
KEY FACTS STATEMENT (KFS) FOR INSURANCE PRODUCT

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 **WORKMEN COMPENSATION/GROUP 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 “**insurer adviser**” 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, when issued, will be provided to you and is an important document that contains the full details of the contract between us and you.

2. About our insurance product

2.1. The risks covered:

Death, Disablement or the incurring of Medical Expenses resulting from accidental bodily injury

2.2. Limitations:

1. Rwanda territory

2. Benefit agreed as follows:

- Capital in case of death : Rwf to be paid to entitled beneficiary
- Capital in case of disability : Rwf to be paid to the victim
- Medical fees : Rwf to be paid to the victim

2.3. Exclusions:

1. Bodily injury

(a) Sustained

- i. While the Insured Person is engaging in (or practicing for or taking part in training peculiar to) any of the Excluded Activities
- ii. By any person before such person attains the Lower Age Limit or after the expiry of the Period of Insurance during which such person attains the Upper Age Limit.

(b) Consequent upon

- i. The Insured Person committing or attempting to commit suicide or willfully exposing himself to needless peril except in an attempt to save human life
- ii. War, invasion act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power

2. Bodily injury or Death, Disablement or Medical expenses consequent upon or contributed to by the Insured Person

(a) Having taken a drug unless the Insured proves that the drug was taken in accordance with proper medical prescription and directions and not for treatment of drug addiction

(b) Suffering from pre-existing physical or mental defect or infirmity which had not been declared to and accepted in writing by the Company

3. Death, Disablement or Medical Expenses consequent upon or contributed to by the Insured Person being pregnant or suffering from sickness or disease not resulting from bodily injury or suffering from bodily injury due to gradually operating cause
4. Bodily injury or Death, Disablement or Medical Expenses consequent upon or contributed to by riot, strike, civil commotion, martial law, political or labour disturbances act or terrorism, murder or assault.

2.4. Period of cover:

From.....dd/...mm/...yyyy.... to.....dd/...mm/...yyyy...

2.5. Premium Breakdown:

The total premium is set at and shared out as follows:

Net premium
Admin fees
VAT
Total Premium

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

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

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.

3.5. Information about cooling off period:

The cooling off period for individuals is 30 days and 90 days for corporates, international and governmental institutions.

3.6. Loss of coverage is due to:

- Failure to pay premium on time: no premium no cover
- Failure to disclose material facts: MAYFAIR INSURANCE COMPANY RWANDA LTD not liable
- Failure to disclose similar cover: Forbidden

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 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 or write to **P.O Box 6269 Kigali**, or visit website: 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