



## **MEDISECURE CENTURIAL POLICY (Hospitalisation and Surgical Insurance)**

### **FOR CONSUMER INSURANCE CONTRACTS (INSURANCE WHOLLY FOR PURPOSES UNRELATED TO YOUR TRADE, BUSINESS OR PROFESSION)**

This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in your Proposal Form (or when you applied for this insurance) and any other disclosures made by you between the time of submission of your Proposal Form (or when you applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by you shall form part of this contract of insurance between you and us. However, in the event of any pre-contractual misrepresentation made in relation to your answers or in any disclosures given by you, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

This Policy reflects the terms and conditions of the contract of insurance as agreed between you and us.

### **FOR NON – CONSUMER INSURANCE CONTRACTS (INSURANCE FOR PURPOSES RELATED TO YOUR TRADE, BUSINESS OR PROFESSION)**

This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in your Proposal Form (or when you applied for this insurance) and any other disclosures made by you between the time of submission of your Proposal Form (or when you applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by you shall form part of this contract of insurance between you and us. In the event of any pre-contractual misrepresentation made in relation to your answers or in any disclosures made by you, it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

This Policy reflects the terms and conditions of the contract of insurance as agreed between you and us.

**WHEREAS** the Policyholder named in the Policy Schedule has applied to Lonpac Insurance Bhd (hereinafter called 'the Company') for the insurance herein described and has paid or agreed to pay the premium stated in the Policy Schedule as consideration for the insurance hereinafter contained.

**NOW THIS POLICY WITNESSES** that if the Insured Person is confined to a hospital for treatment or is surgically treated as a day case during the Period of Insurance stated in the Policy Schedule, the Company will pay to the Policyholder or his legal personal representative the sum or sums stated in Policy Schedule. Payment is subject to reasonable and customary charges and will only be made upon receipt and approval of proofs of expenses incurred.



### SCHEDULE OF BENEFITS (on launch date 1 April 2016)

DESCRIPTION	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8	PLAN 9	PLAN 10
Room and Board, daily limit incurred during policy period of insurance	1,000	900	800	700	600	500	400	300	200	100
Overall Annual Limit	500,000	450,000	400,000	350,000	300,000	250,000	200,000	150,000	100,000	50,000

#### Important Note:

The Room and Board Limit and Overall Annual Limit will increase as stipulated in the Schedule of Limits. The respective new limits will only apply to new policies issued or policies renewed after the effective date of the respective increase in limits.

### DESCRIPTION OF BENEFITS

**Before the patient is admitted to hospital or surgically treated in a hospital, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred for consultation prior to hospital admission or surgery.**

- Pre-Surgical Consultation and Diagnosis, limited to one consultation prior to surgery
- Pre-Hospital Specialist Consultation, limited to one consultation prior to hospitalisation
- Pre-Hospital Diagnostic Tests, limited to one consultation prior to hospital admission
- Second Surgical Opinion, limited to one consultation prior to surgery

**When the patient is being treated as a bed-paying patient in a hospital or is surgically treated, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.**

- Room and Board, subject to daily limit
- Intensive Care Unit, incurred during the policy period of insurance
- Hospital Supplies and Services, incurred during the policy period of insurance
- Surgical Fees, with post-surgery care up to 60 days from the date of surgery
- Anaesthetist Fees
- Operating Theatre Fees
- In-Hospital Physician Visit, subject to two visits a day

**After the patient is discharged from hospital for a non-surgical treatment, the following benefits will be payable subject to reasonable, customary and necessary expenses incurred.**

- Post-Hospitalisation Treatment, incurred within 60 days following discharge from hospital

**If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis**

- Ambulance Fees, incurred during the policy period of insurance

**The following additional benefits incurred during the policy period of insurance will be payable subject to reasonable, customary and necessary expenses incurred but shall be payable as part of the Overall Annual Limit.**

- Organ Transplant
- Sales and Services Tax (where applicable)
- Medical Report Fee
- Nursing at Home
- Outpatient Cancer Treatment
- Outpatient Kidney Dialysis Treatment

**If the patient needs to be hospitalised or surgically treated, you may call our 24-Hour Call Centre.**

- Hospital Admission Assistance



## SCHEDULE OF LIMITS

### Schedule of Limits – Plan 1 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	1,000	500,000	51	1/4/2066	2,600	1,300,000
2	1/4/2017	1,000	500,000	52	1/4/2067	2,700	1,350,000
3	1/4/2018	1,000	500,000	53	1/4/2068	2,700	1,350,000
4	1/4/2019	1,100	550,000	54	1/4/2069	2,700	1,350,000
5	1/4/2020	1,100	550,000	55	1/4/2070	2,800	1,400,000
6	1/4/2021	1,100	550,000	56	1/4/2071	2,800	1,400,000
7	1/4/2022	1,200	600,000	57	1/4/2072	2,800	1,400,000
8	1/4/2023	1,200	600,000	58	1/4/2073	2,900	1,450,000
9	1/4/2024	1,200	600,000	59	1/4/2074	2,900	1,450,000
10	1/4/2025	1,300	650,000	60	1/4/2075	2,900	1,450,000
11	1/4/2026	1,300	650,000	61	1/4/2076	3,000	1,500,000
12	1/4/2027	1,300	650,000	62	1/4/2077	3,000	1,500,000
13	1/4/2028	1,400	700,000	63	1/4/2078	3,000	1,500,000
14	1/4/2029	1,400	700,000	64	1/4/2079	3,100	1,550,000
15	1/4/2030	1,400	700,000	65	1/4/2080	3,100	1,550,000
16	1/4/2031	1,500	750,000	66	1/4/2081	3,100	1,550,000
17	1/4/2032	1,500	750,000	67	1/4/2082	3,200	1,600,000
18	1/4/2033	1,500	750,000	68	1/4/2083	3,200	1,600,000
19	1/4/2034	1,600	800,000	69	1/4/2084	3,200	1,600,000
20	1/4/2035	1,600	800,000	70	1/4/2085	3,300	1,650,000
21	1/4/2036	1,600	800,000	71	1/4/2086	3,300	1,650,000
22	1/4/2037	1,700	850,000	72	1/4/2087	3,300	1,650,000
23	1/4/2038	1,700	850,000	73	1/4/2088	3,400	1,700,000
24	1/4/2039	1,700	850,000	74	1/4/2089	3,400	1,700,000
25	1/4/2040	1,800	900,000	75	1/4/2090	3,400	1,700,000
26	1/4/2041	1,800	900,000	76	1/4/2091	3,500	1,750,000
27	1/4/2042	1,800	900,000	77	1/4/2092	3,500	1,750,000
28	1/4/2043	1,900	950,000	78	1/4/2093	3,500	1,750,000
29	1/4/2044	1,900	950,000	79	1/4/2094	3,600	1,800,000
30	1/4/2045	1,900	950,000	80	1/4/2095	3,600	1,800,000
31	1/4/2046	2,000	1,000,000	81	1/4/2096	3,600	1,800,000
32	1/4/2047	2,000	1,000,000	82	1/4/2097	3,700	1,850,000
33	1/4/2048	2,000	1,000,000	83	1/4/2098	3,700	1,850,000
34	1/4/2049	2,100	1,050,000	84	1/4/2099	3,700	1,850,000
35	1/4/2050	2,100	1,050,000	85	1/4/2100	3,800	1,900,000
36	1/4/2051	2,100	1,050,000	86	1/4/2101	3,800	1,900,000
37	1/4/2052	2,200	1,100,000	87	1/4/2102	3,800	1,900,000
38	1/4/2053	2,200	1,100,000	88	1/4/2103	3,900	1,950,000
39	1/4/2054	2,200	1,100,000	89	1/4/2104	3,900	1,950,000
40	1/4/2055	2,300	1,150,000	90	1/4/2105	3,900	1,950,000
41	1/4/2056	2,300	1,150,000	91	1/4/2106	4,000	2,000,000
42	1/4/2057	2,300	1,150,000	92	1/4/2107	4,000	2,000,000
43	1/4/2058	2,400	1,200,000	93	1/4/2108	4,000	2,000,000
44	1/4/2059	2,400	1,200,000	94	1/4/2109	4,100	2,050,000
45	1/4/2060	2,400	1,200,000	95	1/4/2110	4,100	2,050,000
46	1/4/2061	2,500	1,250,000	96	1/4/2111	4,100	2,050,000
47	1/4/2062	2,500	1,250,000	97	1/4/2112	4,200	2,100,000
48	1/4/2063	2,500	1,250,000	98	1/4/2113	4,200	2,100,000
49	1/4/2064	2,600	1,300,000	99	1/4/2114	4,200	2,100,000
50	1/4/2065	2,600	1,300,000	100	1/4/2115	4,300	2,150,000



