



## MCB PREMIUM CARDS INSURANCE POLICY





## **POLICY TERMS & CONDITIONS**

### **MCB PREMIUM CARD**

### **BUNDLE BENEFITS**

This document is not an insurance contract but summarises an insurance policy which provides insurance benefits and coverage held for the benefit of **MCB PREMIUM CARD HOLDERS** for the benefits listed below.

Section A - Travel Accident

Section B - Travel Inconvenience

Section C - Retail Insurance

Section D - Travel Medical and Repatriation Insurance

Section E - Global Assist, Travel Medical "Schengen Coverage", Concierge Services and 24hr Travel Accident

**The insurance is underwritten by SWAN Insurance Co. Ltd.**

The policy provides insurance coverage for the benefit of MCB PREMIUM CARD HOLDER. The policy is held by The Mauritius Commercial Bank Limited of Sir William Newton Street, Port Louis, Mauritius which is the only policy holder and only it has direct rights under the Agreement of insurance against the insurer. These rights are held for the benefit of (and in trust for) MCB PREMIUM CARD HOLDERS. This document summarises the terms and conditions of the benefits available under the policy of insurance for MCB PREMIUM CARD HOLDER in Mauritius; it does not give The MCB PREMIUM CARD HOLDER direct rights under the policy. Strict compliance with the terms and conditions is required if you are to receive a benefit. The Card Holder is covered worldwide, during an unlimited number of private or business trips abroad, each of maximum 90 consecutive days, starting and ending in the Country of Residence.

### **ELIGIBILITY**

The benefits summarised in this document are dependent upon the use of the **MCB PREMIUM CARDS** as shown in each Section except for Section 5 Global assist. The Mauritius Commercial Bank Limited shall give you notice if there are any material changes to the policy or if it is cancelled or expires without renewal on equivalent terms.

## DATA PROTECTION ACT

In accordance with the Data Protection Act 2004, We as data controllers shall collect and maintain personal information in order to underwrite and administer the policies of insurance that we issue. All personal information is treated with the utmost confidentiality and with appropriate levels of security. We shall not keep Your information longer than is necessary.

Your information shall be protected from unauthorised disclosure. We shall only reveal Your information if it is allowed by law, authorised by You, to prevent fraud, or in order that We can liaise with Our agents in the administration of this policy.

Under the terms of the Act You have the right to ask for a copy of any information We hold on You upon payment of an administrative fee and to require a correction of any incorrect information held. Any inaccurate or misleading data shall be corrected as soon as possible.

The above principles apply whether We hold Your information on paper or in electronic form.

Enquiries in relation to data held by Us should be directed to the Compliance Manager.

We wish You an enjoyable, safe and trouble free holiday and/or Business Travel.

## GENERAL DEFINITIONS

The words below have special meaning and shall appear in bold throughout all Sections.

“**Administrator**” means the Linkham Services Ltd.

“**Beneficiary**” means **You**, the **Card Holder** while on a **Covered Trip** and a **Covered Flight**.

“**Close Relative**” means mother, father, sister, brother, wife, husband, daughter, son, grandparent, grandchild, parent-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, step parent, step child, step sister, step brother, foster child, legal guardian, legal ward, partner or fiancé/fiancée or

Common-Law Partner (any couple, including same-sex, in a common law relationship or who have co-habited for at least 6 months).

“**Covered Person**” means Insured person, you, your, the **Card Holder** the spouse and the children up to 20 years old and on full time education travelling together and provided the air tickets of the spouse and children are debited on the Card Holder Premium Account.

### **Pre-Existing Medical Condition(s)**

Any medical or mental condition existing prior to Your Trip and/or causing You pain or physical distress or severely restricting Your normal mobility, including (but not limited to):

1. A condition for which You are on a waiting list or have knowledge of the need for surgery, inpatient treatment or investigation at a hospital, clinic or nursing home
2. A condition referred to a medical specialist or the cause of in-patient treatment within one year prior to Your Trip
3. Any mental condition including fear of flying or other travel phobia
4. A condition for which a Medical Practitioner has provided a terminal prognosis
5. Any circumstances You are aware of prior to your departure including the manifestation of any symptoms on the basis of which a claim for medical expenses could arise during Your travel under this policy
6. Any condition diagnosed during Your period of travel the existence of which would have been revealed by a diagnostic test or medical examination carried out prior to your departure

“**MCB PREMIUM CARD/CARD HOLDER**” means an **Account Holder** having an MCB MasterCard Gold, an MCB VISA Gold and American Express Card.

“**Insurer**” means **SWAN Insurance Co. Ltd.**

“**Our/Us/We**” means The Mauritius Commercial Bank Limited.

“**Policy**” means the policy of insurance detailed above.

“**You/Your**” means the holder of a **MCB PREMIUM CARD** including Supplementary **Cards** issued by The **Mauritius Commercial Bank** and billed in Mauritius.

## **IMPORTANT THINGS TO KNOW FOR SECTIONS A, B, C, D & E.**

Swan Insurance Company Ltd acts merely as a front on this risk.

All claims shall be solely entertained and paid for by Linkham Services Ltd.

## **GOVERNING LAW**

The present **Policy** and any rights or benefits arising from it are governed by the laws of the Republic of Mauritius and any disputes arising out of or in connection with these presents shall be submitted to the exclusive jurisdiction of the Courts of Mauritius.

## **CLAIMING BENEFITS**

In relation to any benefit sought by **You**, **We** authorize **You**, as **Our** agent, to notify the **Administrator** (or its agent) and make a claim under the **Policy** on **Our** behalf and to agree, receive and/or direct payment in relation to all benefits available under the **Policy**.

It is to be clearly noted and understood that this authority does not comprise of any legal proceeding against the **Insurer and/or the Administrator** whether in **Your** own name or in **Our** name; such proceedings can only be initiated by Us. Whenever a claim has been rejected by the **Administrator**, We reserve the right to decide, in **Our** sole and absolute discretion, whether or not to bring any such proceedings and whether or not to make any ex gratia payments to **You**.

If a claim is to be made, **You** must contact the **Administrator** set out below as soon as possible or within 30 days of the event giving rise to such claim except for **section A - Travel Accident** the notification

period is 90 days. If **You** are entitled to receive reimbursement, the payment shall be made within two weeks of the receipt of all original documents, allowing **Our** claims department to ascertain the amount due according to the Terms and Conditions of this Group Policy.

**FAILURE TO COMPLY WITH THE SPECIFIED TIME FRAME  
MAY PUT YOUR BENEFIT IN JEOPARDY**

For Travel Accident, Travel Inconvenience, Retail Insurance, and Travel Medical & Repatriation You should contact:

**LIKHAM SERVICES LTD**

**Level 5, NeXTeracom Tower I**

**Cyber City**

**Ebene.**

**MAURITIUS**

**Emergency No.:**

**Tel: + 230 405 5817**

**Cyber City**

**Fax: + 230 464 1270**

**Email For Assistance: [assistance@linkhamservices.com](mailto:assistance@linkhamservices.com)**

**For Claims: [Claims@linkhamservices.com](mailto:Claims@linkhamservices.com)**

Submission of a claim under the Policies does not relinquish **You** from **Your** responsibility to settle **Your** Card account in accordance with **Your** Cardmember Agreement.

In case **You** are not satisfied with your claim, please write to the **Administrator** for the relevant claim at the address listed above. Should **You** still not be satisfied, please write to **Us** at **MCB CARD** SBU, MCB Building, Saint Jean, Mauritius.

## SECTION A - TRAVEL ACCIDENT

### DEFINITIONS

The words below have special meaning when used in Section A.

“**Benefit Amount**” means the amount of money the **Administrator** shall pay depending on the **Loss** the **Beneficiary** sustains.

“**Bodily Injury**” means injury which:

- a) is caused by an accident; and
- b) is caused solely and directly by visible violent external means; and
- c) results in a **Loss** directly and independently of all other causes.

“**Covered Trip**” means:

- a) a trip by **Public Conveyance** where the entire fare has been charged to **Your MCB PREMIUM CARD**, prior to any **Bodily Injury** occurring; and
- b) a trip taken by the **Beneficiary** between a point of departure and the final destination as shown on the **Beneficiary's** ticket.

