



MEDISECURE PLUS 2015 POLICY **(Hospitalisation and Surgical Insurance)**

FOR CONSUMER INSURANCE CONTRACTS (INSURANCE WHOLLY FOR PURPOSES UNRELATED TO THE INSURED'S 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 THE INSURED'S 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.

THIS POLICY is a major medical insurance policy and will only pay after the Insured Person has exhausted all other avenues of compensation from other insurances and is subject to provisions, conditions and limitations as contained herein or as may be endorsed hereon.

**SCHEDULE OF BENEFITS**

Section Description of Benefits (on launch date)	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
A HOSPITALISATION AND SURGICAL EXPENSES						
1. Before the patient is admitted to hospital or surgically treated in a hospital	As Charged, subject to reasonable, customary and necessary expenses which is incurred within 31 days prior to hospital admission or surgery					
a. Pre-Surgical Consultation & Diagnosis						
b. Pre-Hospital Specialist Consultation						
c. Pre-Hospital Diagnostic Tests						
2. When the patient is being treated as a bed-paying patient in a hospital or is surgically treated	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
a. Intensive Care Unit						
b. Hospital Supplies & Services						
c. Surgical Fees (including Anaesthetist & Operating Theatre Fees)						
d. In-Hospital Physician Visit not exceeding two visits a day						
3. After the patient is discharged from hospital for a non-surgical treatment	As Charged, subject to reasonable, customary and necessary expenses which is incurred up to 60 days from the date of discharge from the hospital					
a. Post Hospitalisation Treatment						
4. If the patient needs to be moved by road ambulance to an appropriate location for treatment or diagnosis	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
a. Ambulance Fees						
5. Other Benefits	As Charged, subject to reasonable, customary and necessary expenses which is incurred during the policy period					
a. Organ Transplant						
b. Goods and Services Tax (where applicable)						
c. Medical Report Fee						
d. Nursing at home						
B SPECIFIC OUTPATIENT TREATMENTS						
1. Outpatient Cancer Treatment, per disability	RM240,000	RM180,000	RM120,000	RM60,000	RM30,000	RM25,000
2. Outpatient Kidney Dialysis, per disability	RM240,000	RM180,000	RM120,000	RM60,000	RM30,000	RM25,000
LIMITS OF COVERAGE (Section A & B)						
a. Room & Board, per day limit incurred during the policy period	RM2,000	RM1,500	RM1,000	RM500	RM400	RM300
b. Deductible Per Disability	RM40,000	RM30,000	RM20,000	RM10,000	RM7,500	RM5,000
c. Per Disability Limit	RM1,000,000	RM750,000	RM500,000	RM200,000	RM100,000	RM75,000
d. Overall Annual Limit	RM2,000,000	RM1,500,000	RM1,000,000	RM400,000	RM200,000	RM150,000

Important Note:

The Room and Board Limit, Deductible Per Disability, Per Disability Limit and Overall Annual Limit will increase every three years as stipulated in the Schedule of Limits, subject to the following:-

- The respective new deductible and limits will only apply to new policies issued or policies renewed on or after the effective date of the respective increase in limits.
- The deductible and limits applicable for the respective claims shall be the deductible and limits applicable to the policy during the first intimation of the respective claim and the increased deductible and limits will not be applicable to claims already reported.



Class Of Policy:

