

# EAST AFRICAN SAFARI CLASSIC RALLY 2023



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**Date:** 18TH OCTOBER 2023

**Time:** 1000 HRS

**Subject:** COMPETITORS INFO: 2

**Document No:** 7.2

**From:** RAJU CHAGGAR

**To:** ALL COMPETITORS / CREW MEMBERS

*Number of pages: 02 (Two)*

*Attachments: 02 (Two)*

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**I) THIRD PARTY INSURANCE COVER – MANDATORY**

**II) AMREF FLYING DOCTORS**

**III) MEDICAL FORM**

**I) THIRD PARTY INSURANCE**

Please refer to Event Regulations Art. 4.3 (v) i.

3rd Party Insurance cost per entrant is \$130. Limit of the cover is as follows:

- 3rd Party property damage: Kes. 20Million / USD \$134,229
- 3rd Party persons liability: Kes. 3Million / USD \$20,135
- Any one event liability: Kes. 10Million / USD \$67,115
- Insurance of the cover will be for a period of one month, beginning 1st December 2023.

Payment for this should be made in CASH only during documentation.

Requirements for application are as follows:

- i) Full names of driver and co-driver.
- ii) Copy of vehicle log book / Carnet.

**II) AMREF FLYING DOCTORS**

Please refer to Event Regulations Art. 4.3 (XI) i

The Organisers will provide the above Emergency Evacuation for ONLY International entrants up to 6 pax. This service is limited to Air & Ground Evacuation.

Period of cover is 15 days from the date of issue. This is a short-term evacuation service for individuals and small groups who may not need an annual plan – in the event of a medical emergency.

For any additional team member / family member, the cover will cost \$10 per application.

Refer attachment 1.

# EAST AFRICAN SAFARI CLASSIC RALLY 2023



For this, we require:

- i) Copy of the passport.
- ii) Cover cost. (Payable at documentation in CASH only, however, documents required prior to arrival)

### III) MEDICAL FORM

Please find attached the medical form that MUST be completed by All Team crew. This mandatory form should be emailed to:

Dr. V Singh Chauhan  
Chief Medical Officer  
rallymedics@gmail.com

Refer attachment 2.



#### **RAJU CHAGGAR**

Event Director  
East African Safari Rally LTD

Web [www.theclassic-safari.com](http://www.theclassic-safari.com)

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Travel Easy With

# MAISHA TOURIST

## AIR AMBULANCE PLAN



### ABOUT MAISHA TOURIST

#### Air Ambulance Plan

Maisha Tourist, from AMREF Flying Doctors, is a short-term Air and Ground Ambulance Plan aimed at providing quality and affordable medical evacuation services to individual and small group travellers who may not need an annual plan - in the event of a medical emergency.

#### Area of Coverage...

Maisha Tourist covers the Eastern Africa region, including: Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi, South Sudan and Ethiopia.

### Benefits Include:

- ✓ As a member, you can call our 24hr Medical Helpline anytime from anywhere to get medical advice from our professional
- ✓ Unlimited evacuation flights per subscription period
- ✓ You are in direct contact with the Air Ambulance provider and medical professionals, no intermediary or third party involved.
- ✓ Speed of service since you have direct contact with AMREF Flying Doctors and the medical professionals - no third party.

**N/B: You do not require travel insurance to subscribe to this cover**

For more information, please call  
**OUR CUSTOMER SERVICE ON:**  
**+254 20 699 2000 | 730 811 000**

### BELOW ARE THE APPLICABLE RATES:

LEVEL	REGION(S) COVERED	KATO MEMBERS / TATO (US\$)	OTHERS (US\$)	VALIDITY
Tourist Bronze	Kenya(Air & Ground Evacuation)	10\$	10\$	15 Days
Tourist Silver	Kenya, Tanzania, Zanzibar	16\$	24\$	30 Days
Tourist Gold	Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi	24\$	32\$	30 Days
Tourist Platinum	Kenya, Tanzania, Zanzibar, Uganda, Rwanda, Burundi, South Sudan & Ethiopia	80\$	80\$	30 Days



## EAST AFRICAN SAFARI CLASSIC RALLY 2023

### MEDICAL & VITAL HISTORY FORM

#### INSTRUCTIONS/DISCLAIMER

1. Kindly fill in all sections in this document. The information provided by you will enable us to effectively manage you in the event of any injury that may incapacitate you.
2. The information provided in this form is STRICTLY for MEDICAL personnel attending to you and will not be shared with any other individual/organization without consent from yourself.
3. In case of any injury sustained
  - I. We will provide you with initial first aid treatment and perform any procedure that may be necessary to stabilize and evacuate you before definitive treatment (if needed) to a health care facility.
  - II. We will not be responsible for treatment you receive once transported to a health care facility.
  - III. We may have to perform any lifesaving treatment or procedure without your informed consent if you are incapacitated
  - IV. We will not be liable for any damage or loss of your vehicle, equipment or personal belongings during stabilization and evacuation.
  - V. We will not be liable to pay for any treatment you receive at a health care facility.
  - VI. We will evaluate your fitness to carry on with the competition in cases of any injury that may endanger you or any other competitor.
4. Your nominated next of kin or health care proxy is a person designated to make a broad range of decisions for a person unable to give informed consent (permission to carry out any treatment/surgical procedure. The authority becomes effective only when the patient becomes incapacitated.

<b>TEAM / CAR NUMBER</b>	
<b>NAME</b>	
<b>AGE</b>	
<b>SEX</b>	
<b>BLOOD GROUP</b>	
<b>MOBILE NUMBER</b>	
<b>e-mail</b>	
<b><u>NEXT OF KIN</u></b> <b>NAME</b> <b>MOBILE NUMBER</b> <b>EMAIL</b>	

1. Do you have any chronic medical conditions e.g. Hypertension, Diabetes? YES  
NO

A. IF YES, list the conditions and current medication for the same you may be using

<b>CONDITION</b>	<b>MEDICINE</b>

2. Are you allergic to any medicines or food products? YES NO  
 A. If YES, list the medicine or food product and the undesired side effect the allergy caused

AGENT	SIDE EFFECT

3. Have you ever had any anaesthetic reaction from a previous surgery?  
 YES NO

A. If YES, list the Surgery and nature of reaction.

PROCEDURE	REACTION

4. Have you ever received a blood transfusion? YES NO  
 A. If YES, Did you have any blood transfusion reaction? YES NO

5. Do You have any physical Disability? YES NO  
 A. If YES, then briefly explain nature of disability

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6. Fill in your Medical Insurance details below (Mandatory)

INSURANCE PROVIDER	MEMBERSHIP NO.

7. Fill in your AMREF Maisha cover details below. (Mandatory)

MEMBERSHIP NO.	NAME (As appears on card)	Duration of cover	
		Start Date	Expiry

I \_\_\_\_\_ have provided the above information of my own free will without any pressure from any individual or institution. I authorize the use of my medical information by medical personnel for the purposes of treatment for any ailment or injury I sustain in the competition.

Signature

Date

ID/Passport No.

For further clarification/FAQs contact:

1. DR. V SINGH CHAUHAN  
Chief Medical Officer  
+254 721549500  
[rallymedics@gmail.com](mailto:rallymedics@gmail.com)