“**Hijack**” means that the control of the **Public Conveyance** in which the **Beneficiary** is traveling is involuntary passed from the regular crew to a person or persons who have used, or threatened to use, violent means to obtain such control.

“**Loss**” where used with reference to hand or foot means complete and permanent loss of the use of or severance at or above wrist or ankle joint; and as used with reference to eye means the irrecoverable loss of entire sight of that eye; or death.

“**Public Conveyance**” means an air, land or water vehicle operated under license for the transportation of fare paying passengers.

### HOW AND WHEN CAN YOU BENEFIT?

If during a Covered Trip, the Beneficiary suffers a Bodily Injury which:

- a) occurs while riding as a passenger in, boarding or alighting from or being struck by a **Public Conveyance**; or
- b) occurs while going directly to or whilst on the premises of an airport, seaport or railway station for the purpose of boarding an aircraft, ship or train for a **Covered Trip**; or



- c) occurs while on the premises of an airport, seaport or railway station immediately after alighting from an aircraft, ship or train used for a **Covered Trip**; and within 365 days of the accident date results in a **Loss**, the **Administrator** shall pay the applicable **Benefit Amount** in accordance with the **Benefit Schedule** below.

SECTION A - TRAVEL ACCIDENT				ABROAD	
AI	A1.1	Death	125,000 €	No Excess	
	A1.2	Loss of both hands or both feet	125,000 €		
	A1.3	Loss of one hand and one foot	125,000 €		
	A1.4	Loss of the entire sight of both eyes	125,000 €		
	A1.5	Loss of entire sight of one eye and the Loss of one hand or one foot	125,000 €		
	A1.6	Loss of one hand or one foot or the entire sight of one eye	62,500 €		
	A1.7	Hijack	1,000 € after 24 hrs and a further 2,000 € after 72 hrs		

- 2) In the event of an accident on a **Covered Trip**, which results in the disappearance, sinking or wrecking of the **Public Conveyance** and:
- the **Beneficiary** is unavoidably exposed to the elements and as a result of such exposure, suffers within 365 days of the accident date a **Loss**; or
  - the **Beneficiary's** body has not been found within 365 days after the date of such accident, it shall be presumed, subject to there being no evidence to the contrary, that the **Beneficiary** has deceased as a result of **Bodily Injury**.

The **Administrator** shall pay the applicable **Benefit** in accordance with the **Benefit Schedule** below, but before the **Administrator** does this, the **personal representative(s)** responsible for that person's estate must sign an agreement that they shall reimburse that amount in case the **Beneficiary** turns out to be alive.

A1.7) In the event of a Hijack the Administrator shall pay the **Beneficiary**:

- a) 1,000 € after the first 24 hours during which the **Beneficiary** is illegally detained; and
- b) A further 2,000 € after the first 72 hours during which the **Beneficiary** is illegally detained.

## **EXCLUSION**

- l) The **Administrator** shall not pay for any **Loss** caused by or resulting from:
  - a) the **Beneficiary's** suicide or attempted suicide regardless of mental state of health; or
  - b) declared or undeclared war (riot, manifestation resulting in fights); or
  - c) illegal acts of a **Beneficiary** or their designated beneficiary executor(s) or legal heir(s) or personal representative(s); or
  - d) the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release of or exposure to any hazardous biological, chemical, nuclear or radioactive material, gas, matter or contamination.

## **IMPORTANT THINGS TO KNOW**

- l) The **Administrator** shall not pay for more than one **Loss**, caused by a **Bodily Injury** to a **Beneficiary**, as a result of any one accident. In the event of more than one **Loss** the highest **Benefit Amount** shall apply.

- 2) The **Administrator** shall not pay interest on any **Benefit Amount** payable.
- 3) In the event of **Your** having multiple **MCB Cards** or Accounts, the **Administrator** shall not pay more than the highest **Benefit Amount** stated for anyone **Loss** as a result of anyone accident.
- 4) The **Benefit Amount** for death, or any other **Benefit Amount** unpaid at the **Beneficiary's** death, shall be paid to the **Beneficiary's** estate. Any payment made to the estate shall wilfully discharge the **Administrator's** obligations under the **Policy**.

## SECTION B - TRAVEL INCONVENIENCE

### BI - PERSONAL LIABILITY

#### YOUR BENEFITS

Costs You are liable for: Following an accident on Your Trip, if a claim is made against You and You are found legally liable for injuring another person or damaging their property and possessions, the Administrator shall pay you or your legal representative, for any single event occurring during the period of insurance up to 125,000 € in total for all claimants in connection with all occurrences within one original cause.

#### EXCLUSIONS

General Exclusions apply to all Travel Insurance Benefits. Please see page 20.

Specific Personal Liability Exclusions are as follows:

- 1) Death of, or physical injury to you or any member of your family or anyone in your service.
- 2) Anything belonging to you, or anything which is under your responsibility or any member of your family or anyone employed by you.
- 3) Any responsibility you undertake within an agreement which would not have existed in law had that agreement not existed.

- 4) Any responsibility resulting from you or any member of your family owning or using: aircraft; horse-drawn vehicles; motorised or mechanically propelled, or towed vehicles; boats (other than rowing boats, punts and canoes); jet skis; jet bikes; skidoos; animals (other than horses, domestic dogs or cats) or firearms;
- 5) Any responsibility resulting from your, or any member of your family's, trade, profession, occupation or supply of goods or services;
- 6) Any responsibility resulting from wilful, negligent or malicious acts by you;
- 7) Any claim which is covered by any other insurance held by you;
- 8) The occupation, except temporarily for the purposes of your trip, or ownership of any land or building;
- 9) Accidental injury or loss which has not been caused by your negligence;
- 10) Any responsibility you have as an employer to anyone employed by you or any member of your family in any trade, business or profession;

## **B2 - CANCELLATION & CURTAILMENT**

### **B2.1 CANCELLING, POSTPONING AND ABANDONING YOUR TRIP**

#### **YOUR BENEFITS**

1. This benefit applies to the costs for Your unused travel, accommodation, excursions and leisure activities that have been paid for or pre-booked and are non-refundable, or where You are charged a fee to change them.
2. You shall be paid up to 3,200 € if You cancel, postpone, change or abandon Your Trip, due to:
  - a) You, or a person travelling with You, or a person You are visiting for the main purpose of Your Trip, having an accident or being taken ill before Your Trip;

- b) Your Close Relative, or a Close Relative of a person travelling with You, or a Close Relative of a person You are visiting for the main purpose of Your Trip, having an accident or being taken ill before Your Trip;
- c) Your redundancy which qualifies for redundancy payments under current legislation;
- d) You being called for jury service or being subpoenaed as a witness other than in a professional or advisory capacity;
- e) Unforeseen severe damage to Your home or Your business premises;
- f) Theft at Your home or Your business premises that requires Your presence by the police;
- g) A delay of more than 12 hours on the outward leg of Your Trip as a result of industrial action, adverse weather, mechanical breakdown of public transport, or a transportation accident which means you no longer want to go on Your Trip. The period of delay is reduced to 6 hours for Trips less than 5 days.

## **EXCLUSIONS**

**General Exclusions apply to all Travel Insurance Benefits. See page 20**

**Specific Cancelling, Postponing and Abandoning Your Trip Exclusions are as follows:**

1. Cancellation claims arising directly or indirectly from circumstances known to You prior to booking Your Trip.
2. Cancellation claims arising directly or indirectly from circumstances known to You when You apply for Your MBC Card and any Cards on Your Account.
3. Additional costs incurred if You fail to notify the providers of Your travel, accommodation, excursions and leisure activities immediately it is necessary that You cancel Your Trip.
4. Claims where You are unable to supply a medical certificate from

the appropriate medical practitioner, who is not a Close Relative, confirming the medical condition which made it necessary to cancel Your Trip.

## **B2.2 CUTTING SHORT YOUR TRIP**

### **YOUR BENEFITS**

1. If You cut short **Your Trip**, You shall be paid reasonable travel costs for You to return home, and to resume **Your Trip**, and up to **3,200 €** for the unused costs of Your travel, accommodation, excursions and leisure activities that have been paid for or pre-booked and are non-refundable, due to:
  - a) You, or a person travelling with You, or a person You are visiting for the main purpose of **Your Trip**, having an accident or being taken ill;
  - b) Your **Close Relative**, or a **Close Relative** of a person travelling with You, or a **Close Relative** of a person You are visiting for the main purpose of **Your Trip**, having an accident or being taken ill;
  - c) Unforeseen severe damage to Your home or Your business premises;
  - d) Theft at Your home or Your business premises that requires Your presence by the police.