SCHEDULE OF LIMITS**Schedule of Limits – Plan 1 (Ringgit Malaysia)**

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	2,000	40,000	1,000,000	2,000,000	51	1/7/2065	5,200	104,000	2,600,000	5,200,000
2	1/7/2016	2,000	40,000	1,000,000	2,000,000	52	1/7/2066	5,400	108,000	2,700,000	5,400,000
3	1/7/2017	2,000	40,000	1,000,000	2,000,000	53	1/7/2067	5,400	108,000	2,700,000	5,400,000
4	1/7/2018	2,200	44,000	1,100,000	2,200,000	54	1/7/2068	5,400	108,000	2,700,000	5,400,000
5	1/7/2019	2,200	44,000	1,100,000	2,200,000	55	1/7/2069	5,600	112,000	2,800,000	5,600,000
6	1/7/2020	2,200	44,000	1,100,000	2,200,000	56	1/7/2070	5,600	112,000	2,800,000	5,600,000
7	1/7/2021	2,400	48,000	1,200,000	2,400,000	57	1/7/2071	5,600	112,000	2,800,000	5,600,000
8	1/7/2022	2,400	48,000	1,200,000	2,400,000	58	1/7/2072	5,800	116,000	2,900,000	5,800,000
9	1/7/2023	2,400	48,000	1,200,000	2,400,000	59	1/7/2073	5,800	116,000	2,900,000	5,800,000
10	1/7/2024	2,600	52,000	1,300,000	2,600,000	60	1/7/2074	5,800	116,000	2,900,000	5,800,000
11	1/7/2025	2,600	52,000	1,300,000	2,600,000	61	1/7/2075	6,000	120,000	3,000,000	6,000,000
12	1/7/2026	2,600	52,000	1,300,000	2,600,000	62	1/7/2076	6,000	120,000	3,000,000	6,000,000
13	1/7/2027	2,800	56,000	1,400,000	2,800,000	63	1/7/2077	6,000	120,000	3,000,000	6,000,000
14	1/7/2028	2,800	56,000	1,400,000	2,800,000	64	1/7/2078	6,200	124,000	3,100,000	6,200,000
15	1/7/2029	2,800	56,000	1,400,000	2,800,000	65	1/7/2079	6,200	124,000	3,100,000	6,200,000
16	1/7/2030	3,000	60,000	1,500,000	3,000,000	66	1/7/2080	6,200	124,000	3,100,000	6,200,000
17	1/7/2031	3,000	60,000	1,500,000	3,000,000	67	1/7/2081	6,400	128,000	3,200,000	6,400,000
18	1/7/2032	3,000	60,000	1,500,000	3,000,000	68	1/7/2082	6,400	128,000	3,200,000	6,400,000
19	1/7/2033	3,200	64,000	1,600,000	3,200,000	69	1/7/2083	6,400	128,000	3,200,000	6,400,000
20	1/7/2034	3,200	64,000	1,600,000	3,200,000	70	1/7/2084	6,600	132,000	3,300,000	6,600,000
21	1/7/2035	3,200	64,000	1,600,000	3,200,000	71	1/7/2085	6,600	132,000	3,300,000	6,600,000
22	1/7/2036	3,400	68,000	1,700,000	3,400,000	72	1/7/2086	6,600	132,000	3,300,000	6,600,000
23	1/7/2037	3,400	68,000	1,700,000	3,400,000	73	1/7/2087	6,800	136,000	3,400,000	6,800,000
24	1/7/2038	3,400	68,000	1,700,000	3,400,000	74	1/7/2088	6,800	136,000	3,400,000	6,800,000