Class Of Policy:

## Schedule of Limits – Plan 2 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	900	450,000	51	1/4/2066	2,340	1,170,000
2	1/4/2017	900	450,000	52	1/4/2067	2,430	1,215,000
3	1/4/2018	900	450,000	53	1/4/2068	2,430	1,215,000
4	1/4/2019	990	495,000	54	1/4/2069	2,430	1,215,000
5	1/4/2020	990	495,000	55	1/4/2070	2,520	1,260,000
6	1/4/2021	990	495,000	56	1/4/2071	2,520	1,260,000
7	1/4/2022	1,080	540,000	57	1/4/2072	2,520	1,260,000
8	1/4/2023	1,080	540,000	58	1/4/2073	2,610	1,305,000
9	1/4/2024	1,080	540,000	59	1/4/2074	2,610	1,305,000
10	1/4/2025	1,170	585,000	60	1/4/2075	2,610	1,305,000
11	1/4/2026	1,170	585,000	61	1/4/2076	2,700	1,350,000
12	1/4/2027	1,170	585,000	62	1/4/2077	2,700	1,350,000
13	1/4/2028	1,260	630,000	63	1/4/2078	2,700	1,350,000
14	1/4/2029	1,260	630,000	64	1/4/2079	2,790	1,395,000
15	1/4/2030	1,260	630,000	65	1/4/2080	2,790	1,395,000
16	1/4/2031	1,350	675,000	66	1/4/2081	2,790	1,395,000
17	1/4/2032	1,350	675,000	67	1/4/2082	2,880	1,440,000
18	1/4/2033	1,350	675,000	68	1/4/2083	2,880	1,440,000
19	1/4/2034	1,440	720,000	69	1/4/2084	2,880	1,440,000
20	1/4/2035	1,440	720,000	70	1/4/2085	2,970	1,485,000
21	1/4/2036	1,440	720,000	71	1/4/2086	2,970	1,485,000
22	1/4/2037	1,530	765,000	72	1/4/2087	2,970	1,485,000
23	1/4/2038	1,530	765,000	73	1/4/2088	3,060	1,530,000
24	1/4/2039	1,530	765,000	74	1/4/2089	3,060	1,530,000
25	1/4/2040	1,620	810,000	75	1/4/2090	3,060	1,530,000
26	1/4/2041	1,620	810,000	76	1/4/2091	3,150	1,575,000
27	1/4/2042	1,620	810,000	77	1/4/2092	3,150	1,575,000
28	1/4/2043	1,710	855,000	78	1/4/2093	3,150	1,575,000
29	1/4/2044	1,710	855,000	79	1/4/2094	3,240	1,620,000
30	1/4/2045	1,710	855,000	80	1/4/2095	3,240	1,620,000
31	1/4/2046	1,800	900,000	81	1/4/2096	3,240	1,620,000
32	1/4/2047	1,800	900,000	82	1/4/2097	3,330	1,665,000
33	1/4/2048	1,800	900,000	83	1/4/2098	3,330	1,665,000
34	1/4/2049	1,890	945,000	84	1/4/2099	3,330	1,665,000
35	1/4/2050	1,890	945,000	85	1/4/2100	3,420	1,710,000
36	1/4/2051	1,890	945,000	86	1/4/2101	3,420	1,710,000
37	1/4/2052	1,980	990,000	87	1/4/2102	3,420	1,710,000
38	1/4/2053	1,980	990,000	88	1/4/2103	3,510	1,755,000
39	1/4/2054	1,980	990,000	89	1/4/2104	3,510	1,755,000
40	1/4/2055	2,070	1,035,000	90	1/4/2105	3,510	1,755,000
41	1/4/2056	2,070	1,035,000	91	1/4/2106	3,600	1,800,000
42	1/4/2057	2,070	1,035,000	92	1/4/2107	3,600	1,800,000
43	1/4/2058	2,160	1,080,000	93	1/4/2108	3,600	1,800,000
44	1/4/2059	2,160	1,080,000	94	1/4/2109	3,690	1,845,000
45	1/4/2060	2,160	1,080,000	95	1/4/2110	3,690	1,845,000
46	1/4/2061	2,250	1,125,000	96	1/4/2111	3,690	1,845,000
47	1/4/2062	2,250	1,125,000	97	1/4/2112	3,780	1,890,000
48	1/4/2063	2,250	1,125,000	98	1/4/2113	3,780	1,890,000
49	1/4/2064	2,340	1,170,000	99	1/4/2114	3,780	1,890,000
50	1/4/2065	2,340	1,170,000	100	1/4/2115	3,870	1,935,000



Class Of Policy:

## Schedule of Limits – Plan 3 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	800	400,000	51	1/4/2066	2,080	1,040,000
2	1/4/2017	800	400,000	52	1/4/2067	2,160	1,080,000
3	1/4/2018	800	400,000	53	1/4/2068	2,160	1,080,000
4	1/4/2019	880	440,000	54	1/4/2069	2,160	1,080,000
5	1/4/2020	880	440,000	55	1/4/2070	2,240	1,120,000
6	1/4/2021	880	440,000	56	1/4/2071	2,240	1,120,000
7	1/4/2022	960	480,000	57	1/4/2072	2,240	1,120,000
8	1/4/2023	960	480,000	58	1/4/2073	2,320	1,160,000
9	1/4/2024	960	480,000	59	1/4/2074	2,320	1,160,000
10	1/4/2025	1,040	520,000	60	1/4/2075	2,320	1,160,000
11	1/4/2026	1,040	520,000	61	1/4/2076	2,400	1,200,000
12	1/4/2027	1,040	520,000	62	1/4/2077	2,400	1,200,000
13	1/4/2028	1,120	560,000	63	1/4/2078	2,400	1,200,000
14	1/4/2029	1,120	560,000	64	1/4/2079	2,480	1,240,000
15	1/4/2030	1,120	560,000	65	1/4/2080	2,480	1,240,000
16	1/4/2031	1,200	600,000	66	1/4/2081	2,480	1,240,000
17	1/4/2032	1,200	600,000	67	1/4/2082	2,560	1,280,000
18	1/4/2033	1,200	600,000	68	1/4/2083	2,560	1,280,000
19	1/4/2034	1,280	640,000	69	1/4/2084	2,560	1,280,000
20	1/4/2035	1,280	640,000	70	1/4/2085	2,640	1,320,000
21	1/4/2036	1,280	640,000	71	1/4/2086	2,640	1,320,000
22	1/4/2037	1,360	680,000	72	1/4/2087	2,640	1,320,000
23	1/4/2038	1,360	680,000	73	1/4/2088	2,720	1,360,000
24	1/4/2039	1,360	680,000	74	1/4/2089	2,720	1,360,000
25	1/4/2040	1,440	720,000	75	1/4/2090	2,720	1,360,000
26	1/4/2041	1,440	720,000	76	1/4/2091	2,800	1,400,000
27	1/4/2042	1,440	720,000	77	1/4/2092	2,800	1,400,000
28	1/4/2043	1,520	760,000	78	1/4/2093	2,800	1,400,000
29	1/4/2044	1,520	760,000	79	1/4/2094	2,880	1,440,000
30	1/4/2045	1,520	760,000	80	1/4/2095	2,880	1,440,000
31	1/4/2046	1,600	800,000	81	1/4/2096	2,880	1,440,000
32	1/4/2047	1,600	800,000	82	1/4/2097	2,960	1,480,000
33	1/4/2048	1,600	800,000	83	1/4/2098	2,960	1,480,000
34	1/4/2049	1,680	840,000	84	1/4/2099	2,960	1,480,000
35	1/4/2050	1,680	840,000	85	1/4/2100	3,040	1,520,000
36	1/4/2051	1,680	840,000	86	1/4/2101	3,040	1,520,000
37	1/4/2052	1,760	880,000	87	1/4/2102	3,040	1,520,000
38	1/4/2053	1,760	880,000	88	1/4/2103	3,120	1,560,000
39	1/4/2054	1,760	880,000	89	1/4/2104	3,120	1,560,000
40	1/4/2055	1,840	920,000	90	1/4/2105	3,120	1,560,000
41	1/4/2056	1,840	920,000	91	1/4/2106	3,200	1,600,000
42	1/4/2057	1,840	920,000	92	1/4/2107	3,200	1,600,000
43	1/4/2058	1,920	960,000	93	1/4/2108	3,200	1,600,000
44	1/4/2059	1,920	960,000	94	1/4/2109	3,280	1,640,000
45	1/4/2060	1,920	960,000	95	1/4/2110	3,280	1,640,000
46	1/4/2061	2,000	1,000,000	96	1/4/2111	3,280	1,640,000
47	1/4/2062	2,000	1,000,000	97	1/4/2112	3,360	1,680,000
48	1/4/2063	2,000	1,000,000	98	1/4/2113	3,360	1,680,000
49	1/4/2064	2,080	1,040,000	99	1/4/2114	3,360	1,680,000
50	1/4/2065	2,080	1,040,000	100	1/4/2115	3,440	1,720,000