### **EXCLUSIONS**

**General Exclusions apply to all Travel Insurance Benefits. See page 20**

**Specific Cutting Short Your Trip Exclusions are as follows:**

1. Claims where You, Your Close Relative, or a Close Relative of a person travelling with you are unable to supply a medical certificate from the appropriate medical practitioner confirming the medical condition which made it necessary to cut short Your Trip.
2. Subsequent claims arising from the same fault or event where the original fault has not been properly repaired.

## **B3 - PERSONAL BELONGINGS AND TRAVEL DOCUMENTS**

### **YOUR BENEFITS**

- 1) This benefit applies to **Your** personal belongings which **You** take, purchase or hire while on **Your Trip**; **Your** travel documents provided that they are kept on **You** at all times, locked in a safe, or in a locked storage area of a vehicle.
- 2) If **Your** personal belongings, and travel documents are lost, stolen or damaged, **You** shall be paid up to:
  - a) **1250 €** in total for personal belongings per **Trip**;
  - b) **250 €** for the current value or cost to repair any item, or any pair or set of items which are complimentary or used together;
  - c) **500 €** for travel documents
- 3) In an emergency the **Administrator** can advance **You** cash up to **1,500 €**.
- 4) The **Administrator** shall provide advice, assistance where possible and any shipment costs in replacing emergency items that are lost, stolen or damaged including glasses, contact lenses, prescriptions, and travel documents necessary for **You** to continue **Your Trip** or return home.
- 5) **You** shall be paid any additional travel and accommodation costs, and consulate fees up to **500 €**, necessary to replace travel documents for **You** to continue **Your Trip**, or return home.

### **EXCLUSIONS**

**General Exclusions apply to all Travel Insurance Benefits. Please see Page 20**

**Specific Personal Belongings and Travel Documents Exclusions are as follows:**

- 1) Normal wear and tear.

- 2) Lost, stolen or damaged personal belongings where You have failed to take sufficient care of them or have left them unsecured or outside Your reach.
- 3) Loss or theft not reported to the police or provider of Your transport or accommodation within 48 hours and a report obtained.
- 4) Damage to personal belongings whilst in the care of a transport provider which has not been reported within 48 hours and a report obtained.
- 5) Theft of or damage to vehicles or items in a vehicle where there is no evidence of break in.
- 6) Any documents other than travel documents.
- 7) Damage to fragile or brittle items.
- 8) Household goods.
- 9) Theft from a roof or boot luggage rack, other than theft of camping equipment.
- 10) Loss, theft of or damage to valuables (money, jewellery, gold, silver, precious metal, precious or semi-precious stone articles, watches, cameras, camcorders, i-phones & smart phones, tablet PC, lap top) left unattended at any-time (including in a vehicle or in the custody of carriers such as airlines, trains, boat,...) unless deposited in a hotel safe or locked safety deposit box.
- 11) Any article or valuable not supported with an original receipt or proof of ownership.

**B3-B6 LUGGAGE DELAY, LUGGAGE LOSS, DELAYED DEPARTURE, INVOLUNTARY DENIAL, MISSED CONNECTION**

**The words below have special meaning when used in Section B3, B4, B5, B6.**

**“Covered Flight”** means a flight:

- a) On which a Beneficiary is booked to travel, where the entire fare



has been charged to **Your MCB PREMIUM CARD** in advance of the scheduled departure time; and

- b) is on an aircraft operated by an airline, licensed by the relevant authorities for scheduled air transportation; and
- c) that is a scheduled flight in accordance with such license and maintains schedules and tariffs for passenger service between named airports at specific times as published in the OAG World Airways Guide or similar publication.

**“Delayed Flight Departure and Flight Cancellation”** means where the departure of a **Covered Flight** is delayed for more than 4 hours from its scheduled departure time or is cancelled, and no alternative transportation is made available to the Beneficiary within 4 hours of the scheduled departure time.

**“Involuntary Denial of Boarding”** means that the Beneficiary has checked in or attempted to check in for a **Covered Flight**, within the published check-in times and has been involuntarily denied boarding as a result of overbooking.

**“Luggage Delay”** means that the **Beneficiary’s** accompanied checked-in luggage is not delivered within 6 hours of the **Covered Flight’s** arrival at its destination point.

**“Luggage Loss”** means that the **Beneficiary’s** accompanied checked-in luggage is not delivered within 48 hours of the **Covered Flight’s** arrival at its destination point.

**“Missed Connection”** means that the **Beneficiary’s** confirmed onward connecting **Covered Flight**, is missed at the transfer point:

- a) due to the late arrival of the **Beneficiary’s** incoming confirmed connecting **Covered Flight**; and
- b) no alternative onward transportation is made available to the **Beneficiary** within 4 hours of the actual arrival time of the incoming **Covered Flight**.

## HOW AND WHEN YOU BENEFIT?

- 1) In the event of **Delayed Flight, Departure and Flight Cancellation**, the **Administrator** shall:
  - a) Pay **Us** to reimburse **Your MCB PREMIUM BUNDLE** account up to **100 €** incurred between the scheduled and actual departure time for a delay of more than 4hrs.
  - b) In addition, if the **Beneficiary** is delayed for more than 10 hours on the date of scheduled departure, the **Administrator** shall pay **Us** to reimburse **Your MCB PREMIUM BUNDLE** account for a further **150 €**.
- 2) In the event of **Involuntary Denial of Boarding**, the **Administrator** shall pay **Us** to reimburse **Your MCB PREMIUM BUNDLE** account up to **100 €**.

### Important Note:

**The Administrator shall not pay more than 5 claims for Your benefit in any one 365 day period.**

- 3) In the event of a **Missed Connection**, the **Administrator** shall pay **Us** to reimburse **Your MCB PREMIUM BUNDLE** account charges up to **100 €** incurred between the scheduled and actual departure times, for restaurant meals, refreshments and hotel accommodation used.
- 4) In the event of **Luggage Delay** or **Luggage Loss**, the **Administrator** shall pay **Us** to reimburse **Your MCB PREMIUM BUNDLE** account charges incurred, at the scheduled destination, for the emergency purchase of essential clothing and toiletries prior to the return of the luggage, as follows:
  - a) **Luggage Delay** up to **100 €**;
  - b) **Luggage Loss** up to an additional **500 €**;
  - c) The **Administrator** shall not pay more than 3 claims for **Your** benefit in any one 365 day period.

## EXCLUSION

- 1) The benefit does not apply to **Luggage Delay** or **Luggage Loss**:
  - a) On the flight returning the Beneficiary to his place of domicile;  
or
  - b) As a result of confiscation or requisition by customs or other governmental authority.
- 2) The **Administrator** shall not pay any amount:
  - a) Not incurred on **Your MCB PREMIUM CARD**;
    - i) Under **Delayed Flight Departure** and **Flight Cancellation, Missed Connection, or Involuntary Denial of Boarding**; for any items purchased from Duty Free, charges for telephone and/or alternative travel; or
    - ii) Under **Luggage Delay** or **Luggage Loss**; for any items purchased from Duty Free other than essential items of clothing or toiletries; or
  - b) If the Beneficiary fails to notify within the same day the relevant airline authorities, with whom **You** are travelling, of missing luggage at the destination point and obtain a Property Irregularity Report or fails to take reasonable measures to save or recover delayed and or lost luggage; or
  - c) For **Involuntary Denial of Boarding** where the Beneficiary voluntarily accepts compensation from the airline in exchange for not boarding;
  - d) If the Beneficiary does not obtain proof regarding the **Delayed Flight Departure** and **Flight Cancellation, or Missed Connection** or **Involuntary Denial of Boarding**.