25	1/7/2039	3,600	72,000	1,800,000	3,600,000	75	1/7/2089	6,800	136,000	3,400,000	6,800,000
26	1/7/2040	3,600	72,000	1,800,000	3,600,000	76	1/7/2090	7,000	140,000	3,500,000	7,000,000
27	1/7/2041	3,600	72,000	1,800,000	3,600,000	77	1/7/2091	7,000	140,000	3,500,000	7,000,000
28	1/7/2042	3,800	76,000	1,900,000	3,800,000	78	1/7/2092	7,000	140,000	3,500,000	7,000,000
29	1/7/2043	3,800	76,000	1,900,000	3,800,000	79	1/7/2093	7,200	144,000	3,600,000	7,200,000
30	1/7/2044	3,800	76,000	1,900,000	3,800,000	80	1/7/2094	7,200	144,000	3,600,000	7,200,000
31	1/7/2045	4,000	80,000	2,000,000	4,000,000	81	1/7/2095	7,200	144,000	3,600,000	7,200,000
32	1/7/2046	4,000	80,000	2,000,000	4,000,000	82	1/7/2096	7,400	148,000	3,700,000	7,400,000
33	1/7/2047	4,000	80,000	2,000,000	4,000,000	83	1/7/2097	7,400	148,000	3,700,000	7,400,000
34	1/7/2048	4,200	84,000	2,100,000	4,200,000	84	1/7/2098	7,400	148,000	3,700,000	7,400,000
35	1/7/2049	4,200	84,000	2,100,000	4,200,000	85	1/7/2099	7,600	152,000	3,800,000	7,600,000
36	1/7/2050	4,200	84,000	2,100,000	4,200,000	86	1/7/2100	7,600	152,000	3,800,000	7,600,000
37	1/7/2051	4,400	88,000	2,200,000	4,400,000	87	1/7/2101	7,600	152,000	3,800,000	7,600,000
38	1/7/2052	4,400	88,000	2,200,000	4,400,000	88	1/7/2102	7,800	156,000	3,900,000	7,800,000
39	1/7/2053	4,400	88,000	2,200,000	4,400,000	89	1/7/2103	7,800	156,000	3,900,000	7,800,000
40	1/7/2054	4,600	92,000	2,300,000	4,600,000	90	1/7/2104	7,800	156,000	3,900,000	7,800,000
41	1/7/2055	4,600	92,000	2,300,000	4,600,000	91	1/7/2105	8,000	160,000	4,000,000	8,000,000
42	1/7/2056	4,600	92,000	2,300,000	4,600,000	92	1/7/2106	8,000	160,000	4,000,000	8,000,000
43	1/7/2057	4,800	96,000	2,400,000	4,800,000	93	1/7/2107	8,000	160,000	4,000,000	8,000,000
44	1/7/2058	4,800	96,000	2,400,000	4,800,000	94	1/7/2108	8,200	164,000	4,100,000	8,200,000
45	1/7/2059	4,800	96,000	2,400,000	4,800,000	95	1/7/2109	8,200	164,000	4,100,000	8,200,000
46	1/7/2060	5,000	100,000	2,500,000	5,000,000	96	1/7/2110	8,200	164,000	4,100,000	8,200,000
47	1/7/2061	5,000	100,000	2,500,000	5,000,000	97	1/7/2111	8,400	168,000	4,200,000	8,400,000
48	1/7/2062	5,000	100,000	2,500,000	5,000,000	98	1/7/2112	8,400	168,000	4,200,000	8,400,000
49	1/7/2063	5,200	104,000	2,600,000	5,200,000	99	1/7/2113	8,400	168,000	4,200,000	8,400,000
50	1/7/2064	5,200	104,000	2,600,000	5,200,000	100	1/7/2114	8,600	172,000	4,300,000	8,600,000