## Schedule of Limits – Plan 4 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	700	350,000	51	1/4/2066	1,820	910,000
2	1/4/2017	700	350,000	52	1/4/2067	1,890	945,000
3	1/4/2018	700	350,000	53	1/4/2068	1,890	945,000
4	1/4/2019	770	385,000	54	1/4/2069	1,890	945,000
5	1/4/2020	770	385,000	55	1/4/2070	1,960	980,000
6	1/4/2021	770	385,000	56	1/4/2071	1,960	980,000
7	1/4/2022	840	420,000	57	1/4/2072	1,960	980,000
8	1/4/2023	840	420,000	58	1/4/2073	2,030	1,015,000
9	1/4/2024	840	420,000	59	1/4/2074	2,030	1,015,000
10	1/4/2025	910	455,000	60	1/4/2075	2,030	1,015,000
11	1/4/2026	910	455,000	61	1/4/2076	2,100	1,050,000
12	1/4/2027	910	455,000	62	1/4/2077	2,100	1,050,000
13	1/4/2028	980	490,000	63	1/4/2078	2,100	1,050,000
14	1/4/2029	980	490,000	64	1/4/2079	2,170	1,085,000
15	1/4/2030	980	490,000	65	1/4/2080	2,170	1,085,000
16	1/4/2031	1,050	525,000	66	1/4/2081	2,170	1,085,000
17	1/4/2032	1,050	525,000	67	1/4/2082	2,240	1,120,000
18	1/4/2033	1,050	525,000	68	1/4/2083	2,240	1,120,000
19	1/4/2034	1,120	560,000	69	1/4/2084	2,240	1,120,000
20	1/4/2035	1,120	560,000	70	1/4/2085	2,310	1,155,000
21	1/4/2036	1,120	560,000	71	1/4/2086	2,310	1,155,000
22	1/4/2037	1,190	595,000	72	1/4/2087	2,310	1,155,000
23	1/4/2038	1,190	595,000	73	1/4/2088	2,380	1,190,000
24	1/4/2039	1,190	595,000	74	1/4/2089	2,380	1,190,000
25	1/4/2040	1,260	630,000	75	1/4/2090	2,380	1,190,000
26	1/4/2041	1,260	630,000	76	1/4/2091	2,450	1,225,000
27	1/4/2042	1,260	630,000	77	1/4/2092	2,450	1,225,000
28	1/4/2043	1,330	665,000	78	1/4/2093	2,450	1,225,000
29	1/4/2044	1,330	665,000	79	1/4/2094	2,520	1,260,000
30	1/4/2045	1,330	665,000	80	1/4/2095	2,520	1,260,000
31	1/4/2046	1,400	700,000	81	1/4/2096	2,520	1,260,000
32	1/4/2047	1,400	700,000	82	1/4/2097	2,590	1,295,000
33	1/4/2048	1,400	700,000	83	1/4/2098	2,590	1,295,000
34	1/4/2049	1,470	735,000	84	1/4/2099	2,590	1,295,000
35	1/4/2050	1,470	735,000	85	1/4/2100	2,660	1,330,000
36	1/4/2051	1,470	735,000	86	1/4/2101	2,660	1,330,000
37	1/4/2052	1,540	770,000	87	1/4/2102	2,660	1,330,000
38	1/4/2053	1,540	770,000	88	1/4/2103	2,730	1,365,000
39	1/4/2054	1,540	770,000	89	1/4/2104	2,730	1,365,000
40	1/4/2055	1,610	805,000	90	1/4/2105	2,730	1,365,000
41	1/4/2056	1,610	805,000	91	1/4/2106	2,800	1,400,000
42	1/4/2057	1,610	805,000	92	1/4/2107	2,800	1,400,000
43	1/4/2058	1,680	840,000	93	1/4/2108	2,800	1,400,000
44	1/4/2059	1,680	840,000	94	1/4/2109	2,870	1,435,000
45	1/4/2060	1,680	840,000	95	1/4/2110	2,870	1,435,000
46	1/4/2061	1,750	875,000	96	1/4/2111	2,870	1,435,000
47	1/4/2062	1,750	875,000	97	1/4/2112	2,940	1,470,000
48	1/4/2063	1,750	875,000	98	1/4/2113	2,940	1,470,000
49	1/4/2064	1,820	910,000	99	1/4/2114	2,940	1,470,000
50	1/4/2065	1,820	910,000	100	1/4/2115	3,010	1,505,000



Class Of Policy:

## Schedule of Limits – Plan 5 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	600	300,000	51	1/4/2066	1,560	780,000
2	1/4/2017	600	300,000	52	1/4/2067	1,620	810,000
3	1/4/2018	600	300,000	53	1/4/2068	1,620	810,000
4	1/4/2019	660	330,000	54	1/4/2069	1,620	810,000
5	1/4/2020	660	330,000	55	1/4/2070	1,680	840,000
6	1/4/2021	660	330,000	56	1/4/2071	1,680	840,000
7	1/4/2022	720	360,000	57	1/4/2072	1,680	840,000
8	1/4/2023	720	360,000	58	1/4/2073	1,740	870,000
9	1/4/2024	720	360,000	59	1/4/2074	1,740	870,000
10	1/4/2025	780	390,000	60	1/4/2075	1,740	870,000
11	1/4/2026	780	390,000	61	1/4/2076	1,800	900,000
12	1/4/2027	780	390,000	62	1/4/2077	1,800	900,000
13	1/4/2028	840	420,000	63	1/4/2078	1,800	900,000
14	1/4/2029	840	420,000	64	1/4/2079	1,860	930,000
15	1/4/2030	840	420,000	65	1/4/2080	1,860	930,000
16	1/4/2031	900	450,000	66	1/4/2081	1,860	930,000
17	1/4/2032	900	450,000	67	1/4/2082	1,920	960,000
18	1/4/2033	900	450,000	68	1/4/2083	1,920	960,000
19	1/4/2034	960	480,000	69	1/4/2084	1,920	960,000
20	1/4/2035	960	480,000	70	1/4/2085	1,980	990,000
21	1/4/2036	960	480,000	71	1/4/2086	1,980	990,000
22	1/4/2037	1,020	510,000	72	1/4/2087	1,980	990,000
23	1/4/2038	1,020	510,000	73	1/4/2088	2,040	1,020,000
24	1/4/2039	1,020	510,000	74	1/4/2089	2,040	1,020,000
25	1/4/2040	1,080	540,000	75	1/4/2090	2,040	1,020,000
26	1/4/2041	1,080	540,000	76	1/4/2091	2,100	1,050,000
27	1/4/2042	1,080	540,000	77	1/4/2092	2,100	1,050,000
28	1/4/2043	1,140	570,000	78	1/4/2093	2,100	1,050,000
29	1/4/2044	1,140	570,000	79	1/4/2094	2,160	1,080,000
30	1/4/2045	1,140	570,000	80	1/4/2095	2,160	1,080,000
31	1/4/2046	1,200	600,000	81	1/4/2096	2,160	1,080,000
32	1/4/2047	1,200	600,000	82	1/4/2097	2,220	1,110,000
33	1/4/2048	1,200	600,000	83	1/4/2098	2,220	1,110,000
34	1/4/2049	1,260	630,000	84	1/4/2099	2,220	1,110,000
35	1/4/2050	1,260	630,000	85	1/4/2100	2,280	1,140,000
36	1/4/2051	1,260	630,000	86	1/4/2101	2,280	1,140,000
37	1/4/2052	1,320	660,000	87	1/4/2102	2,280	1,140,000
38	1/4/2053	1,320	660,000	88	1/4/2103	2,340	1,170,000
39	1/4/2054	1,320	660,000	89	1/4/2104	2,340	1,170,000
40	1/4/2055	1,380	690,000	90	1/4/2105	2,340	1,170,000
41	1/4/2056	1,380	690,000	91	1/4/2106	2,400	1,200,000
42	1/4/2057	1,380	690,000	92	1/4/2107	2,400	1,200,000
43	1/4/2058	1,440	720,000	93	1/4/2108	2,400	1,200,000
44	1/4/2059	1,440	720,000	94	1/4/2109	2,460	1,230,000
45	1/4/2060	1,440	720,000	95	1/4/2110	2,460	1,230,000
46	1/4/2061	1,500	750,000	96	1/4/2111	2,460	1,230,000
47	1/4/2062	1,500	750,000	97	1/4/2112	2,520	1,260,000
48	1/4/2063	1,500	750,000	98	1/4/2113	2,520	1,260,000
49	1/4/2064	1,560	780,000	99	1/4/2114	2,520	1,260,000
50	1/4/2065	1,560	780,000	100	1/4/2115	2,580	1,290,000