## IMPORTANT THINGS TO KNOW

- 1) To support any request for benefit **You** need to provide to the **Administrator**:
  - a) a copy of the **Covered Flight** ticket; and

- b) Itinerary schedule verifying the relevant scheduled flight ticket(s) was charged to **your MCB PREMIUM CARD**; and
  - c) written confirmation of the **Delayed Flight departure** and **Flight Cancellation, Missed Connection** or **Involuntary Denial of Boarding** from the airline;
  - d) and in respect of **Luggage Delay** or **Luggage Loss**, the Property Irregularity Report obtained from the airline per 2(b) above; and
  - e) The appropriate **MCB PREMIUM CARD** receipts for all expenses.
  - f) Written evidence from the airline authorities of when the baggage was returned.
- 2) Departure times transfer and destination points shall be established by reference to the **Beneficiary's Covered Flight** ticket.
- 3) All information and evidence required by the **Administrator** shall be provided at the expense of the Beneficiary or his or her personal representative(s).
- 4) Benefits reimbursed by the **Administrator** shall be credited to the **Your MCB PREMIUM BUNDLE** account.

## SECTION C - RETAIL INSURANCE BENEFITS

The words below have special meaning when used in Section C.

### DEFINITIONS

“**Eligible Item**” means an item:

- a) purchased solely for personal use; and
- b) the cost of which has been charged to **Your MCB PREMIUM CARD**; and

- c) not listed as an item which the **Administrator** shall not pay for; and
- d) that has had no previous owner; and
- e) not purchased illegally.

“**Purchase Price**” means the lower of the amounts shown on either **Your** billing statement or the store receipt for the **Eligible Item**.

## **HOW AND WHEN CAN YOU BENEFIT?**

### **CI.1 PURCHASE PROTECTION**

- 1) In the event of the theft or damage to an **Eligible Item** within 365 days of purchase, the **Administrator** shall, at the **Administrator's** option, replace or repair the **Eligible Item** or pay Us for onward credit to **Your MCB PREMIUM BUNDLE** account with an amount not exceeding the **Purchase Price** of the **Eligible Item**, or **3,500 €** in any one event, whichever is the lower.
- 2) The **Administrator** shall not pay more than **3,500 €** in any one 365 day period.
- 3) The **Administrator** shall not pay more than **500 €** in the aggregate for any one event in respect of any single **Eligible Item**.

### **CI.2 INSURANCE INTERNET DELIVERY**

In case of an **Eligible Item** non-compliant or non-delivery, this insurance covers your purchases in Mauritius via the Internet and between **50 €** and TTC **500 €**. In a first step, an amicable solution shall be negotiated on **your** behalf with the carrier or retailer to make sure deliveries conform to **your** command. For your part, you avoid hassle and waste of time. In case of failure, **your** purchase is refunded.

## **EXCLUSIONS**

- 1) The **Administrator** shall not pay:
  - a) For the first **50 €** of any one claim; or

- b) For damage to **Eligible Items** caused by physical abuse by a Beneficiary; or
- c) For theft or damage to **Eligible Items** bought fraudulently by You; or
- d) For false or fraudulent claims; or
- e) For lost or stolen **Eligible Items** not reported to the Police within 48 hours of discovery and a written report obtained; or
- f) For **Eligible Items** left unattended in a place accessible to the public; or
- g) For normal wear and tear of **Eligible Items**; or
- h) For mysterious disappearance of **Eligible Items** with no proper reason; or
- i) For damage to defective **Eligible Items**; or
- j) For theft or damage to **Eligible Items** in a motor vehicle or as a result of the theft of said motor vehicle; or
- k) For theft or damage to **Eligible Items** caused by declared or undeclared war, confiscation by order of any governmental or public authority, or arising from illegal acts; or
- l) For theft, or damage to jewellery, watches, precious metals and gemstones in baggage unless carried by hand and under a **Beneficiary's** personal supervision or under the supervision of a travelling companion previously known to a beneficiary;
- m) For theft, or damage to cash, or its equivalents, travellers cheques, tickets or any negotiable instruments; or
- n) For theft, or damage to animals and living plants; perishable goods, or
- o) For theft, or damage to electronic items and equipment, including but not limited to, personal stereos, MP3 players,

such as computers or computer-related equipment whilst at a **Beneficiary's** place of employment.

- p) For direct physical theft or damage to mobile phones.

## IMPORTANT THINGS TO KNOW

- 1) The benefit of the insurance under the **Policy** is supplementary, and not a substitute for other insurance, which also covers these benefits. This also applies to insurance policies that state that their coverage is subsidiary to others. The **Administrator** shall only pay amounts to the extent that they have not been paid by other insurance. **You** have the choice of which **one** to contact. By contacting the **Administrator**, **You** agree to inform the **Administrator** of any other insurance coverage and seek reimbursement from the other **insurer(s)**.
- 2) Claims made for an **Eligible Item** belonging to a pair or set, shall be paid to **You** up to the full **Purchase Price** of the Pair or Set, provided the items are not useable individually and cannot be replaced individually.
- 3) If **You** purchase the **Eligible Item** as a gift for someone else, **You** may request the **Administrator** to pay a valid claim directly to the person to whom the **Eligible Item** has been gifted.
- 4) If an **Eligible Item** has been partially paid for with **Your MCB PREMIUM CARD**, then the **Administrator** shall only pay that percentage of the price.
- 5) **You** must exercise due diligence and do all things reasonably practicable to avoid any theft or damage to an **Eligible Item**.
- 6) **You** shall need to transfer to the **Administrator**, on the **Administrator's** request and at **Your** expense, any damaged or part of a pair, set and assign the legal rights to recover from the party responsible up to the amount the **Administrator** has paid.
- 7) Any **Eligible Item** which has been left unattended in a place accessible to the public and which is not subsequently recovered shall not constitute as being stolen.

## SECTION D - MEDICAL ASSISTANCE AND EXPENSES (WITH USAGE OF THE CARD)

All **MCB PREMIUM CARD HOLDERS** throughout the Trip shall receive medical assistance and expenses benefits. These benefits stated below are only acquired if the cost of the “**Covered Flight**” has been charged to **Your MCB PREMIUM CARD**.

If **You** have an accident or **You** fall ill during **Your Trip**, contact the **Administrator** as soon as **You** can on **+230 405 5817**. By contacting the **Administrator**, they shall, where possible, arrange everything necessary for **You** including seeing a doctor or other medical professional, admission to hospital and **Your** medical treatment. They shall also pay for necessary expenses which have been approved by their Senior Medical Officer. When **You** have recovered sufficiently, if necessary the **Administrator** shall arrange for **Your** travel home.

All costs must be approved in advance by the **Administrator**.

### YOUR BENEFITS

- 1) Medical treatment for necessary medical, surgical and hospital costs as a result of **You** becoming ill or being injured during **Your Trip**. In order for the **Administrator** to evaluate the facts of the medical situation, **You** must release **Your** treating physician and **Your** registered medical practitioners from their doctor/patient confidentiality.

**Inpatient: Up to 100,000 €**

**Outpatient: Up to 1,000 €**

- 2) Transport to hospital: Necessary costs for transporting or transferring **You** to the nearest adequately equipped hospital if free transport is not available.
- 3) **Your** travel home after treatment: The **Administrator** shall arrange and pay for necessary costs including medical escort for **Your** journey home.
- 4) Return home of **Your** travelling companions: Economy flight or standard rail ticket if their original means of transportation home cannot be used.



- 5) Dental treatment: Up to **500 €** for emergency dental costs.
- 6) Friend or relative to extend their stay during **Your** treatment: Up to **150 €** a night maximum 3 nights towards their meals and accommodation costs until the **Administrator's** Senior Medical Officer advises that **You** no longer require further treatment on **Your** Trip.
- 7) Friend or relative to visit **You** in hospital: Economy flight or standard rail ticket and up to **150 €** a night (maximum 5 nights) towards meals and accommodation costs for a friend or relative visiting **You** in hospital or during **Your** recovery, if **You** are travelling alone. The benefit shall cease when **You** return to **Your** Country of Residence.
- 8) Hospital benefit: **25 €** a night up to **250 €** while **You** are in hospital for items to make **Your** stay more comfortable.
- 9) Extend **Your** stay following medical treatment: Up to **150 €** a night (maximum 5 nights) towards meals and accommodation costs for **You** and one other person if the **Administrator's** Senior Medical Officer advises **You** to extend **Your** stay after **Your** treatment.
- 10) Replacement colleague: Economy flight or standard rail ticket and up to **150 €** a night (maximum 5 nights) towards meals and accommodation costs for a colleague to replace **You** following **Your** return home after **Your** treatment or if **You** are unable to continue working on **Your** Trip.
- 11) Funeral and burial expenses: If **You** die whilst on a Trip, the **Administrator** shall pay for either transportation of the remains home or up to **2,500 €** for local cremation or burial.

