



# MAYFAIR TRAVEL INSURANCE

## INBOUND, CORPORATE, PILGRIMAGE, STUDENTS PLAN SCHEDULE OF BENEFITS (USD)

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

COVER / BENEFIT	INBOUND	STUDENTS (PLUS)	CORPORATE MAN-DAY	PILGRIMAGE (BASIC)	PILGRIMAGE (PLUS)	PILGRIMAGE (EXTRA)
<b>PERSONAL ASSISTANCE</b>						
DISPATCH OF MEDICATION	INCLUDED SERVICE ONLY	ACTUAL COST SERVICE ONLY	INCLUDED SERVICE ONLY	NIL	NIL	NIL
GENERAL INFORMATION	INCLUDED SERVICE ONLY	NIL	INCLUDED SERVICE ONLY	NIL	NIL	NIL
HIJACK	\$100 PER DAY MAX. \$1,000	\$200 PER DAY MAX. \$2000 EXCESS - 6 HOURS	\$250 HOUR MAX. 80 HOURS	NIL	NIL	NIL
24 HOURS ASSISTANCE SERVICES	NIL	UNLIMITED	NIL	UNLIMITED	UNLIMITED	UNLIMITED
RELAY OF URGENT MESSAGES	NIL	ACTUAL COST SERVICE ONLY	INCLUDED SERVICE ONLY	NIL	NIL	NIL
REIMBURSEMENT OF UNIVERSITY / COLLEGE FEES	NIL	\$6,000 EXCESS - \$200	NIL	NIL	NIL	NIL
ADVANCE OF FUNDS	NIL	NIL	NIL	\$250	\$500	\$750
COVER IN CASE OF WAR & TERRORISM	NIL	INCLUDED	NIL	INCLUDED	INCLUDED	INCLUDED
<b>MEDICAL TRANSPORTATION AND REPATRIATION</b>						
MEDICAL TRANSPORTATION OR REPATRIATION	REAL EXPENSES	\$80,000	\$50,000	\$15,000	\$15,000	\$15,000
TRANSPORT OF A PERSON DUE TO THE HOSPITALIZATION OF THE INSURED	RETURN TICKETS ECONOMY CLASS EXCESS - 5 DAYS	NIL	RETURN TICKETS ECONOMY CLASS EXCESS - 5 DAYS	NIL	NIL	NIL
STAY OF A PERSON DUE TO THE HOSPITALIZATION OF THE INSURED	\$100 DAY MAX. 10 DAYS EXCESS - 5 DAYS	\$ 125 PER DAY / MAX. \$1,250	\$100 DAY MAX. 10 DAYS EXCESS - 5 DAYS	NIL	NIL	NIL
TRANSPORTATION OR REPATRIATION OF THE ACCOMPANYING INSURED	NIL	ACTUAL COST	\$5,000	NIL	NIL	NIL
<b>MEDICAL EXPENSES</b>						
MEDICAL EXPENSES ABROAD	\$75,000.00	\$60,000	\$300,000	\$10,000	\$15,000	\$25,000
FIRST MEDICAL ASSISTANCE ABROAD	INCLUDED IN GENERAL LIMIT	NIL	INCLUDED IN GENERAL LIMIT	NIL	NIL	NIL
DENTAL EXPENSES	\$300 EXCESS - NIL	\$400 EXCESS - 10%	400 EXCESS - NIL	NIL	NIL	NIL
PHARMACEUTICAL EXPENSES	INCLUDED IN GENERAL LIMIT	NIL	INCLUDED IN GENERAL LIMIT	NIL	NIL	NIL
MEDICAL EXPENSES AFTER THE RETURN TO THE COUNTRY OF ORIGIN	NIL	NIL	\$1,500	NIL	NIL	NIL
<b>REPATRIATION OF MORTAL REMAINS</b>						
TRANSPORT OR REPATRIATION OF THE DECEASED INSURED	REAL EXPENSES	ACTUAL COST	\$50,000	\$5,000	\$10,000	\$15,000
BURIAL EXPENSES	NIL	NIL	\$2,000	NIL	NIL	NIL
<b>LUGGAGE</b>						
INDEMNITY DUE TO PROBLEMS WITH THE CHECKED - IN LUGGAGE (ACCIDENTAL DAMAGE, LOSS, ROBBERY)	\$500 EXCESS - \$50	\$1,000	\$2,000	\$250	\$500	\$750
COMPENSATION FOR BAGGAGE DELAY	\$ 300 EXCESS - 4 HOURS	\$300 EXCESS - 4 HOURS	\$300 EXCESS - 6 HOURS	NIL	NIL	NIL
LOCATION AND FORWARDING OF BAGGAGE AND PERSONAL BELONGINGS	NIL	ACTUAL COST	NIL	NIL	NIL	NIL
<b>CANCELLATION</b>						
REIMBURSEMENT OF THE CANCELLATION EXPENSES OF THE TRIP (PREVENTS THE POLICY TO BE CANCELED AFTER PURCHASE)	\$1500 EXCESS - \$50	\$1,500.00	\$2,000	NIL	NIL	NIL
<b>DELAYS</b>						
INDEMNITY DUE TO THE TRANSPORT DEPARTURE DELAY	NIL	NIL	100 EXCESS - 4 HOURS	NIL	NIL	NIL
MISSED CONNECTIONS	NIL	NIL	NIL	NIL	NIL	NIL
MISSED DEPARTURE	NIL	NIL	NIL	NIL	NIL	NIL
<b>CURTAILMENT</b>						
CURTAILMENT EXPENSES	\$1,500.00	NIL	\$2,000	NIL	NIL	NIL
EARLY RETURN DUE TO SERIOUS FAMILY MATTER	SAME CLASS TICKET	ACTUAL COST - ECONOMY CLASS	\$5,000	NIL	NIL	NIL
<b>PERSONAL ACCIDENTS</b>						
ACCIDENTAL DEATH MEANS OF TRANSPORT	\$15,000.00	\$6,000	\$30,000	NIL	NIL	NIL
PERMANENT ACCIDENTAL DISABILITY (MEANS OF TRANSPORT)	% AS PER SCALE		\$30,000			
<b>PERSONAL LIABILITY</b>						
PERSONAL LIABILITY DUE TO PHYSICAL DAMAGES TO THIRD-PARTIES	\$50,000.00	\$ 50,000	\$75,000	NIL	NIL	NIL
LEGAL DEFENSE (NOT TRAFFIC)	\$2,000.00	\$6,000 EXCESS - \$200	\$1,500	NIL	NIL	NIL
DEPOSIT FOR LEGAL COSTS AND EXPENSES	\$2,000.00	NIL	\$20,000	NIL	NIL	NIL
PERSONAL LIABILITY DUE TO MATERIAL DAMAGES TO THIRD-PARTIES	\$50,000.00	NIL	\$75,000	NIL	NIL	NIL
<b>COMPLEMENTARY MEDICAL COVERS</b>						
HOSPITAL COMPENSATION	\$25 DAY MAX. 10 DAYS EXCESS - 5 DAYS	NIL	\$30 DAY MAX. 20 DAYS	NIL	NIL	NIL
<b>COMPLEMENTARY CARD COVERS</b>						
REPLACEMENT OF THE PASSPORT AND THE DRIVING LICENSE BY EMERGENCY DOCUMENTS	ACTUAL REPRODUCTION COST	\$300	\$1,500	NIL	NIL	NIL