Class Of Policy:

## Schedule of Limits – Plan 6 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	500	250,000	51	1/4/2066	1,300	650,000
2	1/4/2017	500	250,000	52	1/4/2067	1,350	675,000
3	1/4/2018	500	250,000	53	1/4/2068	1,350	675,000
4	1/4/2019	550	275,000	54	1/4/2069	1,350	675,000
5	1/4/2020	550	275,000	55	1/4/2070	1,400	700,000
6	1/4/2021	550	275,000	56	1/4/2071	1,400	700,000
7	1/4/2022	600	300,000	57	1/4/2072	1,400	700,000
8	1/4/2023	600	300,000	58	1/4/2073	1,450	725,000
9	1/4/2024	600	300,000	59	1/4/2074	1,450	725,000
10	1/4/2025	650	325,000	60	1/4/2075	1,450	725,000
11	1/4/2026	650	325,000	61	1/4/2076	1,500	750,000
12	1/4/2027	650	325,000	62	1/4/2077	1,500	750,000
13	1/4/2028	700	350,000	63	1/4/2078	1,500	750,000
14	1/4/2029	700	350,000	64	1/4/2079	1,550	775,000
15	1/4/2030	700	350,000	65	1/4/2080	1,550	775,000
16	1/4/2031	750	375,000	66	1/4/2081	1,550	775,000
17	1/4/2032	750	375,000	67	1/4/2082	1,600	800,000
18	1/4/2033	750	375,000	68	1/4/2083	1,600	800,000
19	1/4/2034	800	400,000	69	1/4/2084	1,600	800,000
20	1/4/2035	800	400,000	70	1/4/2085	1,650	825,000
21	1/4/2036	800	400,000	71	1/4/2086	1,650	825,000
22	1/4/2037	850	425,000	72	1/4/2087	1,650	825,000
23	1/4/2038	850	425,000	73	1/4/2088	1,700	850,000
24	1/4/2039	850	425,000	74	1/4/2089	1,700	850,000
25	1/4/2040	900	450,000	75	1/4/2090	1,700	850,000
26	1/4/2041	900	450,000	76	1/4/2091	1,750	875,000
27	1/4/2042	900	450,000	77	1/4/2092	1,750	875,000
28	1/4/2043	950	475,000	78	1/4/2093	1,750	875,000
29	1/4/2044	950	475,000	79	1/4/2094	1,800	900,000
30	1/4/2045	950	475,000	80	1/4/2095	1,800	900,000
31	1/4/2046	1,000	500,000	81	1/4/2096	1,800	900,000
32	1/4/2047	1,000	500,000	82	1/4/2097	1,850	925,000
33	1/4/2048	1,000	500,000	83	1/4/2098	1,850	925,000
34	1/4/2049	1,050	525,000	84	1/4/2099	1,850	925,000
35	1/4/2050	1,050	525,000	85	1/4/2100	1,900	950,000
36	1/4/2051	1,050	525,000	86	1/4/2101	1,900	950,000
37	1/4/2052	1,100	550,000	87	1/4/2102	1,900	950,000
38	1/4/2053	1,100	550,000	88	1/4/2103	1,950	975,000
39	1/4/2054	1,100	550,000	89	1/4/2104	1,950	975,000
40	1/4/2055	1,150	575,000	90	1/4/2105	1,950	975,000
41	1/4/2056	1,150	575,000	91	1/4/2106	2,000	1,000,000
42	1/4/2057	1,150	575,000	92	1/4/2107	2,000	1,000,000
43	1/4/2058	1,200	600,000	93	1/4/2108	2,000	1,000,000
44	1/4/2059	1,200	600,000	94	1/4/2109	2,050	1,025,000
45	1/4/2060	1,200	600,000	95	1/4/2110	2,050	1,025,000
46	1/4/2061	1,250	625,000	96	1/4/2111	2,050	1,025,000
47	1/4/2062	1,250	625,000	97	1/4/2112	2,100	1,050,000
48	1/4/2063	1,250	625,000	98	1/4/2113	2,100	1,050,000
49	1/4/2064	1,300	650,000	99	1/4/2114	2,100	1,050,000
50	1/4/2065	1,300	650,000	100	1/4/2115	2,150	1,075,000





Class Of Policy:

## Schedule of Limits – Plan 7 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	400	200,000	51	1/4/2066	1,040	520,000
2	1/4/2017	400	200,000	52	1/4/2067	1,080	540,000
3	1/4/2018	400	200,000	53	1/4/2068	1,080	540,000
4	1/4/2019	440	220,000	54	1/4/2069	1,080	540,000
5	1/4/2020	440	220,000	55	1/4/2070	1,120	560,000
6	1/4/2021	440	220,000	56	1/4/2071	1,120	560,000
7	1/4/2022	480	240,000	57	1/4/2072	1,120	560,000
8	1/4/2023	480	240,000	58	1/4/2073	1,160	580,000
9	1/4/2024	480	240,000	59	1/4/2074	1,160	580,000
10	1/4/2025	520	260,000	60	1/4/2075	1,160	580,000
11	1/4/2026	520	260,000	61	1/4/2076	1,200	600,000
12	1/4/2027	520	260,000	62	1/4/2077	1,200	600,000
13	1/4/2028	560	280,000	63	1/4/2078	1,200	600,000
14	1/4/2029	560	280,000	64	1/4/2079	1,240	620,000
15	1/4/2030	560	280,000	65	1/4/2080	1,240	620,000
16	1/4/2031	600	300,000	66	1/4/2081	1,240	620,000
17	1/4/2032	600	300,000	67	1/4/2082	1,280	640,000
18	1/4/2033	600	300,000	68	1/4/2083	1,280	640,000
19	1/4/2034	640	320,000	69	1/4/2084	1,280	640,000
20	1/4/2035	640	320,000	70	1/4/2085	1,320	660,000
21	1/4/2036	640	320,000	71	1/4/2086	1,320	660,000
22	1/4/2037	680	340,000	72	1/4/2087	1,320	660,000
23	1/4/2038	680	340,000	73	1/4/2088	1,360	680,000
24	1/4/2039	680	340,000	74	1/4/2089	1,360	680,000
25	1/4/2040	720	360,000	75	1/4/2090	1,360	680,000
26	1/4/2041	720	360,000	76	1/4/2091	1,400	700,000
27	1/4/2042	720	360,000	77	1/4/2092	1,400	700,000
28	1/4/2043	760	380,000	78	1/4/2093	1,400	700,000
29	1/4/2044	760	380,000	79	1/4/2094	1,440	720,000
30	1/4/2045	760	380,000	80	1/4/2095	1,440	720,000
31	1/4/2046	800	400,000	81	1/4/2096	1,440	720,000
32	1/4/2047	800	400,000	82	1/4/2097	1,480	740,000
33	1/4/2048	800	400,000	83	1/4/2098	1,480	740,000
34	1/4/2049	840	420,000	84	1/4/2099	1,480	740,000
35	1/4/2050	840	420,000	85	1/4/2100	1,520	760,000
36	1/4/2051	840	420,000	86	1/4/2101	1,520	760,000
37	1/4/2052	880	440,000	87	1/4/2102	1,520	760,000
38	1/4/2053	880	440,000	88	1/4/2103	1,560	780,000
39	1/4/2054	880	440,000	89	1/4/2104	1,560	780,000
40	1/4/2055	920	460,000	90	1/4/2105	1,560	780,000
41	1/4/2056	920	460,000	91	1/4/2106	1,600	800,000
42	1/4/2057	920	460,000	92	1/4/2107	1,600	800,000
43	1/4/2058	960	480,000	93	1/4/2108	1,600	800,000
44	1/4/2059	960	480,000	94	1/4/2109	1,640	820,000
45	1/4/2060	960	480,000	95	1/4/2110	1,640	820,000
46	1/4/2061	1,000	500,000	96	1/4/2111	1,640	820,000
47	1/4/2062	1,000	500,000	97	1/4/2112	1,680	840,000
48	1/4/2063	1,000	500,000	98	1/4/2113	1,680	840,000
49	1/4/2064	1,040	520,000	99	1/4/2114	1,680	840,000
50	1/4/2065	1,040	520,000	100	1/4/2115	1,720	860,000



