



TRAVEL STRESS FREE

One of the biggest concern for a traveller is the cost of medical assistance should you sustain injuries abroad: the fees can be crippling and your medical insurance typically doesn't provide sufficient or any cover. Travel Insurance is also mandatory when applying for most VISAs.

With Mayfair, not only do you avoid expensive costs but you are also assured of getting the best available response and treatment.

TRAVEL INSURANCE

You are in safe hands

Worldwide cover



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TRAVEL PROTECT PLANS (USD)

BENEFITS	AFRICA/ASIA	EUROPE BASIC	WORLDWIDE			STUDENT WORLDWIDE		PILGRIMAGE		
			BASIC	PLUS	EXTRA	CLASSIC	PREMIUM	BASIC	PLUS	EXTRA
Emergency Medical Assistance										
Medical Expenses & hospitalization abroad Excess Applicable	\$15,000 Out-patient \$30	\$40,000 Out-patient \$30	\$40,000 Out-patient \$30	\$75,000 Out-patient \$30	\$150,000 Out-patient \$30	\$60,000 Excess \$30	\$100,000 Excess \$30	\$10,000 Excess \$30	\$15,000 Excess \$30	\$25,000 Excess \$30
Emergency medical evacuation in case of Illness or Accident	\$15,000	\$40,000	\$40,000	\$75,000	\$150,000	\$30,000	\$50,000	\$15,000	\$15,000	\$15,000
Emergency Dental Care Excess \$25	\$100 Excess \$25	\$100 Excess \$25	\$500 Excess \$25	\$650 Excess \$25	\$650 Excess \$25	\$500 Excess \$70	\$500 Excess \$70	Nil	Nil	Nil
Repatriation of mortal remains	\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000	\$25,000	\$5,000	\$10,000	\$15,000
Repatriation of Family Member travelling with the insured	\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	Nil	Nil	Nil	Nil	Nil
Emergency Return Home Following Death of Family member	Same Class Ticket					\$2,000	\$2,000			
Compassionate Emergency Visit (One family member)	Nil	Return tickets in economy class and \$100/day max 10 days		Return tickets in economy class and \$200/day max 10 days		\$100/day max 10 days		Nil	Nil	Nil
Medical Complementary Services										
Daily Hospital Cash Benefit	Nil	Nil	\$35/day max \$350	\$50/day max \$500	\$50/day max \$500	Nil	Nil	Nil	Nil	Nil
Personal Assistance Services										
24 hours assistance services	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Delivery of Medicines (services only)	Covered	Covered	Covered	Covered	Covered	\$1,000	\$1,000	Covered	Covered	Covered
Hijack in Means of Public Transport	Nil	Nil	\$50/day max \$5,000	\$100/day max \$7,500	\$100/day max \$7,500	Nil	Nil	Nil	Nil	Nil
Baggage										
Loss of passport, Driving licence, National ID card abroad	\$500	\$500	\$500	\$500	\$500	\$300	\$300	Nil	Nil	Nil
Compensation for In-flight loss of checked-in baggage Excess Applicable	\$1,500 Excess \$50	\$1,500 Excess \$50	\$1,500 Excess \$50	\$2,000 Excess \$50	\$2,000 Excess \$50	Nil	Nil	\$250	\$500	\$750
Luggage Delay (Excess of 4 hours)	\$250	\$250	\$250	\$350	\$350	Nil	Nil	Nil	Nil	Nil
Forwarding of baggage and personal belongings	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Nil	Nil	Nil	Nil	Nil
Personal Accidents										
*Accidental Death in Means of Public Transport	Nil	\$10,000	\$20,000	\$20,000	\$50,000	Nil	Nil	Nil	Nil	Nil
*Total Disability in Means of public Transport		% As per Scale	% As per Scale	% As per Scale	% As per Scale					
Personal Liability										
Advance of bail bond	Nil	Nil	\$3,000	\$10,000	\$10,000	\$15,000	\$20,000	Nil	Nil	Nil
Personal Civil Liability	Nil	Nil	\$100,000	\$150,000	\$150,000	\$50,000 Excess \$150	\$50,000 Excess \$150	Nil	Nil	Nil
Legal Defense Abroad	Nil	Nil	\$3,500	\$5,000	\$5,000	\$2,000	\$2,000	Nil	Nil	Nil
Cancellation or Curtailment										
Journey Cancellation	Nil	Nil	\$2,000	\$3,000	\$3,000	Nil	Nil	Nil	Nil	Nil
Journey Curtailment Deductible	Nil	Nil	\$2,000 \$100	\$2,500 \$100	\$2,500 \$100	Nil	Nil	Nil	Nil	Nil
Losses & Delays										
Delayed Departure (Deductible 4 hours)	Nil	\$300	\$300	\$1,000	\$1,000	Nil	Nil	Nil	Nil	Nil
Missed travel Connection	Nil	Nil	\$300	\$500	\$500	Nil	Nil	Nil	Nil	Nil
OPTIONAL BENEFITS AVAILABLE										
Wintersports	Nil	Optional	Optional	Optional	Optional	Optional	Optional	Nil	Nil	Nil

