In reply please quote
CF/50/10/10/20/1 V11

Date: 01 April 2019

From: Financial Secretary

To: Supervising Officers of Ministries/Departments

Insurance Cover for Delegates while on Mission Abroad

The purpose of this Circular is to inform Supervising Officers that the Ministry of Finance and Economic Development has, on behalf of Government, contracted an insurance cover with SICOM General Insurance Ltd for officials proceeding on mission abroad. The insurance cover has been renewed for period ending 29 February 2020. It provides coverage, *inter alia*, in respect of personal accident, medical expenses, repatriation costs, loss/damage to baggage and personal effects.

2. Settlement of claims is subject to applicable excesses, applicable limits and terms and conditions of the Insurance Policy, which are at Annex I. As per the previous years, the Policy is subject to, amongst others, the following conditions—

(a) the insurance covers any particular mission abroad for a maximum duration of 30 days. In the event that the duration of a mission exceeds 30 days, the Ministry/Department should seek the official agreement of SICOM General insurance Ltd *before* the mission is undertaken. In this respect, Mrs Violetta Lagailarde-Naidoo, Head Casualty at SICOM General Insurance Ltd, may be contacted on 203-8431 or email violetta@sicom.intnet.mu;

(b) in case of serious illness or injury to any Insured Person on mission abroad, advice and assistance in connection with Medical and Repatriation arrangements may be obtained from the ‘Speciality Group’ who maintain a 24-hour emergency telephone service on +44(0) 20 7902 7405;

(c) the Insurers shall not be liable for any medical expenses incurred in relation to pre-existing conditions, except if the insured person suffers from sudden and acute symptoms or conditions necessitating immediate medical treatment;

(d) the insurers shall not be liable for any cost incurred with respect to treatment arranged prior to commencement of the journey; and

(e) in the event of a claim, the Insurers shall have the right to seek medical information from any medical practitioner/medical institution attending or who has attended the person of the insured person.
3. Any claim from an official for reimbursement as provided in the Insurance Cover should be forwarded to SICOM General Insurance Ltd, through the Mission Cell of this Ministry, as per template at Annex II.

4. In this connection, officers of the Mission Cell may be contacted on telephone number 260-1300 Ext 5050/5052/5053/5054/5055. Thereafter, SICOM General Insurance Ltd will liaise with the official concerned, inter alia, for the submission of relevant invoices in original.

5. The Insurance Policy does not cover officials:
   (i) posted in our Embassies/High Commissions abroad; or
   (ii) proceeding abroad in connection with Capacity Building Programmes (i.e. Training, Symposium, Workshop, Seminar, Study Tours/Visits, etc.).

6. It would be appreciated if all officers concerned falling under the aegis of your respective Ministries/Departments could be informed accordingly.

V. Lutchmeeparsad
for Financial Secretary

Copy to: Secretary to Cabinet and Head of the Civil Service

Encs.
SCHEDULE

Policy Number: PYHO18MI00129

INSURED

Government of Mauritius and associated and managed and subsidiary and affiliated companies as in existence or hereafter acquired/created for their respective rights and interests.

INTEREST

Full 24-hour coverage including all passenger flying in respect of Insured Persons as specified below whilst travelling on the Insured’s authorised business outside Mauritius

INSURED PERSONS

Group A: President, Prime Minister, Vice President, Deputy Prime Minister, Chief justice, Speaker, Ministers and Spouses, Secretary to Cabinet & Head of Civil Service

Group B: (i) Members of Parliament and their spouses

(ii) Senior Government Officers drawing monthly salary of not less than Rs 122,000 and their spouses

Group C: Other Officers (employees and non-employees)

PERIOD OF INSURANCE

01 March 2019 to 29 February 2020

SUMS INSURED

SECTION 1 – PERSONAL ACCIDENT
Capital Sum Insured for each Insured Person of:

Group A: Rs 3,000,000
Group B: Rs 2,000,000
Group C: Rs 1,200,000

SECTION 2 – CANCELLATION AND CURTAILMENT
Rs 15,000 each Insured Person

SECTION 3 – COUNTRY OF RESIDENCE JOURNEY DISRUPTION
Rs 15,000 each Insured Person

SECTION 4 – MEDICAL, REPATRIATION AND OTHER EXPENSES
Rs 12,000,000 each Insured Person

SECTION 5 – HOSPITAL DAILY BENEFIT
Rs 1,200 per day each Insured Person for a maximum of 30 days.
Excluding the first 24 hours of each and every claim

SECTION 6 – BAGGAGE AND PERSONAL EFFECTS
Rs 30,000 in all each Insured Person limited to a maximum of Rs 5,000 for any item
SECTION 7 – DELAYED BAGGAGE
Rs 7,500 in all each Insured Person

SECTION 8 – MONEY, TRAVELLERS’ CHEQUES AND
BUSINESS DOCUMENTS
Rs 15,000 each Insured Person

SECTION 9 – PERSONAL LIABILITY
Not Applicable

SECTION 10 – HI-JACK

(a) Rs 2,250 per day or part of a day during which the Insured Person is
detained by the hi-jackers

(b) the additional cost of travel and accommodation necessarily
incurred as a direct result of the Insured Person being hi-jacked

up to a maximum of Rs 112,500 each Insured Person

AGGREGATE LIMIT : Rs 30,000,000 in respect of all claims under this policy
ANNUAL PREMIUM : Rs 493,992
MAXIMUM DURATION : 30 days per trip. Trips in excess of 30 days may be agreed by the
Insurers prior to commencement of the journey.
EXCESS : As detailed in each section where applicable
GEOGRAPHICAL LIMITS : Worldwide
LAW AND JURISDICTION : This insurance shall be governed by and construed in accordance with the
law of Mauritius and each party agrees to submit to the exclusive
jurisdiction of the Courts of Mauritius in the event of a dispute arising
hereunder

DATE: 14.3.2019

For and on behalf of
SICOM GENERAL INSURANCE LIMITED

AUTHORISED OFFICER
TRAVEL INSURANCE POLICY WITH SICOM LTD.