Class Of Policy:

## Schedule of Limits – Plan 8 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	300	150,000	51	1/4/2066	780	390,000
2	1/4/2017	300	150,000	52	1/4/2067	810	405,000
3	1/4/2018	300	150,000	53	1/4/2068	810	405,000
4	1/4/2019	330	165,000	54	1/4/2069	810	405,000
5	1/4/2020	330	165,000	55	1/4/2070	840	420,000
6	1/4/2021	330	165,000	56	1/4/2071	840	420,000
7	1/4/2022	360	180,000	57	1/4/2072	840	420,000
8	1/4/2023	360	180,000	58	1/4/2073	870	435,000
9	1/4/2024	360	180,000	59	1/4/2074	870	435,000
10	1/4/2025	390	195,000	60	1/4/2075	870	435,000
11	1/4/2026	390	195,000	61	1/4/2076	900	450,000
12	1/4/2027	390	195,000	62	1/4/2077	900	450,000
13	1/4/2028	420	210,000	63	1/4/2078	900	450,000
14	1/4/2029	420	210,000	64	1/4/2079	930	465,000
15	1/4/2030	420	210,000	65	1/4/2080	930	465,000
16	1/4/2031	450	225,000	66	1/4/2081	930	465,000
17	1/4/2032	450	225,000	67	1/4/2082	960	480,000
18	1/4/2033	450	225,000	68	1/4/2083	960	480,000
19	1/4/2034	480	240,000	69	1/4/2084	960	480,000
20	1/4/2035	480	240,000	70	1/4/2085	990	495,000
21	1/4/2036	480	240,000	71	1/4/2086	990	495,000
22	1/4/2037	510	255,000	72	1/4/2087	990	495,000
23	1/4/2038	510	255,000	73	1/4/2088	1,020	510,000
24	1/4/2039	510	255,000	74	1/4/2089	1,020	510,000
25	1/4/2040	540	270,000	75	1/4/2090	1,020	510,000
26	1/4/2041	540	270,000	76	1/4/2091	1,050	525,000
27	1/4/2042	540	270,000	77	1/4/2092	1,050	525,000
28	1/4/2043	570	285,000	78	1/4/2093	1,050	525,000
29	1/4/2044	570	285,000	79	1/4/2094	1,080	540,000
30	1/4/2045	570	285,000	80	1/4/2095	1,080	540,000
31	1/4/2046	600	300,000	81	1/4/2096	1,080	540,000
32	1/4/2047	600	300,000	82	1/4/2097	1,110	555,000
33	1/4/2048	600	300,000	83	1/4/2098	1,110	555,000
34	1/4/2049	630	315,000	84	1/4/2099	1,110	555,000
35	1/4/2050	630	315,000	85	1/4/2100	1,140	570,000
36	1/4/2051	630	315,000	86	1/4/2101	1,140	570,000
37	1/4/2052	660	330,000	87	1/4/2102	1,140	570,000
38	1/4/2053	660	330,000	88	1/4/2103	1,170	585,000
39	1/4/2054	660	330,000	89	1/4/2104	1,170	585,000
40	1/4/2055	690	345,000	90	1/4/2105	1,170	585,000
41	1/4/2056	690	345,000	91	1/4/2106	1,200	600,000
42	1/4/2057	690	345,000	92	1/4/2107	1,200	600,000
43	1/4/2058	720	360,000	93	1/4/2108	1,200	600,000
44	1/4/2059	720	360,000	94	1/4/2109	1,230	615,000
45	1/4/2060	720	360,000	95	1/4/2110	1,230	615,000
46	1/4/2061	750	375,000	96	1/4/2111	1,230	615,000
47	1/4/2062	750	375,000	97	1/4/2112	1,260	630,000
48	1/4/2063	750	375,000	98	1/4/2113	1,260	630,000
49	1/4/2064	780	390,000	99	1/4/2114	1,260	630,000
50	1/4/2065	780	390,000	100	1/4/2115	1,290	645,000



Class Of Policy:

## Schedule of Limits – Plan 9 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	200	100,000	51	1/4/2066	520	260,000
2	1/4/2017	200	100,000	52	1/4/2067	540	270,000
3	1/4/2018	200	100,000	53	1/4/2068	540	270,000
4	1/4/2019	220	110,000	54	1/4/2069	540	270,000
5	1/4/2020	220	110,000	55	1/4/2070	560	280,000
6	1/4/2021	220	110,000	56	1/4/2071	560	280,000
7	1/4/2022	240	120,000	57	1/4/2072	560	280,000
8	1/4/2023	240	120,000	58	1/4/2073	580	290,000
9	1/4/2024	240	120,000	59	1/4/2074	580	290,000
10	1/4/2025	260	130,000	60	1/4/2075	580	290,000
11	1/4/2026	260	130,000	61	1/4/2076	600	300,000
12	1/4/2027	260	130,000	62	1/4/2077	600	300,000
13	1/4/2028	280	140,000	63	1/4/2078	600	300,000
14	1/4/2029	280	140,000	64	1/4/2079	620	310,000
15	1/4/2030	280	140,000	65	1/4/2080	620	310,000
16	1/4/2031	300	150,000	66	1/4/2081	620	310,000
17	1/4/2032	300	150,000	67	1/4/2082	640	320,000
18	1/4/2033	300	150,000	68	1/4/2083	640	320,000
19	1/4/2034	320	160,000	69	1/4/2084	640	320,000
20	1/4/2035	320	160,000	70	1/4/2085	660	330,000
21	1/4/2036	320	160,000	71	1/4/2086	660	330,000
22	1/4/2037	340	170,000	72	1/4/2087	660	330,000
23	1/4/2038	340	170,000	73	1/4/2088	680	340,000
24	1/4/2039	340	170,000	74	1/4/2089	680	340,000
25	1/4/2040	360	180,000	75	1/4/2090	680	340,000
26	1/4/2041	360	180,000	76	1/4/2091	700	350,000
27	1/4/2042	360	180,000	77	1/4/2092	700	350,000
28	1/4/2043	380	190,000	78	1/4/2093	700	350,000
29	1/4/2044	380	190,000	79	1/4/2094	720	360,000
30	1/4/2045	380	190,000	80	1/4/2095	720	360,000
31	1/4/2046	400	200,000	81	1/4/2096	720	360,000
32	1/4/2047	400	200,000	82	1/4/2097	740	370,000
33	1/4/2048	400	200,000	83	1/4/2098	740	370,000
34	1/4/2049	420	210,000	84	1/4/2099	740	370,000
35	1/4/2050	420	210,000	85	1/4/2100	760	380,000
36	1/4/2051	420	210,000	86	1/4/2101	760	380,000
37	1/4/2052	440	220,000	87	1/4/2102	760	380,000
38	1/4/2053	440	220,000	88	1/4/2103	780	390,000
39	1/4/2054	440	220,000	89	1/4/2104	780	390,000
40	1/4/2055	460	230,000	90	1/4/2105	780	390,000
41	1/4/2056	460	230,000	91	1/4/2106	800	400,000
42	1/4/2057	460	230,000	92	1/4/2107	800	400,000
43	1/4/2058	480	240,000	93	1/4/2108	800	400,000
44	1/4/2059	480	240,000	94	1/4/2109	820	410,000
45	1/4/2060	480	240,000	95	1/4/2110	820	410,000
46	1/4/2061	500	250,000	96	1/4/2111	820	410,000
47	1/4/2062	500	250,000	97	1/4/2112	840	420,000
48	1/4/2063	500	250,000	98	1/4/2113	840	420,000
49	1/4/2064	520	260,000	99	1/4/2114	840	420,000
50	1/4/2065	520	260,000	100	1/4/2115	860	430,000