Class Of Policy:

Schedule of Limits – Plan 2 (Ringgit Malaysia)

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	1,500	30,000	750,000	1,500,000	51	1/7/2065	3,900	78,000	1,950,000	3,900,000
2	1/7/2016	1,500	30,000	750,000	1,500,000	52	1/7/2066	4,050	81,000	2,025,000	4,050,000
3	1/7/2017	1,500	30,000	750,000	1,500,000	53	1/7/2067	4,050	81,000	2,025,000	4,050,000
4	1/7/2018	1,650	33,000	825,000	1,650,000	54	1/7/2068	4,050	81,000	2,025,000	4,050,000
5	1/7/2019	1,650	33,000	825,000	1,650,000	55	1/7/2069	4,200	84,000	2,100,000	4,200,000
6	1/7/2020	1,650	33,000	825,000	1,650,000	56	1/7/2070	4,200	84,000	2,100,000	4,200,000
7	1/7/2021	1,800	36,000	900,000	1,800,000	57	1/7/2071	4,200	84,000	2,100,000	4,200,000
8	1/7/2022	1,800	36,000	900,000	1,800,000	58	1/7/2072	4,350	87,000	2,175,000	4,350,000
9	1/7/2023	1,800	36,000	900,000	1,800,000	59	1/7/2073	4,350	87,000	2,175,000	4,350,000
10	1/7/2024	1,950	39,000	975,000	1,950,000	60	1/7/2074	4,350	87,000	2,175,000	4,350,000
11	1/7/2025	1,950	39,000	975,000	1,950,000	61	1/7/2075	4,500	90,000	2,250,000	4,500,000
12	1/7/2026	1,950	39,000	975,000	1,950,000	62	1/7/2076	4,500	90,000	2,250,000	4,500,000
13	1/7/2027	2,100	42,000	1,050,000	2,100,000	63	1/7/2077	4,500	90,000	2,250,000	4,500,000
14	1/7/2028	2,100	42,000	1,050,000	2,100,000	64	1/7/2078	4,650	93,000	2,325,000	4,650,000
15	1/7/2029	2,100	42,000	1,050,000	2,100,000	65	1/7/2079	4,650	93,000	2,325,000	4,650,000
16	1/7/2030	2,250	45,000	1,125,000	2,250,000	66	1/7/2080	4,650	93,000	2,325,000	4,650,000
17	1/7/2031	2,250	45,000	1,125,000	2,250,000	67	1/7/2081	4,800	96,000	2,400,000	4,800,000
18	1/7/2032	2,250	45,000	1,125,000	2,250,000	68	1/7/2082	4,800	96,000	2,400,000	4,800,000
19	1/7/2033	2,400	48,000	1,200,000	2,400,000	69	1/7/2083	4,800	96,000	2,400,000	4,800,000
20	1/7/2034	2,400	48,000	1,200,000	2,400,000	70	1/7/2084	4,950	99,000	2,475,000	4,950,000
21	1/7/2035	2,400	48,000	1,200,000	2,400,000	71	1/7/2085	4,950	99,000	2,475,000	4,950,000
22	1/7/2036	2,550	51,000	1,275,000	2,550,000	72	1/7/2086	4,950	99,000	2,475,000	4,950,000
23	1/7/2037	2,550	51,000	1,275,000	2,550,000	73	1/7/2087	5,100	102,000	2,550,000	5,100,000
24	1/7/2038	2,550	51,000	1,275,000	2,550,000	74	1/7/2088	5,100	102,000	2,550,000	5,100,000
25	1/7/2039	2,700	54,000	1,350,000	2,700,000	75	1/7/2089	5,100	102,000	2,550,000	5,100,000
26	1/7/2040	2,700	54,000	1,350,000	2,700,000	76	1/7/2090	5,250	105,000	2,625,000	5,250,000
27	1/7/2041	2,700	54,000	1,350,000	2,700,000	77	1/7/2091	5,250	105,000	2,625,000	5,250,000
28	1/7/2042	2,850	57,000	1,425,000	2,850,000	78	1/7/2092	5,250	105,000	2,625,000	5,250,000
29	1/7/2043	2,850	57,000	1,425,000	2,850,000	79	1/7/2093	5,400	108,000	2,700,000	5,400,000
30	1/7/2044	2,850	57,000	1,425,000	2,850,000	80	1/7/2094	5,400	108,000	2,700,000	5,400,000
31	1/7/2045	3,000	60,000	1,500,000	3,000,000	81	1/7/2095	5,400	108,000	2,700,000	5,400,000
32	1/7/2046	3,000	60,000	1,500,000	3,000,000	82	1/7/2096	5,550	111,000	2,775,000	5,550,000
33	1/7/2047	3,000	60,000	1,500,000	3,000,000	83	1/7/2097	5,550	111,000	2,775,000	5,550,000
34	1/7/2048	3,150	63,000	1,575,000	3,150,000	84	1/7/2098	5,550	111,000	2,775,000	5,550,000
35	1/7/2049	3,150	63,000	1,575,000	3,150,000	85	1/7/2099	5,700	114,000	2,850,000	5,700,000
36	1/7/2050	3,150	63,000	1,575,000	3,150,000	86	1/7/2100	5,700	114,000	2,850,000	5,700,000
37	1/7/2051	3,300	66,000	1,650,000	3,300,000	87	1/7/2101	5,700	114,000	2,850,000	5,700,000
38	1/7/2052	3,300	66,000	1,650,000	3,300,000	88	1/7/2102	5,850	117,000	2,925,000	5,850,000
39	1/7/2053	3,300	66,000	1,650,000	3,300,000	89	1/7/2103	5,850	117,000	2,925,000	5,850,000
40	1/7/2054	3,450	69,000	1,725,000	3,450,000	90	1/7/2104	5,850	117,000	2,925,000	5,850,000
41	1/7/2055	3,450	69,000	1,725,000	3,450,000	91	1/7/2105	6,000	120,000	3,000,000	6,000,000
42	1/7/2056	3,450	69,000	1,725,000	3,450,000	92	1/7/2106	6,000	120,000	3,000,000	6,000,000
43	1/7/2057	3,600	72,000	1,800,000	3,600,000	93	1/7/2107	6,000	120,000	3,000,000	6,000,000
44	1/7/2058	3,600	72,000	1,800,000	3,600,000	94	1/7/2108	6,150	123,000	3,075,000	6,150,000
45	1/7/2059	3,600	72,000	1,800,000	3,600,000	95	1/7/2109	6,150	123,000	3,075,000	6,150,000
46	1/7/2060	3,750	75,000	1,875,000	3,750,000	96	1/7/2110	6,150	123,000	3,075,000	6,150,000
47	1/7/2061	3,750	75,000	1,875,000	3,750,000	97	1/7/2111	6,300	126,000	3,150,000	6,300,000
48	1/7/2062	3,750	75,000	1,875,000	3,750,000	98	1/7/2112	6,300	126,000	3,150,000	6,300,000
49	1/7/2063	3,900	78,000	1,950,000	3,900,000	99	1/7/2113	6,300	126,000	3,150,000	6,300,000
50	1/7/2064	3,900	78,000	1,950,000	3,900,000	100	1/7/2114	6,450	129,000	3,225,000	6,450,000