## **EXCLUSIONS**

**General Exclusions apply to all Travel Insurance Benefits. Please see Page 20.**

**Specific Medical Assistance and Expenses Exclusions are as follows:**

- 1) Costs not approved by the **Administrator's** Senior Medical Officer.

- 2) Treatment that the **Administrator's** Senior Medical Officer considers can be reasonably delayed until **You** return to **Your** Country of Residence.
- 3) Medical and dental treatment within **Your** Country of Residence.
- 4) Treatment that can be provided free or at a reduced cost by a state benefit provider or equivalent, unless otherwise agreed by the **Administrator**.
- 5) Costs incurred after the date the **Administrator's** Senior Medical Officer tells **You** that **You** should return home.
- 6) Costs incurred where **You** have refused to follow the advice of the **Administrator's** Senior Medical Officer.
- 7) Treatment or costs incurred for cosmetic reasons unless the **Administrator's** Senior Medical Officer agrees that such treatment is necessary as a result of a medical emergency.
- 8) Treatment that was planned before **Your** Trip.
- 9) Coffins or urns in excess of those which meet international airline standards.

## SECTION E - GLOBAL ASSIST AND TRAVEL MEDICAL INSURANCE (WITHOUT USAGE OF THE CARD)

### SECTION EI – GLOBAL ASSIST

This document provides details of Global Assist for the benefit of **MCB PREMIUM CARD HOLDERS**.

The Global Assist benefit is serviced by Linkham Services Ltd.

The Global Assist helpline provides immediate assistance in an emergency when travelling outside the country. This emergency service is available exclusively to **You** as a member and dependent members of **Your** family travelling with **You**. It operates 24 hours a day, every day of the year on **+230 405 5817**.

If **You** have a medical problem, a fully qualified doctor is on hand to provide advice. When **You** need to see a doctor, dentist or optician, or **You** need to visit a local hospital, Global Assist can provide names, addresses and telephone numbers from a network of carefully selected specialists. We can arrange hospitalisation, a doctor to visit **You** where required and an advance of medical expenses up to **1,500 €**.

Global Assist shall arrange for urgent items that are lost or left behind, and unavailable locally, to be dispatched to **You**, such as prescriptions and contact lenses. Up to two messages can be relayed to relatives or business associates to let them know what is happening.

In case of legal difficulties, Global Assist shall put **You** in touch with the relevant embassy or consulate; provide the name of a local lawyer, and an advance of legal fees up to **1,500 €**.

**You** can be advanced up to **1,500 €** if your money is lost or stolen and no other means of obtaining cash is available.

For all the above services, Global Assist makes the necessary arrangements free of charge. Any cash advances, medical or shipping or other costs shall be charged to **Your Card**.

## **SECTION E2 – TRAVEL MEDICAL INSURANCE - “Schengen Coverage”**

In addition to the Global Assist, the **MCB PREMIUM CARD HOLDER** shall benefit for an Emergency Travel Medical Insurance known as “Schengen coverage” which shall cover The **Card Holder** only travelling to the European Community and Worldwide.

These benefits are acquired abroad only and without usage of the card to purchase air ticket:

## **TERMS USED IN THIS CERTIFICATE**

For the purpose of this certificate, the following terms have the meanings described here. They shall appear in bold and italic throughout this document.

**Condition** is any ailment, illness, injury, medical complication or surgical procedure.

**Covered Person** means **You**, the **Card Holder** including the Supplementary card holder only.

**Departure date** means the date on which **You** leave **Your** country of residence.

**Doctor** is someone who is licensed to prescribe drugs and administer medical **Treatment** (within the scope of such licence) at the location where the **Treatment** is provided.

**Emergency** is an unexpected and unforeseeable illness or injury, arising outside **Your** Country of residence, while staying abroad, for which immediate medical **Treatment** is needed to prevent or alleviate existing danger to life or health and cannot reasonably be delayed until **You** return to **Your** Country of residence.

**Home** means the address in **Your** Country of residence, as substantiated by an official Country ID, Passport or Permanent Visa.

**Hospital or medical facility** is a licensed facility, which provides people with care and medical **Treatment** needed because of an **Emergency**. The facility must be staffed 24 hours a day by qualified and licensed **doctors** and nurses.

**Repatriation/Evacuation** means the Covered Person's:

Transportation to the nearest **Hospital**, if transportation is not provided free of charge in the country of incident;

**Evacuation** to the nearest adequately equipped **Hospital** in the event that local medical facilities are deemed inadequate by **Our** senior medical officer in consultation with the attending doctor; or

**Repatriation** to a hospital in **Your** Country of residence when recommended by **Our** senior medical officer in consultation with the attending doctor; or

Return **Home** after hospitalisation, provided that **You** are deemed to be medically fit for travel by **Our** senior medical officer in consultation with the attending doctor, and that **Your** original means of transportation cannot be used.

**Stable** means a **Condition** in respect of which there are no new, or changes in: symptoms, prescribed medication (type or dosage of

medication), or **Treatment**. In addition, there are no unreported results of tests, investigations, or consultations unless the results indicate no change in a previously identified **Condition**.

**Travel Benefit** means the provision of a rail ticket (1<sup>st</sup> class), or an air-ticket (Economy Class). **We** shall provide a Taxi to and from the airport/Train station. If **You** arrange **Your** own taxi, **We** shall only reimburse **You** up to **50.00 €** per segment.

**Treatment** means a medical therapeutically or diagnostic procedure prescribed, performed or recommended by a **Doctor** including, but not limited to, consultation, prescribed medication, investigative testing, hospitalization or surgery.

**Trip** means a journey outside **Your** country of residence, not exceeding 90 days during any 365-day period for multiple entry Visa. No **Trip** can be more than 90 days. Each journey must begin and end in **Your** country of residence

**We, Our** and **Us** means Linkham Services Ltd.

## **WHAT YOU SHOULD KNOW ABOUT YOUR TRAVEL INSURANCE AND TRAVEL ASSISTANCE?**

In case of a medical **Emergency**, **You** must use the closest **Hospital** or **Medical Facility** or the facility as determined by **Us**.

**To comply with these terms and conditions, You must contact us as soon as a claim or potential claim arises. In any case, You must contact Us before incurring expenses over 200 € or as soon as physically possible, to obtain Our prior authorization, or you run the risk of not being covered.**

If another insurer insures **You** as well, **We** shall co-ordinate with them to make sure the payments don't exceed the expenses you have incurred.

**We** have the right to obtain from **Your Doctor** any pertinent medical records or information required to assess **Your** claim.

**We** have the right, in consultation with the **Doctor** who is treating **You**, to transfer **You** to another **Hospital** or **Medical Facility** or back to the **Home** where **You** live. **We** are no longer liable for further expenses relating to **Your Treatment** if **You** refuse this transfer.

In the event of **Your Repatriation/Evacuation** or if **We** provide **You** with transportation, **You** must provide **Us** with any unused travel tickets which **You** would otherwise have utilised.

**We** are not in any way whatsoever responsible for the quality, availability or results of any medical **Treatment** or transportation.

**Our** coverage is void if **You** make a material misrepresentation or conceal information that may affect the benefits payable.

**You** cannot start a lawsuit against **Us** more than 12 months after the services were provided.

If **You** incur expenses due to the fault of a third party, **We** may take action against the party at fault in **Your** name. This shall require **Your** full co-operation with **Us** and **We** shall pay for all the related expenses.

**You** must take all reasonable steps to avoid or minimise any claim and avoid danger except in an attempt to save human life.

**We** shall make every effort to apply the full range of services stated in the terms and conditions. Remote geographical locations or unforeseeable adverse local conditions may preclude the normal standard of service being provided.

**We** are not liable for payment and/or service, if **You** brought about the loss intentionally or through gross negligence or **You** fraudulently attempt to deceive **Us**.

All payments to **You** are made in Rupees without interest. **We** shall use the exchange rate that **We** determine to be in effect on the date of **Your** claim or date the expense was incurred. Payments are made to **You**, **Your** beneficiary or the provider of the service.

