxes legally applicable.

TRAVEL ASSISTANCE SERVICES

The Policy will provide the following Benefits only when the Insured is in Ghana.

MEDICAL AND HOSPITALISATION EXPENSES INCLUDING EPIDEMIC/PANDEMIC AND QUARANTINE/ISOLATION EXPENSES

In the event of illness or injury of the insured occurring in Ghana, the Policy will meet the usual, customary, necessary and reasonable costs of hospitalization, surgery, medical fees and pharmaceutical products, prescribed by the attending Medical Practitioner.

The Co-Insurer's Call Centre will maintain the telephone contacts necessary with the Medical Facility and the Medical Practitioners attending to the Insured to monitor the provision of proper health care.

The Policy offers coverage for Medical and Hospitalisation expenses due to treatment for Epidemic and Pandemic diseases especially Coronavirus. The Policy also includes coverage for in-patient care, ICU Charges and Quarantine period at a registered facility up to the limit set out in the Schedule of Benefits

SPECIFIC EXCLUSIONS

The Policy will not pay for any medical expenses:

- 1 incurred for continuing treatment, including any medication commenced prior to the commencement date of the Insured Journey, which the Insured Person has been advised to continue whilst on an Insured Journey; or
- 2 incurred due to investigatory treatment that is not specified by a Medical Practitioner as immediately necessary; or
- 3 for crowns of precious metal; or
- 4 any procedures for oral hygiene; or
- 5 for specialist Medical Treatment without referral from a Medical Practitioner;
- 6 relating to contraceptive devices, prosthetic devices, or artificial aids; or
- 7 for preventative treatment, including but not limited to any vaccination and/or immunization.

TRANSPORT OR REPATRIATION IN THE EVENT OF ILLNESS OR ACCIDENT SUSTAINED BY THE INSURED DURING THE POLICY PERIOD

In the event of an accident or sudden illness, the Policy will take charge of transferring or repatriating the Insured to a properly equipped Health Centre or to his/her usual country of residence.

The Co-Insurers, through its Medical Team, will decide which Health Centre the Insured is transferred to or whether repatriation is necessary, depending on the situation or gravity of the state the latter is in.

Any evacuation or repatriation to the Insured's usual country of residence shall be by Business Class in a Commercial Aircraft through an upgrade of the Insured's air ticket and he/she may be accompanied by a Medical Officer or Nurse whose Return air ticket shall be paid by the policy within the policy limit.

If the Medical Team determine that the insured must be evacuated or repatriated by Air Ambulance, the policy shall pay only the limit specified in the schedule of benefits and the Insured shall pay the difference for the evacuation to be carried out.

Afterwards, the Co-Insurer's Medical Team will maintain the telephone contacts necessary with the Medical Centre and with the Medical Practitioners attending to the Insured, and on the basis thereof will decide whether to transfer or repatriate the Insured, and on the most suitable means of transport to use.

For minor or less serious illnesses or accidents, which in the opinion of the Medical Team do not require repatriation, transfer will be performed in ambulance or another means of transport, to the place where adequate medical assistance can be provided.

1. REPATRIATION OF MORTAL REMAINS

In the event of the death of the Insured, the Policy will make the arrangements necessary for his/her transport or repatriation and will meet the cost of the transfer expenses to the place of interment, cremation or funeral ceremony at his/her usual country of residence.

Payment of expenses for interment, cremation or funeral ceremony is excluded from this guarantee

4. PERSONAL ACCIDENT

1. Scope of Cover:

The Insurance covers accidents in which the Insured may have sustained bodily injury caused by violent accidental external and visible means resulting in:

- Death
- Permanent disability
- Temporary Total Disability
- Medical Expenses

The indemnity limit for each cover is that provided in the Schedule of Benefits of the Policy or on the Individual Insurance Certificate.

Limits affecting Personal Accident cover:

- Children shall receive a maximum of 10% of the total individual compensation stated in the schedule of benefits of the policy for the specific cover of Personal Accident, and up to a maximum of 10.000 (Ten Thousand USD) under accidental death.

