



MAYFAIR TRAVEL INSURANCE

OUTBOUND SCHEDULE OF BENEFITS (USD)

TRAVEL PROTECT - PRODUCT BENEFITS & LIMITS IN US DOLLARS

COVER / BENEFIT	BUDGET (WORLDWIDE)	SCHENGEN (EUROPE)	GLOBAL BASIC	GLOBAL PLUS	GLOBAL EXTRA	EXCESS (IN USD)
PERSONAL ASSISTANCE						
DISPATCH OF MEDICATION	INCLUDED - SERVICE ONLY					NIL
GENERAL INFORMATION	INCLUDED - SERVICE ONLY					NIL
HIJACK	3,000 USD	5,000 USD	5,000 USD	7,500 USD	7,500 USD	NIL
MEDICAL TRANSPORTATION AND REPATRIATION						
MEDICAL TRANSPORTATION OR REPATRIATION	REAL EXPENSES					NIL
TRANSPORT OF A PERSON DUE TO THE HOSPITALISATION OF THE INSURED	RETURN TICKETS ECONOMY CLASS					5 DAYS
STAY OF A PERSON DUE TO THE HOSPITALISATION OF THE INSURED	\$85 DAY MAX. 10 DAYS	\$100 DAY MAX. 10 DAYS	\$100 DAY MAX. 10 DAYS	\$200 DAY MAX. 10 DAYS	\$200 DAY MAX. 10 DAYS	5 DAYS
TRANSPORTATION OR REPATRIATION OF THE ACCOMPANYING INSURED	\$1,500.00	\$3,500.00	\$3,500.00	\$4,000.00	\$5,000.00	NIL
MEDICAL EXPENSES						
MEDICAL EXPENSES ABROAD	\$15,000.00	\$80,000.00	\$125,000.00	\$250,000.00	\$500,000.00	NIL
FIRST MEDICAL ASSISTANCE ABROAD	INCLUDED IN GENERAL LIMIT					NIL
DENTAL EXPENSES	\$450.00	\$500.00	\$650.00	\$750.00	\$750.00	NIL
PHARMACEUTICAL EXPENSES	INCLUDED IN GENERAL LIMIT					NIL
MEDICAL EXPENSES AFTER THE RETURN TO THE COUNTRY OF ORIGIN	\$250.00	\$500.00	\$500.00	\$500.00	\$1,000.00	NIL
REPATRIATION OF MORTAL REMAINS						
TRANSPORT OR REPATRIATION OF THE DECEASED INSURED	REAL EXPENSES					NIL
LUGGAGE						
INDEMNITY DUE TO PROBLEMS WITH THE CHECKED - IN LUGGAGE (ACCIDENTAL DAMAGE, LOSS, ROBBERY)	\$1,500.00	\$1,500.00	\$1,500.00	\$2,500.00	\$3,500.00	\$50.00
COMPENSATION FOR BAGGAGE DELAY	\$250.00	\$500.00	\$1,000.00	\$1,250.00	\$1,500.00	4 HOURS
CANCELLATION						
REIMBURSEMENT OF THE CANCELLATION EXPENSES OF THE TRIP (PREVENTS THE POLICY TO BE CANCELLED AFTER PURCHASE)	NIL	\$2,000.00	\$2,000.00	\$3,000.00	\$5,000.00	\$50.00
DELAYS						
INDEMNITY DUE TO THE TRANSPORT DEPARTURE DELAY	\$200.00	\$300.00	\$300.00	\$300.00	\$500.00	4 HOURS
MISSED CONNECTIONS	NIL	\$500.00	\$650.00	\$750.00	\$1,000.00	NIL
MISSED DEPARTURE	NIL	\$350.00	\$500.00	\$1,000.00	\$1,000.00	NIL
CURTAILMENT						
CURTAILMENT EXPENSES	\$500.00	\$2,000.00	\$3,000.00	\$5,000.00	\$5,000.00	NIL
EARLY RETURN DUE TO SERIOUS FAMILY MATTER	SAME CLASS TICKET					NIL
PERSONAL ACCIDENTS						
ACCIDENTAL DEATH MEANS OF TRANSPORT	\$7,000.00	\$50,000.00	\$200,000.00	\$200,000.00	\$300,000.00	NIL
PERMANENT ACCIDENTAL DISABILITY (MEANS OF TRANSPORT)	% AS PER SCALE					NIL
PERSONAL LIABILITY						
PERSONAL LIABILITY DUE TO PHYSICAL DAMAGES TO THIRD-PARTIES	\$200,000.00	\$200,000.00	\$300,000.00	\$300,000.00	\$300,000.00	NIL
LEGAL DEFENCE (NOT TRAFFIC)	\$3,500.00	\$3,500.00	\$3,500.00	\$5,000.00	\$5,000.00	NIL
DEPOSIT FOR LEGAL COSTS AND EXPENSES	\$3,500.00	\$10,000.00	\$12,500.00	\$15,000.00	\$20,000.00	NIL
PERSONAL LIABILITY DUE TO MATERIAL DAMAGES TO THIRD-PARTIES	\$200,000.00	\$200,000.00	\$300,000.00	\$300,000.00	\$300,000.00	NIL
COMPLEMENTARY MEDICAL COVERS						
HOSPITAL COMPENSATION	NIL	\$100 DAY MAX. 10 DAYS	\$200 DAY MAX. 10 DAYS	\$200 DAY MAX. 10 DAYS	\$200 DAY MAX. 10 DAYS	5 DAYS
COMPLEMENTARY CARD COVERS						
REPLACEMENT OF THE PASSPORT AND THE DRIVING LICENCE BY EMERGENCY DOCUMENTS	ACTUAL REPRODUCTION COST					NIL
OPTIONAL BENEFITS (SUBJECT TO ADDITIONAL PREMIUM)						
PASSIVE WAR & TERRORISM - APPLICABLE TO MEDICAL EXPENSES ONLY	NIL	APPLICABLE TO MEDICAL EXPENSES ONLY				NIL
WINTER-SPORTS	NIL	AS PER THE POLICY LIMITS				NIL
FRAUDULENT USE - CLONATION OF CARDS (INTERNATIONAL) Covered time before notification Limit per claim Annual limit per card Maximum number of fraudulent use claims per card / year	NIL	\$350.00 48 HOURS \$350 1	\$500.00 48 HOURS \$500 1	\$500.00 48 HOURS \$500 1	\$1,000.00 48 HOURS \$1,000 1	

