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## KEY FACTS STATEMENT (KFS) FOR INSURANCE PRODUCT

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### 1. Preamble

The National Bank of Rwanda regulates the insurance sector. It requires us, MAYFAIR INSURANCE COMPANY RWANDA LTD as the provider of this insurance, to give you this important information. The information about our **Personal Accident insurance** is provided to help you understand how it might be right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference. If you are not sure whether this product is suitable for you, our team of employees, agents and insurance brokers will be happy to help you with any questions.

You will be asked to complete an application form that we will use to decide whether or not to issue an insurance policy. The insurance policy is an important document, it is evidence of the contract between us and you, when issued, will provide to you the detailed terms, conditions, exceptions and limitations of the insurance cover.

### 2. About our insurance product

#### 2.1. The risks covered:

- **Basic cover**  
Accident death
- **Optional cover:**  
Permanent Disablement  
Medical Expenses  
Funeral Expenses
  
- **Benefits:** a range of Multiple of Annual earnings or fixed amount

#### 2.2. Limitations:

- i. Age
- ii. Territory
- iii. Business or Occupations.

#### 2.3. Exclusions:

The policy lists what is covered, and all events that are not on that list are not covered, there also the specific situations, events, or conditions that are not covered by the policy termed as Exclusions and or Exceptions which are fully described in the policy wordings but generally include the following in all cases.

- i. War, terrorism and related perils
- ii. Accidents arising from professional sports and competitions.
- iii. Intentional self-inflicted injury, Suicide or any attempt thereat, insanity, Own criminal act, dueling, or fighting.
- iv. Elective or cosmetic surgery and associated treatment.
- v. Any pre-existing and/or recurring illness, condition, physical defect or mental infirmity.
- vi. Bacterial, viral, Virus, fungal infection other than infection occurring as a consequence of an accident.

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**2.4. Period of cover:**

The policy is usually for a period of 1 year, From.....dd/...mm/...yyyy....  
to.....dd/...mm/...yyyy....

**2.5. Premium Breakdown:**

The total premium is well detailed on quotation, is set as follows:

Net premium	.....
Admin fees	.....
VAT	.....
<b>Total Premium</b>	.....

The standard rates vary between 0.185% for the best categories to 15% for the most hazardous categories and most probable events.

**2.6. Information about distribution of services:**

- Head office (Direct businesses)
- Branches
- Brokers
- Commercial agents

**2.7. The payment will be done by:**

- Cash
- Cheque/payment order
- Electronic payment
- Bank deposit on the account provided to you.
- Mobile Money

**3. Your rights and obligations**

**3.1. Policyholder duty of disclosure and not to make misrepresentation:**

MAYFAIR INSURANCE COMPANY RWANDA LTD shall not be liable upon this policy in case of material miss-description, misrepresentation or omission of any fact material to be known for estimating the risk.

**3.2. Cancellation clause:**

This insurance may be terminated at any time at the request of the Insured, in which case the Company will retain the customary short period rate for the time the Policy has been in force. This insurance may also at any time be terminated at the option of the Company, on notice to that effect being given to the insured, in which case the Company shall be liable to repay on demand a rate-able proportion of the premium for the unexpired term from the date of cancellation. Administration fees are not refundable.

**3.3. Duty to pay premium and consequences of nonpayment:**

It is hereby understood that the cover accorded herein will stand NULL AND VOID if the considerate premium is not fully paid upfront except governmental institutions and international agencies which can be allowed up to 60 days to remit premium.

**3.4. Duty to notify claim events:**

To fill a claim's declaration form within 5 days (maximum) of the accident; taking into account the date of claim, probable reasons of claim, damages occurred as well as covers subscribed.

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### 3.5. Information about cooling off period:

The cooling off period is 30 days, you have the right to cancel this policy within 30 days of receiving the policy document without incurring any fees or penalty. If you cancel during this period, we will refund any premiums paid, subject to any applicable deductions.

### 3.6. Loss of coverage is due to:

- Failure to pay premium on time: The policy stands cancelled ab initio on Non-Payment of Premium
- Failure to disclose material facts: This could result in the insurer invalidating the policy, denying a claim, or adjusting premiums and conditions retrospectively.
- Multiple insurance cover on the same risk: Forbidden and might lead to Nullity of the contract.

## 4. Other Information

This product information is also being provided to you by an agent/staff member of MAYFAIR INSURANCE COMPANY RWANDA LTD or licensed insurance broker acting for you. A part of their remuneration may be determined by the number and types of insurance products that they help clients to purchase. They are required, under the law, to act with care and diligence when dealing with you and to place your interests above their own.

MAYFAIR INSURANCE COMPANY RWANDA LTD is accountable to you for the actions of our licensed agent's/staff members.

Insurance brokers are accountable to you for their actions acting for you.

## 5. Contacting us

At any time, you may get information regarding your policy, advise us of a change in your situation, ask a question or raise any concern that you have by contacting us at **+250788381844** or email: [info@mayfair.co.rw](mailto:info@mayfair.co.rw) or website: <https://rw.mayfairinsurance.africa>

If you are unsatisfied with our handling of any complaint, you can contact the Office of the Ombudsman to help address your complaint at **telephone: 199** or Email : [ombudsinfo@ombudsman.gov.rw](mailto:ombudsinfo@ombudsman.gov.rw) or write to **P.O Box 6269 Kigali**, or visit website: [www.ombudsman.gov.rw](http://www.ombudsman.gov.rw).

## 6. Important Notice.

This Key Facts Statement (KFS) is provided for general information purposes only and is not intended to constitute professional advice or recommendation or to be a comprehensive or definitive guide to the insurance policy. The KFS does not form part of the insurance policy contract and does not alter or supersede any of its terms or conditions. Please refer to the full policy documentation for a complete description of the coverage provided, including any exclusions, limitations, and conditions.

**Signed by:**  
**Date:**  
**Signature, Title and Names of Insurer**

**Signed by:**  
**Date:**  
**Signature and the names of the client**