



MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

Circular No. 3 of 2017

In reply please quote
CF/50/10/10/20/1 V10

Date: 16 February 2017

From: Financial Secretary

To: Supervising Officers-in-Charge of Ministries/Departments

Insurance Cover for Delegates while on Mission Abroad

This Ministry has, on behalf of Government, contracted an insurance cover with SICOM General Insurance Ltd for delegates proceeding on mission abroad. The insurance cover is for period 01 January 2017 to 31 December 2017 (renewable annually) and provides coverage, *inter alia*, in respect of personal accident, medical expenses, repatriation costs, loss/damage to baggage and personal effects.

2. All claims' settlement is subject to applicable excesses, applicable limits and terms and conditions of the Insurance Policy, which are at **Annex 1**. You may wish to note, like the previous years, the Policy has remained the same and with the following additional conditions –

- (a) the insurance covers any particular mission overseas for a maximum duration of 30 days. In the event that the duration of a mission exceeds thirty days, the line Ministry 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 'Specialty 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 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 commencement of the journey;
- (e) in the event of a claim, the Insurers shall have the right to seek medical information from any doctor/medical institution attending or who has attended the person of the insured person; and

- (f) as the Insurance Policy has been contracted by this Ministry, on behalf of the Government, any claim from an official for reimbursement should be forwarded to SICOM General Insurance Ltd through the Mission Cell of this Ministry as per format at **Annex II**. In this connection, officers of the Mission Cell at this Ministry, may be contacted on 201-2540/201/3607/201-1594 or mofedmission@govmu.org. Thereafter, SICOM General Insurance Ltd will liaise with the official concerned, *inter alia*, for the submission to it of relevant invoices in original.
3. The Insurance Policy does not cover officials –
- (i) posted in our Embassies/High Commission abroad: or
 - (ii) proceeding abroad on Capacity Building Programmes (i.e. Training, Symposium, Workshop, Seminar, Study Tours, etc.).
4. It would be appreciated if all the Departments falling under the aegis of your respective Ministry could be informed accordingly.


V. Lutchmeepsad
for Financial Secretary

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



COVER NOTE

- 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, Minister 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 122,000/164,000 and their spouses
 Group C: Other officers (employees and non-employees)
- PERIOD OF INSURANCE** : 01 January 2017 to 31 December 2017
- TRAVEL PATTERN** : Europe, India, Far East, Northern America and Southern Africa
- 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 Covered

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
- PREMIUM** : Rs 463,038 inclusive of all fees
- MAXIMUM DURATION** : 30 days per trip. Trips in excess of 30 days must be agreed by the
Insurers prior to commencement of the journey.
- EXCESS** : As per existing policy
- 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
- OTHER TERMS AND
CONDITIONS** : As per expiring policy wordings
- Sanction Limitation and Exclusion Clause LMA 3100
- Contracts (Rights of Third Parties) Act 1999 Exclusion Clause AVN 72
- Contract Continuity Clause LSW 1820



ANNEX II

TRAVEL
INSURANCE
POLICY
WITH
SICOM LTD.

TRAVEL CLAIM FORM

SICOM GENERAL INSURANCE LTD

SIR CELICOURT ANTELME STREET- PORT LOUIS

BRN GIN is C10094766

☎: (230) 203 8400 - Fax: (230) 213 1821

TRAVEL CLAIM FORM

TCF 05 - 44 b

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.**

INSURED:

Name:

Address: Tel No:

Policy No: Period of Insurance:

Claimant:

CLAIM UNDER SECTION:

DOCUMENTS REQUIRED:

- | | |
|---|---|
| (1) & (2) Personal Accident | ⇒ Death Certificate, Medical report, bills, receipts as applicable. |
| (3) Medical Expenses | ⇒ Medical report, bills, receipts as applicable. |
| (4) Loss of Baggage and Personal Effect | ⇒ Evidence of Loss/Property Irregularity report, Police report. |
| (5) Others | ⇒ |

CLAIM DETAILS:

(a) Date : Place : Time :

(b) Circumstances :
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.....
.....

(c) Items Lost (If applicable):

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(d) Total Amount Claimed :

(e) Details of Police/Airline/Authority where loss report made:

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

Description of Property	Owner	Where bought	Date bought	Amount Claimed

FOR MEDICAL EXPENSE CLAIMS – PLEASE ATTACH INVOICES/RECEIPTS

Nature of Expense/illness	Name/address of Doctor or Hospital	Amount Invoiced	Has Invoice been paid?

Has the claimant received previous medical treatment in respect of the medical condition for which claim is being made. If yes, please give details:

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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:.....