Class Of Policy:

Schedule of Limits – Plan 3 (Ringgit Malaysia)

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	1,000	20,000	500,000	1,000,000	51	1/7/2065	2,600	52,000	1,300,000	2,600,000
2	1/7/2016	1,000	20,000	500,000	1,000,000	52	1/7/2066	2,700	54,000	1,350,000	2,700,000
3	1/7/2017	1,000	20,000	500,000	1,000,000	53	1/7/2067	2,700	54,000	1,350,000	2,700,000
4	1/7/2018	1,100	22,000	550,000	1,100,000	54	1/7/2068	2,700	54,000	1,350,000	2,700,000
5	1/7/2019	1,100	22,000	550,000	1,100,000	55	1/7/2069	2,800	56,000	1,400,000	2,800,000
6	1/7/2020	1,100	22,000	550,000	1,100,000	56	1/7/2070	2,800	56,000	1,400,000	2,800,000
7	1/7/2021	1,200	24,000	600,000	1,200,000	57	1/7/2071	2,800	56,000	1,400,000	2,800,000
8	1/7/2022	1,200	24,000	600,000	1,200,000	58	1/7/2072	2,900	58,000	1,450,000	2,900,000
9	1/7/2023	1,200	24,000	600,000	1,200,000	59	1/7/2073	2,900	58,000	1,450,000	2,900,000
10	1/7/2024	1,300	26,000	650,000	1,300,000	60	1/7/2074	2,900	58,000	1,450,000	2,900,000
11	1/7/2025	1,300	26,000	650,000	1,300,000	61	1/7/2075	3,000	60,000	1,500,000	3,000,000
12	1/7/2026	1,300	26,000	650,000	1,300,000	62	1/7/2076	3,000	60,000	1,500,000	3,000,000
13	1/7/2027	1,400	28,000	700,000	1,400,000	63	1/7/2077	3,000	60,000	1,500,000	3,000,000
14	1/7/2028	1,400	28,000	700,000	1,400,000	64	1/7/2078	3,100	62,000	1,550,000	3,100,000
15	1/7/2029	1,400	28,000	700,000	1,400,000	65	1/7/2079	3,100	62,000	1,550,000	3,100,000
16	1/7/2030	1,500	30,000	750,000	1,500,000	66	1/7/2080	3,100	62,000	1,550,000	3,100,000
17	1/7/2031	1,500	30,000	750,000	1,500,000	67	1/7/2081	3,200	64,000	1,600,000	3,200,000
18	1/7/2032	1,500	30,000	750,000	1,500,000	68	1/7/2082	3,200	64,000	1,600,000	3,200,000
19	1/7/2033	1,600	32,000	800,000	1,600,000	69	1/7/2083	3,200	64,000	1,600,000	3,200,000
20	1/7/2034	1,600	32,000	800,000	1,600,000	70	1/7/2084	3,300	66,000	1,650,000	3,300,000
21	1/7/2035	1,600	32,000	800,000	1,600,000	71	1/7/2085	3,300	66,000	1,650,000	3,300,000
22	1/7/2036	1,700	34,000	850,000	1,700,000	72	1/7/2086	3,300	66,000	1,650,000	3,300,000
23	1/7/2037	1,700	34,000	850,000	1,700,000	73	1/7/2087	3,400	68,000	1,700,000	3,400,000
24	1/7/2038	1,700	34,000	850,000	1,700,000	74	1/7/2088	3,400	68,000	1,700,000	3,400,000
25	1/7/2039	1,800	36,000	900,000	1,800,000	75	1/7/2089	3,400	68,000	1,700,000	3,400,000
26	1/7/2040	1,800	36,000	900,000	1,800,000	76	1/7/2090	3,500	70,000	1,750,000	3,500,000
27	1/7/2041	1,800	36,000	900,000	1,800,000	77	1/7/2091	3,500	70,000	1,750,000	3,500,000
28	1/7/2042	1,900	38,000	950,000	1,900,000	78	1/7/2092	3,500	70,000	1,750,000	3,500,000
29	1/7/2043	1,900	38,000	950,000	1,900,000	79	1/7/2093	3,600	72,000	1,800,000	3,600,000
30	1/7/2044	1,900	38,000	950,000	1,900,000	80	1/7/2094	3,600	72,000	1,800,000	3,600,000
31	1/7/2045	2,000	40,000	1,000,000	2,000,000	81	1/7/2095	3,600	72,000	1,800,000	3,600,000
32	1/7/2046	2,000	40,000	1,000,000	2,000,000	82	1/7/2096	3,700	74,000	1,850,000	3,700,000
33	1/7/2047	2,000	40,000	1,000,000	2,000,000	83	1/7/2097	3,700	74,000	1,850,000	3,700,000
34	1/7/2048	2,100	42,000	1,050,000	2,100,000	84	1/7/2098	3,700	74,000	1,850,000	3,700,000
35	1/7/2049	2,100	42,000	1,050,000	2,100,000	85	1/7/2099	3,800	76,000	1,900,000	3,800,000
36	1/7/2050	2,100	42,000	1,050,000	2,100,000	86	1/7/2100	3,800	76,000	1,900,000	3,800,000
37	1/7/2051	2,200	44,000	1,100,000	2,200,000	87	1/7/2101	3,800	76,000	1,900,000	3,800,000
38	1/7/2052	2,200	44,000	1,100,000	2,200,000	88	1/7/2102	3,900	78,000	1,950,000	3,900,000
39	1/7/2053	2,200	44,000	1,100,000	2,200,000	89	1/7/2103	3,900	78,000	1,950,000	3,900,000
40	1/7/2054	2,300	46,000	1,150,000	2,300,000	90	1/7/2104	3,900	78,000	1,950,000	3,900,000
41	1/7/2055	2,300	46,000	1,150,000	2,300,000	91	1/7/2105	4,000	80,000	2,000,000	4,000,000
42	1/7/2056	2,300	46,000	1,150,000	2,300,000	92	1/7/2106	4,000	80,000	2,000,000	4,000,000
43	1/7/2057	2,400	48,000	1,200,000	2,400,000	93	1/7/2107	4,000	80,000	2,000,000	4,000,000
44	1/7/2058	2,400	48,000	1,200,000	2,400,000	94	1/7/2108	4,100	82,000	2,050,000	4,100,000
45	1/7/2059	2,400	48,000	1,200,000	2,400,000	95	1/7/2109	4,100	82,000	2,050,000	4,100,000
46	1/7/2060	2,500	50,000	1,250,000	2,500,000	96	1/7/2110	4,100	82,000	2,050,000	4,100,000
47	1/7/2061	2,500	50,000	1,250,000	2,500,000	97	1/7/2111	4,200	84,000	2,100,000	4,200,000
48	1/7/2062	2,500	50,000	1,250,000	2,500,000	98	1/7/2112	4,200	84,000	2,100,000	4,200,000
49	1/7/2063	2,600	52,000	1,300,000	2,600,000	99	1/7/2113	4,200	84,000	2,100,000	4,200,000
50	1/7/2064	2,600	52,000	1,300,000	2,600,000	100	1/7/2114	4,300	86,000	2,150,000	4,300,000



Class Of Policy:

Schedule of Limits – Plan 4 (Ringgit Malaysia)