2. Accidental Death

- 1) Where an accident should lead to the death of the Insured, the Policy shall pay the Beneficiary the sum insured stated in the Schedule of Benefits.
- 2) If, prior to the death, the Policy should have paid an indemnity for Disability, as a result of the same accident and this had occurred in less than one year, it shall indemnify the difference between the amount paid and the insured sum in the event of death. Should the indemnity already paid out be greater, the Policy shall not lay claim to the difference.
- 3) If, upon the death of the Insured, there should be no designated beneficiary, nor rules to decide upon one, the insured sum shall go on to form part of the Insured's estate. Where there are several beneficiaries, and except agreement to the contrary, payment of the sum insured shall be divided equally between them, or in proportion to their share of the estate, where those designated are the legal heirs. That part not received by a beneficiary shall augment all the others, except agreement to the contrary, except in the case where any of them should be a wilful causer of the accident. In such a case, any designation in favour of the same shall be deemed null and void and the corresponding part not received shall go on to form part of the Policyholder's estate.
- 4) In order to obtain payment of the Insured Sum, the Beneficiaries should furnish the Co-Insurers with the following documents:
 - a. Insured's Birth certificate and Death certificate.
 - b. Documents that prove the Beneficiaries' identity. Should they be the legal heirs, it shall also prove necessary to present the declaration of heirs decreed by the competent Court.
 - c) Where the beneficiaries are duly designated in a will, a certification from the General Registry of Last Wills and Testaments or local equivalent Authority, together with a first copy thereof, will be required.
 - d) Letter of payment or declaration of exemption from Inheritance Tax, duly issued by the corresponding Tax Authority or local equivalent Authority.

3. Permanent Disability

- 1) This shall be deemed to consist of the permanent anatomic loss or lack of functionality of limbs or organs as a result of an accident. The amount of the

indemnity shall be determined by applying to the Sum Insured the percentages established in the following Injury Table:

Injury Table	Percentage of indemnity	%
Head and nervous system		
☐ Complete mental derangement		100
☐ Maximum expression of epilepsy		60
☐ Total blindness		100
☐ Loss of one eye or the sight thereof, where the other had previously been lost		70
☐ Loss of one eye, while conserving the other, or reduction of binocular vision to 50%		25
☐ Operated bilateral traumatic cataract		20
☐ Operated unilateral traumatic cataract		10
☐ Total deafness		50
☐ Total deafness in one ear, having previously lost hearing in the other		30
☐ Total deafness in one ear		15
☐ Total loss of sense of smell or taste		5
☐ Total mutism with impossibility of emitting coherent sounds		70
☐ Ablation of the lower jaw		30
☐ Grave disorders in the articulations of both jawbones		15
Spine		
☐ Paraplegia		100
☐ Quadriplegia		100
☐ Mobility limitations as a result of vertebral fractures, without neurological complications or grave deformations of the spine: 3 per cent for each vertebra affected, up to a maximum of		20
☐ Barré-Lieou syndrome		10
Thorax and Abdomen		
☐ Loss of a lung or a reduction to 50 per cent of lung capacity		20
☐ Nephrectomy		10
☐ Enterostomy		20
☐ Splenectomy		5
Upper Limbs		
☐ Amputation of an arm from the articulation of the humerus		100
☐ Amputation of an arm at the level of, or above, the elbow		65
☐ Amputation of an arm below the elbow		60
☐ Amputation of a hand at the level of, or below, the wrist		55
☐ Amputation of four fingers of a hand		50
☐ Amputation of a thumb		20
☐ Total amputation of an index finger or two joints thereof		15
☐ Total amputation of any other finger or two joints thereof		5
☐ Total loss of movement of a shoulder		25
☐ Total loss of movement of an elbow		20
☐ Total paralysis of the radial, cubital or median nerve		25
☐ Total loss of movement of a wrist		20