Class Of Policy:

## Schedule of Limits – Plan 10 (Ringgit Malaysia)

Year	Effective Revision Date	Room and Board	Overall Annual Limit	Year	Effective Revision Date	Room and Board	Overall Annual Limit
1	1/4/2016	100	50,000	51	1/4/2066	260	130,000
2	1/4/2017	100	50,000	52	1/4/2067	270	135,000
3	1/4/2018	100	50,000	53	1/4/2068	270	135,000
4	1/4/2019	110	55,000	54	1/4/2069	270	135,000
5	1/4/2020	110	55,000	55	1/4/2070	280	140,000
6	1/4/2021	110	55,000	56	1/4/2071	280	140,000
7	1/4/2022	120	60,000	57	1/4/2072	280	140,000
8	1/4/2023	120	60,000	58	1/4/2073	290	145,000
9	1/4/2024	120	60,000	59	1/4/2074	290	145,000
10	1/4/2025	130	65,000	60	1/4/2075	290	145,000
11	1/4/2026	130	65,000	61	1/4/2076	300	150,000
12	1/4/2027	130	65,000	62	1/4/2077	300	150,000
13	1/4/2028	140	70,000	63	1/4/2078	300	150,000
14	1/4/2029	140	70,000	64	1/4/2079	310	155,000
15	1/4/2030	140	70,000	65	1/4/2080	310	155,000
16	1/4/2031	150	75,000	66	1/4/2081	310	155,000
17	1/4/2032	150	75,000	67	1/4/2082	320	160,000
18	1/4/2033	150	75,000	68	1/4/2083	320	160,000
19	1/4/2034	160	80,000	69	1/4/2084	320	160,000
20	1/4/2035	160	80,000	70	1/4/2085	330	165,000
21	1/4/2036	160	80,000	71	1/4/2086	330	165,000
22	1/4/2037	170	85,000	72	1/4/2087	330	165,000
23	1/4/2038	170	85,000	73	1/4/2088	340	170,000
24	1/4/2039	170	85,000	74	1/4/2089	340	170,000
25	1/4/2040	180	90,000	75	1/4/2090	340	170,000
26	1/4/2041	180	90,000	76	1/4/2091	350	175,000
27	1/4/2042	180	90,000	77	1/4/2092	350	175,000
28	1/4/2043	190	95,000	78	1/4/2093	350	175,000
29	1/4/2044	190	95,000	79	1/4/2094	360	180,000
30	1/4/2045	190	95,000	80	1/4/2095	360	180,000
31	1/4/2046	200	100,000	81	1/4/2096	360	180,000
32	1/4/2047	200	100,000	82	1/4/2097	370	185,000
33	1/4/2048	200	100,000	83	1/4/2098	370	185,000
34	1/4/2049	210	105,000	84	1/4/2099	370	185,000
35	1/4/2050	210	105,000	85	1/4/2100	380	190,000
36	1/4/2051	210	105,000	86	1/4/2101	380	190,000
37	1/4/2052	220	110,000	87	1/4/2102	380	190,000
38	1/4/2053	220	110,000	88	1/4/2103	390	195,000
39	1/4/2054	220	110,000	89	1/4/2104	390	195,000
40	1/4/2055	230	115,000	90	1/4/2105	390	195,000
41	1/4/2056	230	115,000	91	1/4/2106	400	200,000
42	1/4/2057	230	115,000	92	1/4/2107	400	200,000
43	1/4/2058	240	120,000	93	1/4/2108	400	200,000
44	1/4/2059	240	120,000	94	1/4/2109	410	205,000
45	1/4/2060	240	120,000	95	1/4/2110	410	205,000
46	1/4/2061	250	125,000	96	1/4/2111	410	205,000
47	1/4/2062	250	125,000	97	1/4/2112	420	210,000
48	1/4/2063	250	125,000	98	1/4/2113	420	210,000
49	1/4/2064	260	130,000	99	1/4/2114	420	210,000
50	1/4/2065	260	130,000	100	1/4/2115	430	215,000



## GENERAL PROVISIONS

### 1. PERSONS ELIGIBLE

Persons eligible to be covered under this Policy are:-

- a. Policyholder age up to 70 on the first inception date of insurance, or
- b. Policyholder's legal spouse age up to 70 on the first inception date of insurance, unless legally separated from the Policyholder, or
- c. Policyholder's child who has attained the age of 30 days and is an unmarried person, is financially dependent upon the Insured and is under the age of 19, or up to the age of 23 for those registered as full time students at a recognised educational institution, or
- d. Policyholder's parent age up to 70 on the first inception date of insurance.

### 2. PERIOD OF INSURANCE AND RENEWAL

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

This Policy will be renewable at the option of policyholder subject to the terms, conditions and termination at each of the anniversary of the Policy date. During renewal, the terms and conditions of coverage shall not be amended.

The renewal premiums payable is not guaranteed and the Company shall revise the premium rate every three years and the respective revised premium shall be applicable at the time of renewal. Such changes, if any shall be applicable to all policyholders irrespective of their claim experience according to the Company's risk assessment.

This policy is renewable at the option of policyholder until the occurrence of any of the following:

- a. non-payment of premium or premium payment not made on time
- b. fraud or misrepresentation of material facts during application
- c. the policy is cancelled at the request of the policyholder
- d. on the death of the Insured Person
- e. the Insured Person ceases to qualify as a dependant based on the definition of the policy

The Company will give thirty (30) days written notice prior to Policy renewal in the event of premium revision.

### 3. GEOGRAPHICAL TERRITORY

All benefits provided in this policy are applicable worldwide for twenty-four (24) hours a day.

### 4. SUCCEEDING POLICYHOLDER

- a. In the event of death of the Policyholder while this Policy is in force, the Policyholder's legal spouse shall automatically become the Policyholder and all references in this Policy to the Policyholder shall thereafter mean such spouse.
- b. When an Insured Person ceases to be a dependent child, the Insured Person may continue to renew the policy in the Insured Person's own name as a policyholder and all references in this Policy to the Policyholder shall thereafter mean such Insured Person.

### 5. VALIDITY PERIOD

This product shall only be valid for 100 years from the launch date. The launch date is 1 April 2016 and the product will no longer be valid after 31 March 2116.

### 6. PREMIUM PRICING

The pricing of the premium and all subsequent revisions shall be done on a portfolio basis. New applications will be subjected to individual underwriting and premium loadings applicable at the first inception date will be applicable to the standard premium rates as well as all subsequent revisions.

