



MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

Circular No. 1 of 2018 No 4 of 2019

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 Lagaille-Naidoo, Head Casualty at SICOM General Insurance Ltd, may be contacted on 203-8431 or email [violetta@sicom.intnet.mu](mailto: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: PYHO18MI000129

- 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

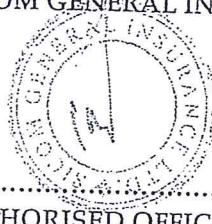
MAXIMUM DURATION : 30 days per trip. Trips in excess of 30 days may be agreed by the  
Insurers prior to commencement of the journey.

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

For and on behalf of  
SICOM GENERAL INSURANCE LIMITED



.....  
AUTHORISED OFFICER

DATE: 14/03/2019

ANNEX II

TRAVEL  
INSURANCE  
POLICY  
WITH  
SICOM LTD.

TRAVEL CLAIM FORM

**SICOM GENERAL INSURANCE LTD**  
 818 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 : .....

.....

.....

.....

.....

.....

(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**

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: .....

**MISCELLANEOUS**

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

If Yes, Please give details : .....

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:.....



Circular No 4 (a) of 2019



**MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT**

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

Date: 03 April 2019

From: Financial Secretary

To: Supervising Officers of Ministries/Departments

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

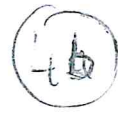
Please refer to this Ministry's Letter dated 01 April 2019 on the above subject.

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





MINISTRY OF FINANCE AND ECONOMIC DEVELOPMENT

5<sup>th</sup> Floor, New Government Centre, Port Louis, Mauritius

YOUR REF. :

Date: 11 April 2019

From : Financial Secretary

To : Supervising Officers of Ministries

SUBJECT : Administrative Complex Project - Cote D'Or

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

Pro-Forma

Name of Ministry/Department: .....

SN	Present Location (Port Louis or elsewhere)		Actual Gross Surface Area occupied (Metre Square)	Monthly Rental payable per Metre Square (Rs)	Duration of present lease Agreement and any penalties applicable in case of cancellation of lease	Number of staff presently accommodated	Space Requirements at New Administrative Complex in Cote D'Or (Metre Square)	Any IT System to be transferred to the New Block	Number of parking slots actually occupied	
	Government Owned Buildings	Rented Buildings							Free of charge	Rented
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Name : .....

Designation: .....

Signature: .....

Date: .....

**SAMPLE**

**Survey on Office Space**

**Name of Ministry/Department: Finance and Economic Development**

SN	Present Location (Port Louis or elsewhere)		Actual Gross Surface Area (Metre Square)	Monthly Rental payable per Metre Square (Rs)	Duration of present lease Agreement and any penalties applicable in case of cancellation of lease	Number of staff presently accommodated	Space Requirements at New Administrative Complex in Cote D'Or (Metre Square)	Any IT System to be transferred to the New Complex	Number of parking slots actually occupied	
	Government Owned Buildings	Rented Buildings							Free of charge	Rented
1	Level 3, New Government Centre, Port Louis	-	xxxxxx	N/A	N/A	50	yyyyy	Yes, e-Budget System	10	-
2	Level 5 New Government Centre, Port Louis	-	xxxxxx	N/A	N/A	140	yyyyy	No	25	5
3	Level 9, Emmanuel Anquetil Building, Port Louis	-	xxxxxx	N/A	N/A	35	xxxxxx	Yes, e-Procurement System	6	-
4	-	Level 6, Baroda Building Port Louis	xxxxxx	xxxxxx	01.01.2018 to 31.12.2020	10	yyyyy	No	-	2
5	-	Level 2, Pope Hennessy Building, Port Louis	xxxxxx	xxxxxx	25.09.2017 To 24.09.2019	40	xxxxxx	No	5	7