Pelvis and Lower Limbs	
☐ Total loss of movement of a hip	20
☐ Amputation of a leg above the knee	60
☐ Amputation of a leg, while conserving the knee	55
☐ Amputation of a foot	50
☐ Partial amputation of a foot, while conserving the heel	20
☐ Amputation of a big toe	10
☐ Amputation of any other toe	5
☐ Shortening of a leg by 5 cm or more	10
☐ Total paralysis of the external popliteal sciatic nerve	15
☐ Total loss of movement of a knee	20
☐ Total loss of movement of an ankle	15
☐ Serious walking difficulties subsequent to the fracture of one of the heel bones	10

2) Applying the table of injuries shall be governed by the following principles:

- When the injuries affect the non-dominant upper limb, the left of a righthanded person or vice versa, the indemnity percentages for the same shall be reduced by 15 per cent, except in case of a hand amputation related to a foot amputation.
- In order to determine the said percentages, neither the Insured's profession or age, nor any other factor not included in the table shall be taken into account.
- The accumulation of all the Disability percentages arising from the same accident shall not give rise to an indemnity of over 100 per cent.
- The total lack of functionality of some limb or organ shall be considered as total loss thereof.
- The sum of diverse partial percentages related to the same limb or organ shall not exceed the percentage of indemnity established for the total loss thereof.
- Those types of Disability not expressly specified shall be indemnified by analogy with other cases that do appear therein.
- Partial limitations and anatomic losses shall be indemnified proportionally, with respect to the total loss of the affected limb or organ.
- In the event that, prior to the accident, some member or organ suffered amputations or functional limitations, the percentage of the indemnity shall be the difference between the pre-existing Disability and that present after the accident.

3) For the purposes of the definitive indemnity, the degree of disability shall be determined by the Co-Insurers whenever the Insured's physical condition is medically recognised as being definitive and the corresponding medical certificate of incapacity

is provided. Where twelve months pass from the date of the accident, without the above being established, the Insured may request from the Co-Insurers a further period of up to twelve months more, after which time the latter must determine the disability on the basis of what it believes, will be the definitive condition.

- 4) Should the Insured not accept the Co-Insurer's proposal, duly made in accordance with the medical certificate of incapacity and in line with the scale outlined in the policy, the following rules shall apply:
 - a. Each party shall appoint a medical expert and their written acceptance must be duly recorded. Should one of the parties not make such an appointment, he shall be obligated to do so within eight days of the date on which the party who had done so requires him to comply; should the former still not name anyone within this period, it shall be taken that he accepts the report issued by the other party's appraiser and he shall be duly bound by it.
 - b. Where the experts reach an agreement, this shall be reflected in a joint report, which shall state the causes of the loss, the degree of disability, any other circumstances that have a bearing on the determination of the same and the corresponding percentage of indemnity proposed.

4. Specific Exclusions for Personal Accident

4.1 In addition to the General Exclusions to all the guarantees of this policy described at the end of these General Conditions, the Policy does not cover the consequences originated or produced by the following:

- a) Bad faith on the part of the Insured or those intentionally caused by the same, except where the injury was sustained in order to avoid something worse.
- b) Wars, with or without prior declaration, and any conflicts or international interventions using force or duress. Events arising from terrorism, mutiny or crowd disturbances as well as injury caused during the course of strikes.
- c) Events or actions of the Armed Forces or Security Forces in peacetime.
- d) Extraordinary natural phenomena such as floods, earthquakes, landslides, volcanic eruptions, atypical cyclonic storms, falling objects from space and aerolites, and in general any extraordinary atmospheric, meteorological, seismic or geological phenomenon.