## DEFINITIONS

1. **ACCIDENT** shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.
2. **ANY ONE DISABILITY** shall mean all of the periods of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.
3. **AS CHARGED** refers to actual charges incurred for reasonable, necessary and customary medical care provided in the treatment of an insured disability.
4. **CHILD** shall mean any person who has attained the age of 30 days and is an unmarried person, is financially dependent upon the Insured and is under the age of 19, or up to the age of 23 for those registered as full-time students at a recognised educational institution.
5. **CONGENITAL CONDITIONS** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured Person was continuously covered under this Policy.
6. **DOCTOR or PHYSICIAN or SURGEON** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured himself.
7. **DAY SURGERY** - A patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the hospital/ specialist clinic (but not for overnight stay).



8. **DENTIST** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a physician or surgeon who is the Insured himself.
9. **DEPENDANT** shall mean any of the following persons:
- a legally married spouse
  - unmarried children over 30 days old but under nineteen (19) years of age or twenty-three (23) years of age if still on full-time higher education, and who are not gainfully employed.
10. **DISABILITY** shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.
11. **ELIGIBLE EXPENSES** shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the schedule.
12. **HOSPITAL** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-
- has facilities for diagnosis and major surgery,
  - provides 24-hour a day nursing services by registered and graduate nurses,
  - is under the supervision of a Physician, and
  - is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
13. **HOSPITALISATION** shall mean admission to a Hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a physician. A patient shall not be considered an in-patient if the patient does not physically stay in the hospital for the whole period of confinement.
14. **INTENSIVE CARE UNIT** shall mean a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.
15. **INJURY** shall mean bodily injury caused solely by Accident.
16. **INSURED** shall mean the Policyholder described in the Policy Schedule.
17. **INSURED PERSON** shall mean the person described in the Policy Schedule including his/her Dependant (if applicable).
18. **MALAYSIAN GOVERNMENT HOSPITAL** shall mean a hospital where charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.
19. **MEDICALLY NECESSARY** shall mean a medical service which is:-
- consistent with the diagnosis and customary medical treatment for a covered Disability, and
  - in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
  - not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
  - not of an experimental, investigational or research nature, preventive or screening nature,
  - for which the charges are fair and reasonable and customary for the Disability.
20. **OUT-PATIENT** shall mean the Insured Person is receiving medical care or treatment without being hospitalised and includes treatment in a Daycare Centre.
21. **OVERALL ANNUAL LIMIT**  
Benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits, irrespective of the type(s) of disability. In the event the Overall Annual Limit has been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.
22. **PARENT** refers to the Policyholder's mother or father whose age does not exceed 70 years next birthday at the time of purchasing the insurance policy.
23. **POLICYHOLDER** shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Insured Persons in this Policy. The Policyholder shall also be referred to as the Insured.
24. **POLICY YEAR** shall mean the one-year period including the effective date of commencement of Insurance and immediately following that date, or the one-year period following the Renewal or Renewed Policy.
25. **PRE-EXISTING ILLNESS** shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
- the Insured Person had received or is receiving treatment;
  - medical advice, diagnosis, care or treatment has been recommended;
  - clear and distinct symptoms are or were evident; or
  - Its existence would have been apparent to a reasonable person in the circumstances.
26. **PRESCRIBED MEDICINES** shall mean medicines that are dispensed by a Physician, a Registered Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.
27. **REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is medically necessary and shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.



- 28. RENEWAL OR RENEWED POLICY** shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.
- 29. SICKNESS, DISEASE OR ILLNESS** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 30. SPECIALIST** shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry but excluding a physician or surgeon who is the Insured himself.
- 31. SURGERY** shall mean any of the following medical procedures:
- to incise, excise or electro-cauterize any organ or body part, except for dental services.
  - to repair, revise, or reconstruct any organ or body part.
  - to reduce by manipulation a fracture or dislocation.
  - use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
- 32. WAITING PERIOD** shall mean the first thirty (30) days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

## DESCRIPTION OF BENEFITS

- HOSPITAL ROOM AND BOARD**  
Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of benefit shall be equal to the actual charges made by the Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient.
- INTENSIVE CARE UNIT**  
Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate. No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.
- HOSPITAL SUPPLIES AND SERVICES**  
Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.
- PRE-SURGICAL CONSULTATION AND DIAGNOSIS**  
Specialists' fees for consultation, pathology and radiography following referral from a general practitioner, for each illness or injury requiring confinement in a hospital. Benefit is not payable for outpatient treatment (including medications and any subsequent consultations after the illness is diagnosed), nor if the Insured Person is not subsequently surgically treated after such diagnostic services have been performed.
- PRE-HOSPITAL SPECIALIST CONSULTATION**  
Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist in connection with a Disability within the maximum number of days as set forth in the Schedule of Benefits preceding confinement in a Hospital and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner. Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured Person does not result in hospital confinement for the treatment of the medical condition diagnosed.
- PRE-HOSPITAL DIAGNOSTIC TESTS**  
Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability preceding hospitalisation within the maximum number of days and amount as set forth in the Schedule of Benefits in a Hospital and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured Person does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.
- SECOND SURGICAL OPINION**  
Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary consultation or opinion with the second specialist to determine whether a surgical operation is necessary or required in view of the Insured Person's medical condition up to maximum amount and number of days as set forth in the Schedule of Benefits. Payment is limited to 1 consultation prior to surgery. Payment will not be made if the Insured Person does not undergo surgery for the medical condition diagnosed.
- IN-HOSPITAL PHYSICIAN VISIT**  
Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting a paying inpatient while confined for a non-surgical disability subject to a maximum of 2 visits per day not exceeding the maximum number of days as set forth in the Schedule of Benefits.



#### 9. POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within the maximum number of days and amount as set forth in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

#### 10. SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Insured Person and post-surgery care up to the maximum of 60 days from the date of surgery, but within the maximum indicated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

#### 11. ANAESTHETIST FEE

Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia not exceeding the limits as set forth in the Schedule of Benefits.

#### 12. OPERATING THEATRE

Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

#### 13. AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Insured Person is not hospitalised and subject to the limits set forth in the Schedule of Benefits.

#### 14. NURSING AT HOME

Actual charges incurred for the services of a government licensed nurse in the Insured Person's abode when prescribed by a physician for medical as distinct from domestic reasons. The medical reason must be the medical condition for which hospital treatment was sought. Cover will be limited to the time period as stated in the applicable Schedule of Benefits starting from the date of hospital discharge.

#### 15. ORGAN TRANSPLANT

Reimburses Reasonable and Customary Charges incurred on transplantation surgery for the Insured Person being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. Payment for this Benefit is applicable only once per lifetime whilst the policy is in force and shall be subject to the limit as set forth in the Schedule of Benefits. The costs of acquisition of the organs and all costs incurred by the donors are not covered.

#### 16. OUT-PATIENT CANCER TREATMENT

If an Insured Person is diagnosed with Cancer as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of cancer performed at a legally registered cancer treatment centre subject to the limit of this disability as specified in the Schedule of Benefits.

Such treatment (radiotherapy or chemotherapy excluding consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered cancer treatment centre immediately following discharge from Hospital confinement or surgery.

Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy. The following conditions are excluded:

- a. Carcinoma in situ including of the cervix;
- b. Ductal Carcinoma in situ of the breast;
- c. Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer;
- d. All skin cancers except malignant melanoma;
- e. Stage 1 Hodgkin's disease;
- f. Tumours manifesting as complications of AIDS.





It is a specific condition of this Benefit that notwithstanding the exclusion of pre-existing conditions, this Benefit will not be payable for any Insured Person who has been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the effective date of Insurance.

**17. OUT-PATIENT KIDNEY DIALYSIS TREATMENT**

If an Insured Person is diagnosed with Kidney Failure as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis centre subject to the limit of this disability as specified in the Schedule of Benefits.

Such treatment (dialysis excluding consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered dialysis treatment centre immediately following discharge from Hospital confinement or surgery.

**Kidney Failure** means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

It is a specific condition of this Benefit that notwithstanding the exclusion of pre-existing conditions, this Benefit will not be payable for any Insured Person who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the effective date of Insurance.

**18. MEDICAL REPORT FEE**

It is hereby declared and agreed that notwithstanding anything contained herein to the contrary, the policy is extended to reimburse Medical Report Fee not exceeding the amount stated in the Schedule of Benefits in respect of each disability.

**19. SALES AND SERVICES TAX (where applicable)**

Reimburses the actual amount of sales and services tax payable in respect of treatment received for illnesses or conditions covered under the policy.