## **TRAVEL INSURANCE**

**Your** Travel Insurance covers you for the following:

### **IN PATIENT AND OUT-PATIENT TREATMENT**

In the event of an **Emergency**, **We** shall pay the cost of in-patient and out-patient **Treatment** to meet **Your** immediate needs up to a maximum of:

**30,000 €** for inpatient **Treatment**

**1,000 €** for outpatient **Treatment** (a deductible of **50 €** applies for out-patient **Treatment**).

## MEDICAL EMERGENCY ASSISTANCE

- a) In the event of a medical **Emergency**, **We** shall:
- 1) refer **You** to **Doctors, Hospitals, Medical Facilities**, ambulances, private duty nurses, dental clinics, services for the disabled, pharmacies, opticians, suppliers of contact lenses and medical aid equipment.
  - 2) send a **Doctor** to **You** to assess **Your** medical **Condition** and pay the **Doctor's** fees up to the maximums listed above.
  - 3) organize **Your** subsequent admission into an appropriate **Hospital** and pay the medical expenses up to the maximums listed above.
  - 4) Organize and pay for **Your Repatriation/Evacuation** if approved by **Our** senior medical officer in consultation with the attending physician.
- b) In the event of death, **We** shall organise and pay for:
- 1) the cost of transportation, excluding the cost of a coffin, of the remains to a designated funeral home within the Country of residence; or
  - 2) the cost of cremation and subsequent transportation, excluding the cost of a coffin, of the remains to a designated location within the Country of residence; or
  - 3) the cost of local burial, excluding the cost of a coffin, up to **1,500 €**.

## WHAT IS NOT COVERED UNDER THE TRAVEL INSURANCE AND TRAVEL ASSISTANCE

**We** shall not pay for expenses resulting from or related to:

- 1) Any **Condition** if in the 90 days before **Your Departure Date** that **Condition** or related **Condition** has not been **Stable**.
- 2) A heart **Condition** if in the 90 days before **Your Departure Date**, any heart **Condition** has not been **Stable** or **You** have taken nitro-glycerine more than once per **Week** specifically for the relief of angina pain.

- 3) A lung **Condition** if in the 90 days before **Your Departure Date** any lung **Condition** has not been **Stable** or **You** have been treated with home oxygen or taken oral steroids (for example: prednisone or prednisolone) not including inhalants.
- 4) Sexually transmitted diseases.
- 5) H.I.V. (Human Immunodeficiency Virus) and/or any H.I.V. related illness including AIDS and /or any mutant derivatives or variations thereof however caused.
- 6) Any acute or chronic parasitic infectious disorder including malaria.
- 7) Any malignancy and/or related illness.

**We** shall not pay for:

- 1) **Treatment** costs in excess of those, which would have been incurred in repatriating **You** after the date which, in the opinion of **Our** Senior Medical Officer, **Your** repatriation is both medically feasible and logistically practicable;
- 2) The continued **Treatment**, investigations, recurrence or complication of a **Condition** following **Treatment** for an **Emergency** for that **Condition** during **Your Trip**, if **Our** Senior Medical Officer advise **You** or would have advised **You** if given the opportunity to do so, to return to **Your** country of residence.
- 3) The continued **Treatment**, investigations, recurrence or complication of a **Condition** following **Treatment** for an **Emergency** for any heart or lung **Condition** during **Your Trip**, if **Our** Senior Medical Officer advise **You** or would have advised **You** if given the opportunity to do so, to return to **Your** country of residence.
- 4) Expenses incurred where **You** have chosen not to follow **Our** instructions.
- 5) Any **Treatment**, investigation or surgery that is not due to an **Emergency**, even if it is recommended by a **Doctor**.
- 6) Expenses incurred if **You** travel contrary to medical advice, or if future **Treatment** or investigation for a previously diagnosed **Condition** (even if it has been **Stable** for 90 days prior to **Your**



**Departure Date**) has been recommended or scheduled, except routine monitoring for the **Condition** or related **Condition** causing **You** seek Treatment.

- 7) Any surgery, invasive investigations, including cardiac catheterization unless pre-approved by **Our** senior medical officer, except in extreme circumstances, on an **Emergency** basis, immediately following admission to a **Hospital**.
- 8) Expenses for **Treatment** which is experimental.
- 9) Expenses related to dentures, crowns and orthodontics.
- 10) Expenses incurred if **You** have left **Your** Country of Residence for the purposes of receiving medical care or **Hospital** services.
- 11) Any expenses for the care of children or a parent related to childbirth and delivery, or any complication of pregnancy, if **You** travel during the eight weeks before **Your** expected delivery date as determined by **Your Doctor** at home.
- 12) Any expenses for the care of **Dependent Children** born prior to the **Departure Date** who are less than 15 days old on the **Departure Date**.
- 13) Expenses which arise, directly or indirectly, from **You** committing or attempting to commit a criminal act as defined by local laws.
- 14) Expenses incurred due to act of civil disorder or war, whether it is declared or not.
- 15) Expenses incurred as a result of **You** driving while impaired by drugs or other toxic substances, or with an alcohol level above the legal limit as determined by the local laws.
- 16) Expenses incurred directly or indirectly as a result of **Your** abuse of medications, drugs, alcohol or other toxic substances.
- 17) Expenses incurred as a result of intentionally self-inflicted injuries, suicide or attempted suicide, whether **You** are sane or insane.
- 18) Expenses incurred as a result of **Your** participation in attempts or practice runs for any speed, endurance or performance records.

- 19) Expenses incurred as a result of **Your** participation in professional sports.
- 20) Expenses incurred as a result of **Your** participation in extreme sports where special equipment, training and preparation are required.
- 21) Expenses incurred as a result of ionising radiations or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or any nuclear component.

### **SECTION E3 - CONCIERGE SERVICES**

Linkham Services Ltd shall provide **you** with a concierge service with many benefits for business and leisure travellers. Linkham Services Ltd can help **you** with pre-travel advice and information and can provide a range of other services whilst you are on **your journey**. Linkham Services Ltd shall act on **your** behalf and as an intermediary in locating entertainment tickets and retail items; they can send gifts for **you**, make restaurant reservations and assist **you** in **your** travel arrangements.

You can use this service both before and during **your** journey.

Use the appropriate international dialling code for Mauritius followed by **+230 405 5817** please give Linkham Services Ltd your valid card number.

#### **Concierge services and examples of use:**

##### **1) Business**

Trade fair dates and information on exhibitors

Hotel conference facility bookings

Translators for conferences

Temporary secretarial services

Location of business supplies and technical equipment

Information on executive airport lounges

Mobile phone availability and rental

- 2) Entertainment
  - Event information
  - Sports schedules
  - Sightseeing information
  - Reservations at health spas and resorts
  - Referrals and reservations for restaurants, bars and bistros
  - Organisation of catering and hospitality services
  - Wedding arrangements
  
- 3) Fine foods and flowers
  - Cake purchase and delivery
  - Flower purchase and delivery
  - Fruit basket purchase and delivery
  - Hamper purchase and delivery
  - Fine foods purchase and delivery
  - Champagne, wine and spirits purchase and delivery
  
- 4) Travel and transportation
  - Travel and ticket information
  - Out of hours emergency ticket reservations
  - Luxury car rental
  - Chauffeurs and transfers
  
- 5) Hotels and restaurants
  - Hotel referrals
  - Out of hours emergency hotel bookings
  - Restaurant reservations
  
- 6) Information
  - Currency and exchange rate information
  - Passport and visa requirements
  - Travel safety and security information

Route planning  
Weather information  
Vaccination requirements  
Cultural and etiquette information  
Customs and Excise information

- 7) Local assistance and referrals
- Appointments with local services
  - Urgent message relay
  - Shipping arrangements

**Conditions relating to use:**

- 1) Linkham Services Ltd cannot undertake any request that they consider to be:
- a) For re-sale, professional or commercial purposes;
  - b) Virtually impossible or unfeasible;
  - c) Subject to risk e.g. illegal sources;
  - d) A violation of the privacy of another person;
  - e) A violation of national or international laws;
  - f) Unethical and/or immoral;
  - g) Price-shopping for discounted items.
- 2) When goods or services are purchased on **your** behalf:
- a) Items shall be purchased and/or delivered in accordance with national and international regulations;
  - b) You shall be responsible for customs and excise fees and formalities at all times;