- e) Fall of sideral bodies and meteorites.
- f) Those derived from radioactive nuclear energy.
- g) Those caused when the Insured takes part in bets, challenges or brawls, except in the case of legitimate defence or necessity.
- h) Accidents caused by the Insured's participation in criminal acts, or as a result of his/her fraudulent, seriously negligent or reckless actions.
- i) Accidents suffered as a result of being inebriated or under the effect of drugs, toxics or narcotics. Inebriation shall be taken to mean when the blood alcohol level is greater than 0, 50 grams per 1.000 cubic centimetres, or the Insured is fined or convicted for this cause.
- j) Intoxication or poisoning from the consumption of foodstuff.
- k) Injuries that are a consequence of surgical operations or medical treatments not brought about by an accident covered by the policy.
- l) Illnesses of any kind, fainting fits, syncope, strokes, epilepsy or epileptiforms and caused by any kind of loss of consciousness as a result of an accident as the latter is defined in the Definitions of these General Conditions.

4.2 The consequences of accidents that occurred prior to the coming into force of this insurance are also excluded, despite the fact that they become apparent during its lifetime, as well as the consequences or after-effects of an accident covered which become apparent after the three hundred and sixty-five days subsequent to the date on which it occurred.

4.3 Unless expressly included in a specific Plan and subject to payment of the relevant surcharge Premium, the consequences of the following are excluded from the guarantee object of this contract:

- a) Engaging in the following sports: motor racing or motorcycle racing in any of its modes, big game hunting, underwater diving using artificial lung, navigation in international waters in craft not intended for the public transport of passengers, horse riding, climbing, pot holing, boxing, wrestling in any of its modes, martial arts, parachuting, hot air ballooning, free falling, gliding and, in general, any sport or recreational activity that is notoriously dangerous.
- b) Participation in competitions or tournaments organised by sporting federations or similar organisations.
- c) The use, as a passenger or crew, of means of air navigation not authorised for the public transport of travellers, as well as helicopters.
- d) Accidents due to a physical or manual risk activity (paid or not) such as: driving of vehicles, use of machinery, loading and unloading, work in heights/levelling or confined locations, assembly of machinery, undertaking work on floating or underwater/subaquatic platforms, mines or quarries, use of chemical substances, laboratories of any kind, and any other dangerous activities.

2. POLITICAL UNREST AND NATURAL CATASTROPHE EVACUATION

What is covered	You are covered up to the limit shown on the summary of cover for reasonable costs and expenses incurred in transporting you from the country in which the natural catastrophe or political unrest has occurred to the nearest place of safety as a result of you needing to evacuate from your destination during your trip.
Conditions	You must contact the Consortium's Call Centre immediately if an event occurs which may result in you needing to leave Ghana. No claim will be paid if the Consortium is not contacted.
What is not covered	1. Any costs incurred as a result of you failing to produce or maintain the required documents, visas and permits for the country in which you are travelling. 2. Anything listed in the general exclusions.

3. EMERGENCY DENTAL CARE

If and when found necessary, the Co-Insurers will provide the Insured party with the dental assistance required. However, this coverage is restricted to the treatment of pain, infection and removal of the tooth/teeth affected.

4. TRAVEL OF ONE IMMEDIATE FAMILY MEMBER

In the event that the Insured should be admitted to hospital for more than five days as a result of an accident or illness covered in the policy, the Policy will take charge of the transfer of an immediate family member at the Insured's choice, from the usual country of residence of the Insured, including meeting the cost of the outbound to the place of hospitalisation, accommodation expenses and return journey, **up to a limit provided by the referred plan.**

5. EMERGENCY RETURN HOME FOLLOWING DEATH OF CLOSE RELATIVE

When an Insured's trip/journey is interrupted by the death of a close relative (spouse, parents and child), the Company will meet the cost of travel to the usual country of residence, whenever he/she is unable to travel by his/her own means of transport or the means of transport hired for the trip. However, the Insured shall be required to furnish the evidence, documents or certificates of the event, interrupting the journey (death certificate).

This cover is subject to a limit provided by the referred plan.

6. DELIVERY OF MEDICINES

The Policy will cover the expenses of sending medicines, in case of emergency, which are prescribed by the Doctor of the beneficiary, even if this prescription is previous to the trip, and are not available at the place where she/he is staying.

7. COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE

In the event of a delay of more than twenty-four (24) hours in delivering the baggage checked in, since the arrival of the flight on an IATA Member Airline, the Policy will cover **up to a limit specified by the selected plan for each Insured person**, to purchase prime necessity items (those that are indispensable while the Insured awaits the arrival of the delayed baggage), provided that the relevant original copies of the invoices are furnished.

This cover is subject to a limit provided by the referred plan.

All such claims shall be accompanied by documents duly certified by the Airline attesting to the occurrence of the event.

8. LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL EFFECTS.

The Policy will furnish the Insured with advice on reporting the robbery or loss of his/her baggage and personal possessions, and will collaborate in arrangements for locating them.

In the event that the aforesaid possessions should be recovered, the Policy will take charge of forwarding them to the place of the trip planned by the Insured or to his/her usual country of residence.

In this event, the Insured is under an obligation to return the compensation received for the loss in accordance with this policy.

9. COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE

The Policy will supplement the compensation for which the carrier is liable up to a limit provided by the selected Plan, as a sum of both compensation payments, for the collection of baggage and possessions checked in by each Insured, in the event of loss during the carriage by air performed by the carrier company, for the purpose of which the Insured shall furnish a list of the contents including the estimated price and date of purchase of each item, as well as the settlement of the compensation payment by the carrier.

Compensation payment for loss will be calculated according to the procedures recommended by international carriage by air organisations.

The minimum period of time that must elapse for the baggage to be considered to have been lost once and for all will be that stipulated by the carrier company shall not be less than 21 days.

This cover is subject to a limit provided by the referred plan.

Money, jewellery, debit/credit cards, cheques and any type of document are excluded from this guarantee.

10. RELAY OF URGENT MESSAGES

The Policy will take charge of relaying the urgent messages of the Insured party, relating to any of the events covered in the Policy.

AKWAABA TRAVEL INSURANCE POLICY

SCHEDULE OF BENEFITS

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PREMIUMS

PREMIUM SURCHARGE CONSIDERING THE INSURED'S AGE:

- Children up to 18 years old, travelling with their parents, will pay 50% of the premium. For persons aged between 66 and 75 years, increase by 50%;
- For persons aged between 76 and 80 years, increase of 100%; • For persons aged from 81 years the Premium shall increase by 300%.

DISCOUNTS

Premium Discount for groups of people travelling together to Ghana at the same time: Minimum 10 persons in the group.

From 10 to 20 insured persons	5%
From 21 to 50 insured persons	10%
From 51 to 100 insured persons	15%
From 101 to 200 insured persons	20%
From 201 to 400 insured persons	25%
Over 400 insured persons	Revert to Consortium

AKWAABA GOLD BUSINESS TRAVEL INSURANCE POLICY

SCHEDULE OF BENEFITS

	COVERAGES	USD
1	MEDICAL & HOSPITALIZATION EXPENSES INCLUDING EPIDEMIC/PANDEMIC DISEASES AND QUARANTINE/ISOLATION	30,000
2	EPIDEMIC & PANDEMIC DISEASES INCLUDING QUARANTINE/ISOLATION	20,000
3	MEDICAL EVACUATION IN CASE OF ILLNESS OR ACCIDENT	15,000
4	REPATRIATION OF MORTAL REMAINS	15,000
5	PERSONAL ACCIDENT / MEANS OF PUBLIC TRANSPORT	15,000
6	POLITICAL UNREST AND NATURAL CATASTROPHE EVACUATION	5,000
7	EMERGENCY RETURN HOME FOLLOWING DEATH OF A CLOSE FAMILY MEMBER	5,000
8	TRAVEL OF ONE IMMEDIATE FAMILY MEMBER	5,000
9	DELIVERY OF MEDICINES	1,000
10	LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL EFFECTS	1,000
11	EMERGENCY DENTAL CARE	1,000
12	COMPENSATION FOR DELAY IN THE ARRIVAL OF LUGGAGE	1,000

13	COMPENSATION FOR IN-FLIGHT LOSS OF CHECKED-IN BAGGAGE	1,000
14	RELAY OF URGENT MESSAGES	500