## 20. HOSPITAL ADMISSION ASSISTANCE

If an Insured Person requires inpatient treatment or surgery in a hospital listed in the Company's Approved Panel of Hospitals, the Company's Appointed Service Provider shall provide assistance in the hospital admission and settlement of the payment to the hospital. The Policyholder shall pay the hospital for all uninsured expenses. The Company's Appointed Service Provider shall only be responsible for arranging the settlement of amounts exceeding the uninsured expenses. In the event of overpayment by the Appointed Service Provider, the Company's Appointed Service Provider reserves the right to recover the excess payment from the Policyholder.

## EXCLUSIONS

This contract does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, for any one (1) of the following occurrences:

1. Pre-existing illness.
2. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
3. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
4. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
5. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
7. Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
8. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, which are not incidental to the treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
9. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
10. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
12. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
13. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment.
14. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
15. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
16. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
17. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
19. Expenses incurred for sex change.

## CONDITIONS

### 1. MISSTATEMENT OF AGE

If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest. If at the correct age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable.

**2. TERMINATION OF INSURED PERSON AND COMPANY LIABILITY**

An Insured Person shall cease to be an Insured Person :-

- a. for children, on the anniversary following attainment of the 19th birthday or 23rd birthday for those registered as full-time students at a recognised educational institution.
- b. on the date of termination of the Policy of any person's coverage.

In any case the Company's liability shall cease with the date of termination of the policy or any person's coverage.

**3. FULL REIMBURSEMENT IN A GOVERNMENT HOSPITAL**

Charges for eligible medical expenses are covered in full for treatment in a Malaysian Government Hospital for each Illness or Injury, provided the Insured Person does not transfer from or to a private hospital for treatment and the room and board charge is not greater than that provided under the chosen Plan applicable to the Insured Person.

**4. AMENDMENTS**

No amendment to this policy shall be valid unless mutually agreed upon by the Company and the Policyholder, and such amendment is endorsed thereon.

**5. CHANGE IN RISK**

The Insured Person shall give immediate notice in writing to the Company of any material change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

**6. COOLING-OFF PERIOD**

If this Policy shall have been issued and for any reason whatsoever the Insured shall decide not to take up the Policy, the Insured may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of delivery of the Policy. The Insured is entitled to the refund of the full premium paid less deduction of medical expenses (medical examinations or medical report fees) incurred by the Company in the issuance of the Policy.

**7. CANCELLATION OF POLICY**

This Policy may be cancelled by the Policyholder at any time by giving written notice to the Company; and provided that no claims have been made during the current policy year, the Policyholder shall be entitled to a refund of the premium as follow:-

Period Not exceeding 15 days	90%	Refund of Annual Premium <b>(applicable to renewal only)</b>
Period Not exceeding 1 month	80%	Refund of Annual Premium
Period Not exceeding 2 months	70%	Refund of Annual Premium
Period Not exceeding 3 months	60%	Refund of Annual Premium
Period Not exceeding 4 months	50%	Refund of Annual Premium
Period Not exceeding 5 months	40%	Refund of Annual Premium
Period Not exceeding 6 months	30%	Refund of Annual Premium
Period Not exceeding 7 months	25%	Refund of Annual Premium
Period Not exceeding 8 months	20%	Refund of Annual Premium
Period Not exceeding 9 months	15%	Refund of Annual Premium
Period Not exceeding 10 months	10%	Refund of Annual Premium
Period Not exceeding 11 months	5%	Refund of Annual Premium
Period exceeding 11 months		No refund of Premium

**8. CASH BEFORE COVER**

It is fundamental and an absolute special condition of this contract of insurance that the premium due must be paid and received by the Company before insurance cover is effective.

**9. GRACE PERIOD**

Notwithstanding the Cash Before Cover Condition, a Grace Period of fourteen (14) days following the expiry date shall be allowed to the Policyholder for the payment of any premiums after the first policy year. If any premium is not paid in respect of this Policy or any supplementary contracts before the end of the Grace Period, this Policy and the relevant supplementary contracts shall be deemed as terminated at the expiry date of the policy. Even if payment is made during the grace period any disability occurring during the period from the expiry date to the payment date shall not be payable.

**10. CLAIM PROCEDURES**

- a. The Insured shall within 30 days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- b. The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

**11. INCOMPLETE CLAIMS**

All claims must be submitted to the Company within 30 days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

**12. MISSTATEMENT OR OMISSION OF MATERIAL FACT**

If:

- (a) any answer, disclosure or representation by You, before this contract of insurance is entered into, varied or renewed, in or to any proposal or declaration or query, has been deliberately or recklessly stated in any respect; or
- (b) before this contract of insurance is entered into, varied or renewed, You have failed to disclose any fact You knew to be relevant to Our decision on whether to accept this risk or not and the rates and the terms to be applied; or
- (c) any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim.

then in any of the above cases, this Policy shall be void.

**13. CURRENCY OF PAYMENT**

All payments under this Policy shall be made in the legal currency of Malaysia. Should any payment be requested by the Insured to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

**14. CERTIFICATION, INFORMATION AND EVIDENCE**

All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Insured, and in such a form that the Company may require. In any event all notices which the Company shall require the Policyholder to give must be in writing and addressed to the Company. An Insured shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

**15. OVERSEAS TREATMENT**

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

- a. an Insured Person travelling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medical Emergency.
- b. an Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

**16. RESIDENCE OVERSEAS**

No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

**17. LOCAL TREATMENT CLAUSE**

Notwithstanding anything contained herein to the contrary, if the Insured Person is not a Malaysian, the coverage and benefits provided by this Policy shall be limited to treatment in Malaysia only.

**18. UPGRADED ROOM AND BOARD CO-PAYMENT**

If the Insured Person is hospitalised at a published Room and Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

**19. SUBROGATION**

If the Company shall become liable for any payment under this Policy, the Company shall be subrogated to the extent of such payment to all the rights and remedies of the Insured Person against any party and shall be entitled at its own expense to sue in the name of the Insured Person. The Insured Person shall give or cause to be given to the Company all such assistance in his/her power as the Company shall require securing the rights and remedies and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively to bring suit in the name of the Insured Person.

**20. CONTRIBUTION**

If an Insured Person carries other insurance covering any illness or injury insured by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

**21. OWNERSHIP OF POLICY**

Unless otherwise expressly provided for by Endorsement in the Policy, the Company shall be entitled to treat the Policyholder as the absolute owner of the Policy. The Company shall not be bound to recognise any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the Policyholder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Policyholder shall be deemed to be responsible Principal or Agent of the Insured Persons covered under this Policy.

**22. WAITING PERIOD**

Eligibility for benefits starts 30 days after the Insured Person has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

**23. TAKE-OVER POLICIES (applicable only if specified in the Policy Schedule)**

If this policy shall have commenced immediately upon termination of a preceding policy and if an Insured Person shall have been afflicted with a medical disability prior or at the time this policy started (and benefits under the preceding policy would have been available to him), such Insured Person shall continue to be covered for the existing disability, but not to exceed the limits of the previous policy on condition the Company has secured a copy of the preceding policy.

**24. GOVERNING LAW**

This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

**25. CONDITION PRECEDENT TO LIABILITY**

The due observance and the fulfilment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to any liability of the Company.

**26. NOTICE**

Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this Policy or any endorsement thereon will be held valid unless the same is signed or initialled by an authorised representative of the Company.

**27. LEGAL PROCEEDINGS**

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

**28. ARBITRATION**

All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However, this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from the date of such disclaimer.

## DUTY OF DISCLOSURE

Consumer Insurance Contracts

Where you have applied for this Insurance wholly for yourself/family/dependants, you had a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you applied for this insurance) i.e. you should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. You were also required to disclose any other matter that you knew to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

Non-Consumer Insurance Contracts

Where you have applied for this Insurance for the purpose of providing insurance benefits to your employees and their family/dependants, you had a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

## IMPORTANT NOTICE

This Policy with its conditions should be carefully examined and in the event of any correction being found necessary, should be communicated to the Company at once.

Notice of every accident whether a claim is anticipated or not under this Policy should be given immediately to the nearest office of the Company.