- c) Linkham Services Ltd recommends that they are insured for mailing and shipping. Linkham Services Ltd shall accept no responsibility for any delay, loss, damage or resulting consequences.
- 3) Linkham Services Ltd reserve the right to decline or stop work on a request at any time and shall not be liable for any consequences. If a request is declined, Linkham Services Ltd shall use its best endeavours to offer an alternative.
- 4) You shall be responsible for all costs and expenses related to our request. All expenses shall be debited, in some cases in advance of purchase, to a payment card that you provide, irrespective of the success of the search and/or **your** acceptance of the goods and/or services arranged on **your** behalf.
- 5) Linkham Services Ltd shall seek your authorisation prior to arranging a service. In some instances your written authorisation may be required.
- 6) Linkham Services Ltd shall endeavour to use providers which are professionally recognised and in their experience reliable at all times. In those instances where a requested service can only be supplied by a provider that does not meet these criteria, Linkham Services Ltd shall accept no liability whatsoever for any risks undertaken, consequences arising thereof or the resolution of any dispute with the service provided.
- 7) Linkham Services Ltd shall accept no liability arising from any provider that does not fulfil their obligation to you.

## **SECTION E4 – 24 HR TRAVEL ACCIDENTS**

**We** shall pay one of the benefits shown below if **you** sustain a **bodily injury** which shall solely and independently of any other cause, result within two years in your **death, loss of limb, loss of sight** or permanent total disablement and for which **you** cannot carry out any gainful employment or gainful occupation of any kind.

LIMIT APPLICABLE LOCAL OR ABROAD		WITHOUT USAGE OF CARD		EXCESS
E4	24 hrs Travel Accident			
	E4.1	Death	40,000 €	No Excess
	E4.2	Loss of both hands or both feet	40,000 €	
	E4.3	Loss of one hand and one foot	40,000 €	
	E4.4	Loss of the entire sight of both eyes	40,000 €	
	E4.5	Loss of entire sight of one eye and the Loss of one hand or one foot	40,000 €	
	E4.6	Loss of one hand or one foot or the entire sight of one eye	20,000 €	

**This Policy shall NOT Pay in the following cases:**

- l) Benefit is not payable to **you**:
  - a) Under more than one of Options **E4.1 & E4.6**.
  - b) Under more than one of items **E4.1, E4.2, E4.3, E4.4, E4.5 & E4.6**.
  - c) Under item **E4.2, E4.3, E4.4 & E4.5** until one year after the date you sustain a bodily injury.
  - d) Under item **E4.2, E4.3, E4.4 & E4.5** if you are able or may be able to carry out any gainful employment or gainful occupation of any kind.

- 2) **Anything caused by:**
  - a) **Any bodily injury that you suffer before your Period of Insurance begins;**
  - b) **Your sickness, disease, physical or mental condition that is gradually getting worse.**
  - 4) **Death, partial or total disablement of Spouse and Children**
  - 5) **Notification of claim after 90 days of occurrence.**

**You are not covered for anything mentioned in the General Exclusions.**

## **GENERAL EXCLUSIONS**

### **WHAT IS NOT COVERED (ALL TRAVEL INSURANCE BENEFITS)?**

These Travel Insurance Benefits provide all the protection **You** could reasonably need when travelling. However, there are some exclusions. **You** shall not be paid for claims directly or indirectly as a result of:

- 1) **Not following the advice or instructions of the Administrator or their Senior Medical Officer.**
- 2) **Participating in special sports and activities.**
- 3) **Participating in or training for any professional sports.**
- 4) **Work-related accidents or accidents covered under any employment insurance policy.**
- 5) **Not taking reasonable care of yourself and Your personal belongings.**
- 6) **Your self-inflicted injuries except when trying to save human life.**
- 7) **Your injuries caused by Your negligence or failure to**

- follow the laws and regulations of the country where You are travelling.
- 8) Your phobias, emotional, mental or depressive illnesses of any type.
  - 9) Your suicide or attempted suicide.
  - 10) Your injuries or accidents which occur while under the influence of alcohol (above the local legal driving limit) or drugs unless prescribed by a registered medical practitioner.
  - 11) Pre-existing medical conditions known to You, when You apply for Your **MCB PREMIUM CARDS** and any Cards on Your Account, or prior to booking Your Trip, whichever is the most recent, for which You:
    - a) Have attended a hospital as an in-patient during the last 12 months;
    - b) Are awaiting test results or on a waiting list for an operation, consultation or investigation;
    - c) Have commenced or changed medication or treatment within the last three months;
    - d) Require a medical, surgical or psychiatric check up every 12 months or more frequently;
    - e) Have been given a terminal prognosis;
    - f) Know of any reason, which may necessitate any Trip to be cancelled or cut short.
  - 12) Pregnancy within 8 weeks of the estimated date of delivery when You return from Your Trip.
  - 13) Travelling against the advice of a registered medical practitioner.



- 14) **Industrial action which has commenced or has been announced prior to booking Your Trip.**
- 15) **Trips in, or booked to, countries where a government agency has advised against travelling or which are officially under embargo by the United Nations.**
- 16) **Any fraudulent, dishonest or criminal act committed by You, or anyone with whom You are in collusion.**
- 17) **Confiscation or destruction of Your personal belongings by any Government, customs or public authority.**
- 18) **Terrorist activities except while on a public vehicle.**
- 19) **Declared or undeclared war or hostilities.**
- 20) **Biological, chemical, nuclear or radioactive incidents.**

## **GENERAL CONDITIONS**

**You** must comply with the following conditions to have the full protection of **your** policy.

If **you** do not comply **we** may at our option cancel the policy or refuse to deal with **your** claim or reduce the amount of any claim payment.

**We** will act in good faith in all **our** dealings with **you**.

1. If at the time of any incident which results in a claim under this policy, there is another insurance covering the same loss, damage, expense or liability **we** will not pay more than **our** proportional share (not applicable to section C - Travel accident).
2. **You** must take and cause to be taken all reasonable precautions to avoid injury, illness, disease, loss, theft or damage and take and cause to be taken all practicable steps to safeguard **your** property from loss or damage and to recover property that has been lost or stolen.

3. **We** are entitled to take over and conduct in **your** name the defense and settlement of any legal action.
4. **We** may also take proceedings at our own expense and for our own benefit, but in **your** name, to recover any payment we have made under this policy to anyone else.
5. **You** must not act in a fraudulent way. This includes if **you** or anyone acting for **you**:
  - a. makes a claim under the policy knowing that the claim is false or fraudulently exaggerated in any way;
  - b. makes a statement to support a claim knowing that the statement is false in any way;
  - c. sends **us** a document to support a claim knowing that the document is forged or false in any way;
  - d. makes a claim for any loss or damage caused by your deliberate act or with your encouragement.
6. **If you act in a fraudulent way, we will:**
  - a. **not pay the claim;**
  - b. **not pay any other claim which has been made, or will be made under the policy;**
  - c. **confirm that the policy is not valid;**
  - d. **be entitled to recover from you the amount of any claim we have already paid under the policy;**
  - e. **not return the premium; and**
  - f. **tell the police.**
7. **You accept that no alterations to the terms and conditions of the policy apply, unless we confirm them in writing.**

## **WE WILL ONLY PAY YOUR CLAIM IF YOU MEET THE FOLLOWING CONDITIONS:**

8. **You** get a medical certificate from the doctor who treated **you** when a claim is made for medical reasons. All medical claims must be supported by a medical report from your treating doctor otherwise your claim will not be entertained without any liability whatsoever to **us**.
9. If **you** die, **we** need to see the death certificate and any other necessary documents.
10. **You** write to **us** within 31 days of returning to **your home** with full details of anything which may result in a claim, except for **Section C - Travel Accident** where **you** or **your** beneficiary have 90 days to notify **us**.
11. **You** send **us** every writ, summons or other communication to do with a claim as soon as **you** get it.
12. **You** give **us** all the information, documents, evidence, vouchers, receipts and bills **we** need (including details of **your** household insurance under which **your valuables** may need to be insured separately depending on their value). **You** must do this at **your** own expense.
13. **You** do not admit liability or offer to pay any claim unless **you** have **our** written permission.