TRAVEL PROTECT PREMIUM (USD)

COVERED PERIOD	BUDGET (WORLDWIDE)	SCHENGEN (EUROPE)	GLOBAL		
			BASIC	PLUS	EXTRA
UP TO 4 DAYS	12	13	19	23	26
UP TO 7 DAYS	16	17	22	30	35
UP TO 10 DAYS	22	24	31	37	42
UP TO 15 DAYS	24	25	34	40	43
UP TO 21 DAYS	25	27	37	42	48
UP TO 30 DAYS	39	34	48	61	70
UP TO 60 DAYS	60	66	84	99	111
UP TO 90 DAYS	79	85	108	128	144
UP TO 180 ¹⁾ DAYS	95	101	163	207	237
1 YEAR ²⁾ MULTI TRIP	133	129	209	265	305
Upto 180 ²⁾ DAYS	241	191	316	401	461
1 YEAR ²⁾ MULTI TRIP	333	265	438	556	639

¹⁾ Maximum 92 consecutive days per trip

²⁾ Maximum 180 consecutive days per trip

For non-emergency medical and all other claims you need to complete a claim form as soon as possible after the incident has occurred or within 31 days of return to your home country. The complete claim form, together with invoices proof of ownership, travel documents and any other relevant details must be sent to Mayfair insurance.

NOTES

- Ages calculated at the commencement of the trip
- Children under 18, premium discounted by 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% (Schengen Policy)
- Minimum of 10 Travellers required for group plans
- For group, students, pilgrimage, corporate and inbound plans, please contact Mayfair Insurance
- Maximum period of 180 consecutive days abroad per trip.

IMPORTANT POINTS

NATURE OF COVERAGE: Coverage is intended for use by the Insured in the event of sudden and unexpected sickness of accident arising when the insured is outside of his home country.

PRE-EXISTING EXCLUSIONS: 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 claim will be paid when the Insured is travelling against the advice of a physician; or is receiving, or on 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.

Please contact your Mayfair Insurance officer for Issuance of Travel Insurance.

MAYFAIR TRAVEL INSURANCE APPLICATION FORM

Address of Applicant	
E-mail Address of Applicant	
Telephone Number	
Name, address and contact details of	
1. Usual Family Doctor	
2. Next of Kin	

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 not 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/we agree with the terms and the conditions of this insurance as described in the policy wording.

I am a permanent resident of		Purpose of Travel	
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Signed		Date		Agent Name	
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Date of Departure		Date of Return		Total Travel Days/Months		Country of Travel	
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Select Plan (Please tick)		Budget		Schengen	GLOBAL		
						Basic	

	PERSONS TO BE INSURED (STATE FULL NAMES MR/MRS/MISS)	DATE OF BIRTH	PASSPORT NUMBER	RELATIONSHIP TO POLICY HOLDER	PREMIUM PER PERSON	ADDITIONAL PREMIUM	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.



Regulated by Insurance Regulatory Authority

We now have Covid-19 coverage for medical expenses and hospitalization



TRAVEL ASSISTANCE / MAKING A CLAIM

In the event of an accident, when admitted to a hospital or you need assistance, immediately contact the 24hour international helpline for assistance.

Tel: (24 HR) + 44 (0) 845 217 1379
 Tel: (24HR) +353 (0) 91 560 628
 Email: afrcosiam@mapfre.com

By dialing the emergency numbers, you will be prompted to provide:

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

For non-emergency medical and 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 form together with relevant invoices, travel documents and any other details must be sent to MAYFAIR INSURANCE COMPANY LIMITED.

TRAVEL STRESS FREE



✈
 WE HAVE THE BEST
 TRAVEL COVER IN
 THE MARKET.



You are in safe hands