



MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

Circular No. 1 of 2018

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

Date: 9 January 2018

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 officials proceeding on mission abroad. The insurance cover has been renewed for period 01 January 2018 to 31 December 2018. 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 other, 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 Lagaille-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;
- (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; and

- (f) as the Insurance Policy has been contracted by this Ministry, on behalf of 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 template at **Annex II**. In this connection, officers of the Mission Cell at this Ministry, may be contacted on 201-2540/201-2659/201-3607/201-1594 or mofedmission@govmu.org. Thereafter, SICOM General Insurance Ltd will liaise with the official concerned, *inter alia*, for the submission of relevant invoices in original.

3. 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.).

4. 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

RENEWAL TERMS

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	: 24-hour cover including all passenger flying in respect of Insured Persons as specified below whilst travelling on the Insured's authorised business outside Mauritius
INSURED PERSONS	: <ul style="list-style-type: none"> Group A : President, Prime Minister, Vice President, Deputy Prime Minister, Chief Justice, Speaker, Minister and Spouses, Secretary to Cabinet and Head of Civil Service Group B : (i) Members of Parliament and their spouses <li style="padding-left: 40px;">(ii) Senior Government Officials 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 2018 to 31 December 2018
TRAVEL PATTERN	: Europe, India, Far East, Northern America and Southern Africa mainly
SUM INSURED	: <p><u>Section 1 - Personal Accident</u> 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</p> <p><u>Section 2 - Cancellation and Curtailment</u> Rs 15,000 each Insured Person</p> <p><u>Section 3 - Country of Residence Journey Disruption</u> Rs 15,000 each Insured Person</p> <p><u>Section 4 - Medical, Repatriation and Other Expenses</u> Rs 12,000,000 each Insured Person</p> <p><u>Section 5 - Hospital Daily Benefit</u> Rs 1,200 per day for a maximum of 30 days Excluding the first 24 hours of each and every claim</p> <p><u>Section 6 - Baggage and Personal Effects</u> Rs 30,000 in all each Insured Person limited to a maximum of Rs 5,000 for any item</p> <p><u>Section 7 - Delayed Baggage</u> Rs 7,500 in all each Insured Person</p> <p><u>SECTION 8 - Money, Traveller's Cheques and Business Documents</u> Rs 15,000 each Insured Person</p> <p><u>Section 9 - Personal Liability</u> No Cover</p>

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

AGGREGATE LIMIT : Rs 30,000,000 in respect of all claims under this Policy

ANNUAL PREMIUM (INCLUSIVE OF ALL FEES) : Rs 463,038

MAXIMUM DURATION : 30 days per trip. Trips in excess of 30 days must be agreed by Insurers prior to commencement of the journey.


EXCESS : As per current Policy

GEOGRAPHICAL LIMIT : Worldwide

CHOICE OF 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 wording and endorsements.

DATE:..... 13 December 2017


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AUTHORISED OFFICER
FOR SICOM GENERAL INSURANCE LTD

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.**

<u>INSURED:</u>	
Name:	
Address: Tel No:	
Policy No: Period of Insurance:	
Claimant:	
<u>CLAIM UNDER SECTION:</u>	<u>DOCUMENTS REQUIRED:</u>
(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	⇒
<u>CLAIM DETAILS:</u>	
(a) Date : Place : Time :	
(b) Circumstances :	
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.....	

(e) 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.

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Claimant's Signature

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Insured's Signature

Date:.....

Date:.....