### **14. FOR SINGLE-TRIP & MULTITRIP COVER ONLY;**

**You** accept that when booking a **one-way trip**:

- a. **We** will not give curtailment cover;
- b. Medical emergency, repatriation and associated expenses will only cover fees or charges run up within the first 90 days of arriving at **your** final destination; and
- c. Repatriation, if necessary, would be to **Your Home Country** only.

## 15. We have the right to do the following:

Only cover **you** for the whole of **your journey** or **one-way trip** and not issue a policy certificate if **you** have started **your journey** or **one-way trip**.

- a. Take over and deal with, in **your** name, any claim **you** make under this policy.
- b. Take legal action in **your** name (but at our expense) and ask **you** to give **us** details and fill in any forms (including Department of Social Security forms), which will help **us** to recover any payment **we** have made under this policy.
- c. Get information from **your** medical records (with **your** permission) to help **us** or **our** representatives deal with any claim. **We** will not give personal information about **you** to any other person or organisation without **your** specific agreement.
- d. In the event of **you** suffering an **accident**, injury or illness **we** reserve the right to relocate **you** from one hospital to another and/or arrange for **your** repatriation to **your home country** at any time during the **journey** or **one-way trip**. **We** will do this if in the opinion of the doctor in attendance or Our Assistance Provider **you** can be moved safely and/or travel safely to **your home country** to continue treatment.
- e. Relinquish all liability if **you** refuse to be repatriated.
- f. Claims under the sub section 'Personal Possessions' should be supported by receipts and shall be subject to depreciation as provided for in Depreciation Table (below). A depreciation of 75% will apply for all claims not supported by receipts.

<b>DEPRECIATION TABLE</b>						
<b>Age</b>	<b>Valuables</b>	<b>Watches</b>	<b>Electrical</b>	<b>Personal Possessions</b>	<b>Cosmetics</b>	<b>Winter Sports</b>
<b>0-1 Month</b>	0%	0%	0%	0%	25%	10%
<b>2-3 Months</b>	0%	0%	0%	20%	25%	10%
<b>4-6 Months</b>	0%	0%	5%	20%	50%	10%
<b>7-12 Months</b>	0%	10%	10%	30%	75%	10%
<b>1-2 Years</b>	0%	20%	20%	40%	100%	20%
<b>2-3 Years</b>	0%	30%	30%	50%	100%	30%
<b>3-4 Years</b>	0%	40%	40%	75%	100%	40%
<b>4-5 Years</b>	0%	40%	50%	75%	100%	50%
<b>5-6 Years</b>	0%	50%	50%	75%	100%	50%
<b>6+ Years</b>	0%	70%	50%	75%	100%	50%

## SUMMARY OF BENEFITS - MCB PREMIUM CARD

MCB PREMIUM CARD				
LIMIT APPLICABLE PER TRIP				
SECTION A - TRAVEL ACCIDENT				
	A1	A1.1	Death	
		A1.2	Loss of both hands or both feet	
		A1.3	Loss of one hand and one foot	
		A1.4	Loss of the entire sight of both eyes	
		A1.5	Loss of entire sight of one eye and the Loss of one hand or one foot	
		A1.6	Loss of one hand or one foot or the entire sight of one eye	
		A1.7	Hijack	
SECTION B - TRAVEL INCONVENIENCE				
	B1	<b>PERSONAL LIABILITY/LEGAL ASSISTANCE</b>		
		B1.1	Personal Liability	
	B2	<b>CANCELLATION &amp; CURTAILMENT</b>		
		B2.1	Cancelling, Postponing and Abandoning	
		B2.2	Cutting Short your Trip/Curtailment	
	B3	<b>PERSONAL POSSESSION</b>		
		B3.1	Luggage Delay	
		B3.2	Luggage Loss	
		B3.3	Loss of Personal Belongings	
		B3.4	Cost of Repair	
		B3.5	Travel Documents	
	B4	<b>DELAYED DEPARTURE</b>		
	B5	<b>INVOLUNTARY DENIAL OF BOARDING</b>		
	B6	<b>MISSED CONNECTION</b>		
	SECTION C - RETAIL PROTECTION COVER- LOCAL & ABROAD			
		C1	C1.1	Purchase Protection
			C1.2	Insurance Internet Delivery

	<b>SWAN/LINKHAM</b>	
	<b>LIMIT (EUR)</b>	
	<b>WITH USAGE OF CARD</b>	<b>EXCESS</b>
	<b>ABROAD</b>	
	125,000 €	No Excess
	125,000 €	
	125,000 €	
	125,000 €	
	125,000 €	
	62,500 €	
	1,000 € after 24 hrs and a further 2,000 € after 72 hrs	
	125,000 €	No Excess
	3,200 €	50 €
	3,200 €	
	100 € for luggage not delivered within 6 hrs	No Excess
	Additional 500 € for Luggage not delivered within 48 hrs	
	1250 €	
	250 €	
	500 €	
	100 € if delay > 4hrs, with an extra 150 € if delayed > than 10 hours	
	100 €	
	100 €	
	500 € per claim up to 3,500 €	50 €
	500 €	

**MCB PREMIUM CARD****LIMIT APPLICABLE PER TRIP****SECTION D - EMERGENCY MEDICAL AND REPATRIATION  
ABROAD**

		<b>EMERGENCY MEDICAL EXPENSES</b>
	D1	D1.1 Medical Expenses (Inpatient)
		D1.2 Medical Expenses (Outpatient)
		D1.3 Emergency Dental Expenses
		D1.4 Emergency Visit Friend or Relative (HTL accommodation plus Return Air ticket - Economy)
		D1.5 Friend or Relative Extension Of Stay
		D1.6 Hospital Benefit
		D1.7 Extension of Stay
		D1.8 Replacement Colleague
		<b>MEDICAL EVACUATION &amp; REPATRIATION</b>
	D2	D2.1 Medical transportation/Medical Evacuation
		D2.2 Repatriation home of the other Close relative Persons travelling with the Covered Person
		D2.3 Repatriation of the body in the event of the death of the Covered Person
		D2.4 Local Burial
		<b>SECTION E - GLOBAL ASSIST &amp; TRAVEL MEDICAL INSURANCE WITHOUT USAGE OF THE CARD</b>
		<b>GLOBAL ASSIST</b>
	E1	E1.1 Pre Travel Information
		E1.4 Transmission of urgent message
		E1.5 Advance Legal Fees
		E1.6 Cash advance
		E1.7 Dispatch of Medicines
		<b>TRAVEL MEDICAL INSURANCE " SCHENGEN COVERAGE"</b>
	E2	<b>EMERGENCY MEDICAL EXPENSES</b>
		E2.1 Medical Expenses (Inpatient)
		E2.2 Medical Expenses (Outpatient)



	SWAN/LINKHAM	
	LIMIT (EUR)	
	WITH USAGE OF CARD	EXCESS
	100,000 €	No Excess
	1,000 €	
	500 €	
	150 € per night up to 750 €	
	150 € per night up to 450 €	
	25 € per night up to 250 €	
	150 € per night up to 750 €	
	Economy Flight and 150 € per night up to 750 €	
	Real Cost	
	Return Ticket	
	Real Cost	
	2,500 €	
	Service only	No Excess
	Service only	
	1,500 €	
	1,500 €	
	Service only	
	30,000 €	No Excess
	1,000 €	75 €

		<b>MEDICAL EVACUATION &amp; REPATRIATION</b>	
	E2	A2.3	Medical transportation/Medical Evacuation
		A2.4	Repatriation of the body in the event of the death of the Covered Person
		A2.5	Local Burial
	E3	<b>CONCIERGE SERVICES</b>	
		<b>TRAVEL ACCIDENT</b>	
	E4	E4.1	Death
		E4.2	Loss of both hands or both feet
		E4.3	Loss of one hand and one foot
		E4.4	Loss of the entire sight of both eyes
		E4.5	Loss of entire sight of one eye and the Loss of one hand or one foot
		E4.6	Loss of one hand or one foot or the entire sight of one eye

	Real cost	No Excess
	Real cost	
	1,500 €	
	Service only	
	40,000 €	No Excess
	40,000 €	
	40,000 €	
	40,000 €	
	40,000 €	
	20,000 €	

**The Mauritius Commercial Bank Ltd.**

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