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	500	10,000	200,000	400,000	51	1/7/2065	1,300	26,000	520,000	1,040,000
2	1/7/2016	500	10,000	200,000	400,000	52	1/7/2066	1,350	27,000	540,000	1,080,000
3	1/7/2017	500	10,000	200,000	400,000	53	1/7/2067	1,350	27,000	540,000	1,080,000
4	1/7/2018	550	11,000	220,000	440,000	54	1/7/2068	1,350	27,000	540,000	1,080,000
5	1/7/2019	550	11,000	220,000	440,000	55	1/7/2069	1,400	28,000	560,000	1,120,000
6	1/7/2020	550	11,000	220,000	440,000	56	1/7/2070	1,400	28,000	560,000	1,120,000
7	1/7/2021	600	12,000	240,000	480,000	57	1/7/2071	1,400	28,000	560,000	1,120,000
8	1/7/2022	600	12,000	240,000	480,000	58	1/7/2072	1,450	29,000	580,000	1,160,000
9	1/7/2023	600	12,000	240,000	480,000	59	1/7/2073	1,450	29,000	580,000	1,160,000
10	1/7/2024	650	13,000	260,000	520,000	60	1/7/2074	1,450	29,000	580,000	1,160,000
11	1/7/2025	650	13,000	260,000	520,000	61	1/7/2075	1,500	30,000	600,000	1,200,000
12	1/7/2026	650	13,000	260,000	520,000	62	1/7/2076	1,500	30,000	600,000	1,200,000
13	1/7/2027	700	14,000	280,000	560,000	63	1/7/2077	1,500	30,000	600,000	1,200,000
14	1/7/2028	700	14,000	280,000	560,000	64	1/7/2078	1,550	31,000	620,000	1,240,000
15	1/7/2029	700	14,000	280,000	560,000	65	1/7/2079	1,550	31,000	620,000	1,240,000
16	1/7/2030	750	15,000	300,000	600,000	66	1/7/2080	1,550	31,000	620,000	1,240,000
17	1/7/2031	750	15,000	300,000	600,000	67	1/7/2081	1,600	32,000	640,000	1,280,000
18	1/7/2032	750	15,000	300,000	600,000	68	1/7/2082	1,600	32,000	640,000	1,280,000
19	1/7/2033	800	16,000	320,000	640,000	69	1/7/2083	1,600	32,000	640,000	1,280,000
20	1/7/2034	800	16,000	320,000	640,000	70	1/7/2084	1,650	33,000	660,000	1,320,000
21	1/7/2035	800	16,000	320,000	640,000	71	1/7/2085	1,650	33,000	660,000	1,320,000
22	1/7/2036	850	17,000	340,000	680,000	72	1/7/2086	1,650	33,000	660,000	1,320,000
23	1/7/2037	850	17,000	340,000	680,000	73	1/7/2087	1,700	34,000	680,000	1,360,000
24	1/7/2038	850	17,000	340,000	680,000	74	1/7/2088	1,700	34,000	680,000	1,360,000
25	1/7/2039	900	18,000	360,000	720,000	75	1/7/2089	1,700	34,000	680,000	1,360,000
26	1/7/2040	900	18,000	360,000	720,000	76	1/7/2090	1,750	35,000	700,000	1,400,000
27	1/7/2041	900	18,000	360,000	720,000	77	1/7/2091	1,750	35,000	700,000	1,400,000
28	1/7/2042	950	19,000	380,000	760,000	78	1/7/2092	1,750	35,000	700,000	1,400,000
29	1/7/2043	950	19,000	380,000	760,000	79	1/7/2093	1,800	36,000	720,000	1,440,000
30	1/7/2044	950	19,000	380,000	760,000	80	1/7/2094	1,800	36,000	720,000	1,440,000
31	1/7/2045	1,000	20,000	400,000	800,000	81	1/7/2095	1,800	36,000	720,000	1,440,000
32	1/7/2046	1,000	20,000	400,000	800,000	82	1/7/2096	1,850	37,000	740,000	1,480,000
33	1/7/2047	1,000	20,000	400,000	800,000	83	1/7/2097	1,850	37,000	740,000	1,480,000
34	1/7/2048	1,050	21,000	420,000	840,000	84	1/7/2098	1,850	37,000	740,000	1,480,000
35	1/7/2049	1,050	21,000	420,000	840,000	85	1/7/2099	1,900	38,000	760,000	1,520,000
36	1/7/2050	1,050	21,000	420,000	840,000	86	1/7/2100	1,900	38,000	760,000	1,520,000
37	1/7/2051	1,100	22,000	440,000	880,000	87	1/7/2101	1,900	38,000	760,000	1,520,000
38	1/7/2052	1,100	22,000	440,000	880,000	88	1/7/2102	1,950	39,000	780,000	1,560,000
39	1/7/2053	1,100	22,000	440,000	880,000	89	1/7/2103	1,950	39,000	780,000	1,560,000
40	1/7/2054	1,150	23,000	460,000	920,000	90	1/7/2104	1,950	39,000	780,000	1,560,000
41	1/7/2055	1,150	23,000	460,000	920,000	91	1/7/2105	2,000	40,000	800,000	1,600,000
42	1/7/2056	1,150	23,000	460,000	920,000	92	1/7/2106	2,000	40,000	800,000	1,600,000
43	1/7/2057	1,200	24,000	480,000	960,000	93	1/7/2107	2,000	40,000	800,000	1,600,000
44	1/7/2058	1,200	24,000	480,000	960,000	94	1/7/2108	2,050	41,000	820,000	1,640,000
45	1/7/2059	1,200	24,000	480,000	960,000	95	1/7/2109	2,050	41,000	820,000	1,640,000
46	1/7/2060	1,250	25,000	500,000	1,000,000	96	1/7/2110	2,050	41,000	820,000	1,640,000
47	1/7/2061	1,250	25,000	500,000	1,000,000	97	1/7/2111	2,100	42,000	840,000	1,680,000
48	1/7/2062	1,250	25,000	500,000	1,000,000	98	1/7/2112	2,100	42,000	840,000	1,680,000
49	1/7/2063	1,300	26,000	520,000	1,040,000	99	1/7/2113	2,100	42,000	840,000	1,680,000
50	1/7/2064	1,300	26,000	520,000	1,040,000	100	1/7/2114	2,150	43,000	860,000	1,720,000