## INBOUND

TRAVEL PROTECT PREMIUM (USD)	
COVERED PERIOD	INBOUND
UP TO 4 DAYS	16
UP TO 7 DAYS	19
UP TO 10 DAYS	27
UP TO 15 DAYS	29
UP TO 21 DAYS	31
UP TO 30 DAYS	48
UP TO 60 DAYS	73
UP TO 90 DAYS	94
UP TO 180 <sup>1)</sup> DAYS	101
1 YEAR <sup>1)</sup> MULTI TRIP	130
Upto 180 <sup>2)</sup> Days	255
1 YEAR <sup>2)</sup> MULTI TRIP	354

<sup>1)</sup> Maximum 92 consecutive days per trip  
<sup>2)</sup> Maximum 180 consecutive days per trip

## PREMIUMS

### CORPORATE MANDAY PLAN PREMIUM

TYPE OF PLAN	200 DAYS/YEAR	500 DAYS/YEAR	600 DAYS/YEAR	800 DAYS/YEAR	1000 DAYS/YEAR	1500 DAYS/YEAR
ANNUAL PREMIUM	\$1,597	\$2,719	\$3,651	\$4,593	\$5,092	\$7,446
EXCESS DAY	\$5.26	\$5.26	\$4.21	\$4.21	\$3.16	\$3.16

### PILGRIMAGE PROTECTION PREMIUMS

SUMMARY OF COVERS	PILGRIMAGE BASIC	PILGRIMAGE PLUS	PILGRIMAGE EXTRA
1-15 DAYS	23	27	35
16-25 DAYS	30	36	43
26-45 DAYS	38	44	61

### STUDENT PLAN PREMIUMS

SUMMARY OF COVERS	STUDENTS PLUS	
COVER PERIODS	ZONE I	ZONE II
6 MONTHS MAXIMUM 180 CONSECUTIVE DAYS	365	415
1 YEAR MAXIMUM 365 CONSECUTIVE DAYS	453	521

### GEOGRAPHICAL COVERAGE

ZONE I - Provides coverage for worldwide except the country of residence, USA, Canada, Australia and Japan  
 ZONE II - Provides coverage for worldwide except the country of residence

# 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 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)	Inbound	Student Plan	Corporate Man-Day	PILGRIMAGE		
				Basic	Plus	Extra

	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



## 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*