TRAVEL PROTECT PREMIUM (USD)

COVER PERIOD	AFRICA/ASIA	EUROPE	WORLDWIDE		
			BASIC	PLUS	EXTRA
Up to 4 days	8.23	10.19	17.22	20.20	23.14
Up to 7 days	10.81	13.42	22.80	26.77	30.70
Up to 10 days	15.04	18.74	31.96	37.56	43.09
Up to 15 days	16.17	20.14	34.39	40.43	46.38
Up to 21 days	16.94	21.13	36.09	42.43	48.67
Up to 30 days	26.18	32.72	56.09	65.99	75.74
Up to 60 days	39.80	49.78	85.54	100.69	115.62
Up to 90 days	51.34	64.26	110.52	130.11	149.43
Up to 180* days	55.33	69.25	119.14	140.26	161.10
1 year* multi-trip	71.00	88.90	153.03	180.20	206.98

STUDENT WORLDWIDE PREMIUM (USD)

COVER PERIOD	STUDENT WORLDWIDE	
	CLASSIC	PREMIUM
6 months maximum 180 consecutive days	369.30	452.53
9 months maximum 270 consecutive days	415.22	515.67
1 year maximum 365 consecutive days	466.88	585.98

PILGRIMAGE PREMIUM (USD)

COVER PERIOD	PILGRIMAGE		
	BASIC	PLUS	EXTRA
1-15 days	14.41	17.50	20.59
1-25 days	23.68	34.50	39.13
1-45 days	42.23	48.41	59.22

NOTES

- Ages calculated at the commencement of the trip
- Children under 18, Premium reduction of 50%
- For persons aged between 66 and 75 years, Premium increase of 50%
- For persons aged between 76 and 80 years, Premium increase of 100%
- For persons aged from 81 years, Premium increase of 300% (Europe Policy)
- Maximum period of 180 consecutive days abroad per trip. Except Plan STUDENTS
- Minimum of 10 travellers required for Group Plan.
- For Group and Corporate plans please contact Mayfair Insurance.

IMPORTANT POINTS

Nature of coverage: Coverage is intended for use by the Insured in the event of a sudden and unexpected sickness or accident arising when the Insured is outside of his Home Country.

Pre-Existing Exclusion: This policy does not cover claims for any medical services arising from a Pre-Existing Medical Condition as defined in the Policy Terms.

General Health Exclusion: No claims will be paid where the Insured is travelling against the advice of a Physician; or is receiving, or on a waiting list for treatment, or awaiting the results of medical tests or investigations for medical treatment declared by a Physician; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition

WHAT TO DO IN THE EVENT OF AN EMERGENCY

In the event of an accident or when being admitted to hospital, immediately contact the 24 hour international helpline for assistance:

Tel: (24 HR) + 44 (0)845 217 1379

Tel: (24 HR) +353 (0)91 560 628

Email: afrcosiam@mapfre.com

You will be prompted to provide the following information:

- Passport or identity card number
- Policy number
- Full name of the injured and principle insured
- Cause of the call
- The place you are located (Hotel/City/Address/Phone number)

For non-emergency medical and all other claims you will need to complete a claim form as soon as possible after the incident has occurred or within 31 days of your return to your home country.

The completed claim form, together with invoices, proof of ownership, travel documents and any other relevant details must be sent to Mayfair Insurance



Mayfair Travel Insurance Application Form

Date of Departure Date of Return Total Travel Days/Months Country of Travel

Selected Plan (please tick) AFRICA/ASIA EUROPE BASIC

WORLDWIDE: BASIC PLUS EXTRA
 STUDENT WORLDWIDE: CLASSIC PREMIUM
 PILGRIMAGE: BASIC PLUS EXTRA

	Persons to be Insured (state Full Names Mr/Mrs/Miss)	Date of Birth	Passport No.	Relationship to Policy Holder	Premium per Person	Additional Premium (Sports)	Total Premium
1.							
2.							
3.							
4.							
5.							

NB: For Group plan please provide a schedule with the details of the insured name, date of birth & passport number. Please complete reverse side as well

Address of Applicant	<input type="text"/>
E-mail Address of Applicant	<input type="text"/>
Telephone No.	<input type="text"/>
Name, address and contact details of :-	<input type="text"/>
1. Usual family Doctor	<input type="text"/>
2. Next of kin	<input type="text"/>

I / We hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. I am / We are aware that pre-existing medical conditions are not covered. I agree with the terms and conditions of this insurance as described in the policy wording.

I am a permanent resident of Purpose of travel

Signed: Date: Agent Name:

You are in safe hands