Class Of Policy:

Schedule of Limits – Plan 5 (Ringgit Malaysia)

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	400	7,500	100,000	200,000	51	1/7/2065	1,040	19,500	260,000	520,000
2	1/7/2016	400	7,500	100,000	200,000	52	1/7/2066	1,080	20,250	270,000	540,000
3	1/7/2017	400	7,500	100,000	200,000	53	1/7/2067	1,080	20,250	270,000	540,000
4	1/7/2018	440	8,250	110,000	220,000	54	1/7/2068	1,080	20,250	270,000	540,000
5	1/7/2019	440	8,250	110,000	220,000	55	1/7/2069	1,120	21,000	280,000	560,000
6	1/7/2020	440	8,250	110,000	220,000	56	1/7/2070	1,120	21,000	280,000	560,000
7	1/7/2021	480	9,000	120,000	240,000	57	1/7/2071	1,120	21,000	280,000	560,000
8	1/7/2022	480	9,000	120,000	240,000	58	1/7/2072	1,160	21,750	290,000	580,000
9	1/7/2023	480	9,000	120,000	240,000	59	1/7/2073	1,160	21,750	290,000	580,000
10	1/7/2024	520	9,750	130,000	260,000	60	1/7/2074	1,160	21,750	290,000	580,000
11	1/7/2025	520	9,750	130,000	260,000	61	1/7/2075	1,200	22,500	300,000	600,000
12	1/7/2026	520	9,750	130,000	260,000	62	1/7/2076	1,200	22,500	300,000	600,000
13	1/7/2027	560	10,500	140,000	280,000	63	1/7/2077	1,200	22,500	300,000	600,000
14	1/7/2028	560	10,500	140,000	280,000	64	1/7/2078	1,240	23,250	310,000	620,000
15	1/7/2029	560	10,500	140,000	280,000	65	1/7/2079	1,240	23,250	310,000	620,000
16	1/7/2030	600	11,250	150,000	300,000	66	1/7/2080	1,240	23,250	310,000	620,000
17	1/7/2031	600	11,250	150,000	300,000	67	1/7/2081	1,280	24,000	320,000	640,000
18	1/7/2032	600	11,250	150,000	300,000	68	1/7/2082	1,280	24,000	320,000	640,000
19	1/7/2033	640	12,000	160,000	320,000	69	1/7/2083	1,280	24,000	320,000	640,000
20	1/7/2034	640	12,000	160,000	320,000	70	1/7/2084	1,320	24,750	330,000	660,000
21	1/7/2035	640	12,000	160,000	320,000	71	1/7/2085	1,320	24,750	330,000	660,000
22	1/7/2036	680	12,750	170,000	340,000	72	1/7/2086	1,320	24,750	330,000	660,000
23	1/7/2037	680	12,750	170,000	340,000	73	1/7/2087	1,360	25,500	340,000	680,000
24	1/7/2038	680	12,750	170,000	340,000	74	1/7/2088	1,360	25,500	340,000	680,000
25	1/7/2039	720	13,500	180,000	360,000	75	1/7/2089	1,360	25,500	340,000	680,000
26	1/7/2040	720	13,500	180,000	360,000	76	1/7/2090	1,400	26,250	350,000	700,000
27	1/7/2041	720	13,500	180,000	360,000	77	1/7/2091	1,400	26,250	350,000	700,000
28	1/7/2042	760	14,250	190,000	380,000	78	1/7/2092	1,400	26,250	350,000	700,000
29	1/7/2043	760	14,250	190,000	380,000	79	1/7/2093	1,440	27,000	360,000	720,000
30	1/7/2044	760	14,250	190,000	380,000	80	1/7/2094	1,440	27,000	360,000	720,000
31	1/7/2045	800	15,000	200,000	400,000	81	1/7/2095	1,440	27,000	360,000	720,000
32	1/7/2046	800	15,000	200,000	400,000	82	1/7/2096	1,480	27,750	370,000	740,000
33	1/7/2047	800	15,000	200,000	400,000	83	1/7/2097	1,480	27,750	370,000	740,000
34	1/7/2048	840	15,750	210,000	420,000	84	1/7/2098	1,480	27,750	370,000	740,000
35	1/7/2049	840	15,750	210,000	420,000	85	1/7/2099	1,520	28,500	380,000	760,000
36	1/7/2050	840	15,750	210,000	420,000	86	1/7/2100	1,520	28,500	380,000	760,000
37	1/7/2051	880	16,500	220,000	440,000	87	1/7/2101	1,520	28,500	380,000	760,000
38	1/7/2052	880	16,500	220,000	440,000	88	1/7/2102	1,560	29,250	390,000	780,000
39	1/7/2053	880	16,500	220,000	440,000	89	1/7/2103	1,560	29,250	390,000	780,000
40	1/7/2054	920	17,250	230,000	460,000	90	1/7/2104	1,560	29,250	390,000	780,000
41	1/7/2055	920	17,250	230,000	460,000	91	1/7/2105	1,600	30,000	400,000	800,000
42	1/7/2056	920	17,250	230,000	460,000	92	1/7/2106	1,600	30,000	400,000	800,000
43	1/7/2057	960	18,000	240,000	480,000	93	1/7/2107	1,600	30,000	400,000	800,000
44	1/7/2058	960	18,000	240,000	480,000	94	1/7/2108	1,640	30,750	410,000	820,000
45	1/7/2059	960	18,000	240,000	480,000	95	1/7/2109	1,640	30,750	410,000	820,000
46	1/7/2060	1,000	18,750	250,000	500,000	96	1/7/2110	1,640	30,750	410,000	820,000
47	1/7/2061	1,000	18,750	250,000	500,000	97	1/7/2111	1,680	31,500	420,000	840,000
48	1/7/2062	1,000	18,750	250,000	500,000	98	1/7/2112	1,680	31,500	420,000	840,000
49	1/7/2063	1,040	19,500	260,000	520,000	99	1/7/2113	1,680	31,500	420,000	840,000
50	1/7/2064	1,040	19,500	260,000	520,000	100	1/7/2114	1,720	32,250	430,000	860,000