TRAVEL CLAIM FORM
SICOM GENERAL INSURANCE LTD
SIR CELICOURT ANTELME STREET, PORT LOUIS
BRN GIN is C10984766
Tel: (230) 203 8400 - Fax: (230) 213 1821

TRAVEL CLAIM FORM

Please answer all questions fully. Ticks and dashes must be avoided. This claim form when completed must be returned to the Sicom General Insurance Ltd without delay. Please also supply all documentary evidence in support of the claim. THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

<table>
<thead>
<tr>
<th>INSURED:</th>
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<tr>
<td>Name: .................................................................</td>
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<td>Address: ............................................................</td>
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<td>Policy No: .........................................................</td>
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<tr>
<td>Claimant: ..............................................................</td>
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<tr>
<th>CLAIM UNDER SECTION:</th>
<th>DOCUMENTS REQUIRED:</th>
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<tbody>
<tr>
<td>(1) &amp; (2) Personal Accident</td>
<td>⇒ Death Certificate, Medical report, bills, receipts as applicable.</td>
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<tr>
<td>(3) Medical Expenses</td>
<td>⇒ Medical report, bills, receipts as applicable.</td>
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<tr>
<td>(4) Loss of Baggage and Personal Effect</td>
<td>⇒ Evidence of Loss/Property Irregularity report, Police report.</td>
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<td>(5) Others</td>
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<tr>
<th>CLAIM DETAILS:</th>
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<tbody>
<tr>
<td>(a) Date: ..................................................</td>
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<tr>
<td>(b) Circumstances: ............................................</td>
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(c) Items Lost (If applicable): .................................................................
........................................................................................................
(d) Total Amount Claimed: .................................................................
........................................................................................................
(e) Details of Police/Airline/Authority where loss report made: ............... 
........................................................................................................

FOR LOSS OF BAGGAGE OR PERSONAL EFFECTS CLAIMS – PLEASE ATTACH INVOICES/RECEIPTS

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Owner</th>
<th>Where bought</th>
<th>Date bought</th>
<th>Amount Claimed</th>
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FOR MEDICAL EXPENSE CLAIMS – PLEASE ATTACH INVOICES/RECEIPTS

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<thead>
<tr>
<th>Nature of Expense/Illness</th>
<th>Name/address of Doctor or Hospital</th>
<th>Amount Invoiced</th>
<th>Has Invoice been paid?</th>
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Has the claimant received previous medical treatment in respect of the medical condition for which claim is being made. If yes, please give details: .................................................................
........................................................................................................

MISCELLANEOUS

Is there any other insurance policy covering the claim items: .................................

If Yes, Please give details: ...................................................................................
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I/We hereby declare the foregoing particulars to be true and correct in every respect and that I/we have not concealed any information. I/We undertake to render the Sicom General Insurance Ltd all possible assistance in dealing with this matter.

I/We consent to authorize Sicom General Insurance Ltd to seek medical information from any doctor/medical institution attending or who has attended the claimant’s.

........................................................................................................

Claimant’s Signature

........................................................................................................

Insured’s Signature

Date:........................................

Date:........................................
In reply please quote
CF/50/10/10/2019/V11

From: Financial Secretary

To: Supervising Officers of Ministries/Departments

**Insurance Cover for Delegates while on Mission Abroad**

Please refer to this Ministry’s Letter dated 01 April 2019 on the above subject.

2. I am directed to inform you that the Circular should, in fact, read as “Circular Letter No. 04 of 2019”.

V. Boodhna
for Financial Secretary

Copy to: Secretary to Cabinet and Head of the Civil Service
It is proposed to house some Ministries in a new Administrative Complex to be constructed in Cote D'Or which will be equipped with appropriate amenities.

2. In this regard, a survey on the office space presently occupied by Ministries/Departments is being conducted for planning purposes. In the first instance, it is proposed to move only those public services which do not have direct dealings with members of the public.

3. It would be appreciated if you would indicate, as per the attached Pro-Forma, the floor space that would be required by your Ministry, taking into consideration new staff to be recruited. A sample template is also attached for guidance.

4. You are kindly requested to submit the duly filled in Pro-Forma by Friday 26 April 2019 to the attention of Mrs S. Domun, Assistant Permanent Secretary.

V. Lutchmeeparsad
for Financial Secretary
# Survey on Office Space

**Name of Ministry/Department:** .................................................................

<table>
<thead>
<tr>
<th>SN</th>
<th>Present Location (Port Louis or elsewhere)</th>
<th>Actual Gross Surface Area occupied (Metre Square)</th>
<th>Monthly Rental payable per Metre Square (Rs)</th>
<th>Duration of present Lease Agreement and any penalties applicable in case of cancellation of lease</th>
<th>Number of staff presently accommodated</th>
<th>Space Requirements at New Administrative Complex in Cote D'Or (Metre Square)</th>
<th>Any IT System to be transferred to the New Block</th>
<th>Number of parking slots actually occupied</th>
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<tbody>
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<td>Government Owned Buildings</td>
<td>Rented Buildings</td>
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**Name:** .................................................................  **Designation:** .................................................................  **Signature:** .................................................................  **Date:** .................................................................
<table>
<thead>
<tr>
<th>SN</th>
<th>Name of Ministry/Department: Finance and Economic Development</th>
<th>Survey on Office Space</th>
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<tbody>
<tr>
<td></td>
<td>Sample</td>
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