



**EAST AFRICAN SAFARI RALLY**  
**10<sup>TH</sup> EDITION**  
**1<sup>ST</sup> TO 9<sup>TH</sup> NOVEMBER 2021**

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**DATE:** 1<sup>ST</sup> JULY 2021 **TIME:** 16:00 HRS

**SUBJECT:** COMPETITORS INFORMATION 3

**FROM:** Competitors Liaison – Chantal Young

**TO:** All competitors

**NUMBER OF PAGES:** 1 (ONE) **ATTACHMENTS:** 1

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**TRAUMA CARE MEDICAL EVATUATION COVER**

This year the organisers will be providing all competing crews (driver & navigator) with a medical & evacuation insurance cover, for the duration of the event.

The insurance cover is primarily to provide you with an emergency care should the need arise and is specific to extreme sporting activities undertaken in the Republic of Kenya.

Please see the attachment, which gives you all the information pertaining to this cover, together with an application form which must be filled in by both competitors and emailed to the Rally Office.

We will thereafter activate the cover beginning the month of October and will be valid for one year.

Please note, this is part of the entry fee requirement and is mandatory. (refer to event regulations Art 4.3 X 5). I would be grateful for you to fill out the attached form and send back to me as soon as possible.

We would recommend that teams should also cover their respective service crew and or any family attending the event. You will be required to fill extra forms for each person. Please note this will be an extra charge for each person added and we will invoice you separately.

If you have any queries, please do get in touch with the undersigned.

Many thanks,

**Chantal Young**  
**East African Safari Rally Ltd**  
**Marula Manor**  
**Marula Lane, Karen**  
**P.O. Box 14910-00800 Nairobi Kenya**  
**Tel. +254 743 736 718**  
**Email: [chantal@eastafricansafarirally.com](mailto:chantal@eastafricansafarirally.com)**  
**[info@eastafricansafarirally.com](mailto:info@eastafricansafarirally.com)**  
**Website: [www.eastafricansafarirally.com](http://www.eastafricansafarirally.com)**

**EMERGENCY NUMBER**

**0700 395 395**

**0711 911 911**

# TRAUMACARE

TraumaCare Plan is an evacuation/rescue insurance product designed to provide emergency care for patients with traumatic injuries.

## TraumaCare Covers:

- 1 air evacuation and 2 road evacuations within Kenya
- Hospitalization costs and last expense to the specified limits

## PREMIUM PAYMENTS PLAN

Plan	Cover Limit		Premium per Person (including taxes)
	Medical Expenses	Last expense	
TraumaCare	KES 100,000	KES 50,000	KES 1,550

## Why TraumaCare?

- No age limit
- No waiting period
- Simple mode of identification - National ID
- A dedicated toll free 24-hr helpline
- Access to countrywide network of hospitals
- Affordable premium

## Main Exclusions

- Extreme sporting activities
- Engaging in illegal activities and substance abuse
- Transfers of patients within hospitals of the same capabilities
- Transfers of members with simple injuries and mild sickness treatable by local facilities
- Towing services

## ACCEPTED METHODS OF PAYMENT



**M-PESA PAYBILL NUMBER: 870250**

Contact us

To get TraumaCare

Helpline: 0709 626 000 | 0709 626 400 | 0711 911 911

Mombasa: 0736 372 881 | Kisumu: 0733 154 415

Email: [careteam@gakenya.com](mailto:careteam@gakenya.com)

GA Insurance House,

4th floor, Ralph Bunche Road,

P.O. BOX 42166 - 00100, Nairobi, Kenya.

For more information log on to our website [www.gakenya.com](http://www.gakenya.com).

### TraumaCare Application Form

Full Name:		Date of Birth:	
Address:		<input type="text"/> DD	<input type="text"/> MM <input type="text"/> YYYY
Street:		Building:	
Apartment/House Number:			
City:			
Postal Address:			
Mobile Number:			
Email:			
ID Number:		KRA Pin:	
Next of Kin Name:		Phone No:	
Payment Method	Cash <input type="checkbox"/>	Card <input type="checkbox"/>	M-pesa <input type="text"/> <small>*M-pesa Transaction Code</small> Other

"I hereby declare that the answers given above are to the best of my knowledge true and complete. I authorise The Insurer to contact the doctor I have consulted or any Doctor of their choice if need be. I shall willingly submit myself for any medical examination if so required by The Insurer."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Terms and conditions apply.  
Rescue and evacuations by The Kenya Red Cross Society. **Powered by GA Insurance Ltd.**

\*Regulated by The Insurance Regulatory Authority