Class Of Policy:

Schedule of Limits – Plan 6 (Ringgit Malaysia)

Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit	Year	Effective Revision Date	Room & Board	Deductible Per Disability	Per Disability Limit	Overall Annual Limit
1	1/7/2015	300	5,000	75,000	150,000	51	1/7/2065	780	13,000	195,000	390,000
2	1/7/2016	300	5,000	75,000	150,000	52	1/7/2066	810	13,500	202,500	405,000
3	1/7/2017	300	5,000	75,000	150,000	53	1/7/2067	810	13,500	202,500	405,000
4	1/7/2018	330	5,500	82,500	165,000	54	1/7/2068	810	13,500	202,500	405,000
5	1/7/2019	330	5,500	82,500	165,000	55	1/7/2069	840	14,000	210,000	420,000
6	1/7/2020	330	5,500	82,500	165,000	56	1/7/2070	840	14,000	210,000	420,000
7	1/7/2021	360	6,000	90,000	180,000	57	1/7/2071	840	14,000	210,000	420,000
8	1/7/2022	360	6,000	90,000	180,000	58	1/7/2072	870	14,500	217,500	435,000
9	1/7/2023	360	6,000	90,000	180,000	59	1/7/2073	870	14,500	217,500	435,000
10	1/7/2024	390	6,500	97,500	195,000	60	1/7/2074	870	14,500	217,500	435,000
11	1/7/2025	390	6,500	97,500	195,000	61	1/7/2075	900	15,000	225,000	450,000
12	1/7/2026	390	6,500	97,500	195,000	62	1/7/2076	900	15,000	225,000	450,000
13	1/7/2027	420	7,000	105,000	210,000	63	1/7/2077	900	15,000	225,000	450,000
14	1/7/2028	420	7,000	105,000	210,000	64	1/7/2078	930	15,500	232,500	465,000
15	1/7/2029	420	7,000	105,000	210,000	65	1/7/2079	930	15,500	232,500	465,000
16	1/7/2030	450	7,500	112,500	225,000	66	1/7/2080	930	15,500	232,500	465,000
17	1/7/2031	450	7,500	112,500	225,000	67	1/7/2081	960	16,000	240,000	480,000
18	1/7/2032	450	7,500	112,500	225,000	68	1/7/2082	960	16,000	240,000	480,000
19	1/7/2033	480	8,000	120,000	240,000	69	1/7/2083	960	16,000	240,000	480,000
20	1/7/2034	480	8,000	120,000	240,000	70	1/7/2084	990	16,500	247,500	495,000
21	1/7/2035	480	8,000	120,000	240,000	71	1/7/2085	990	16,500	247,500	495,000
22	1/7/2036	510	8,500	127,500	255,000	72	1/7/2086	990	16,500	247,500	495,000
23	1/7/2037	510	8,500	127,500	255,000	73	1/7/2087	1,020	17,000	255,000	510,000
24	1/7/2038	510	8,500	127,500	255,000	74	1/7/2088	1,020	17,000	255,000	510,000
25	1/7/2039	540	9,000	135,000	270,000	75	1/7/2089	1,020	17,000	255,000	510,000
26	1/7/2040	540	9,000	135,000	270,000	76	1/7/2090	1,050	17,500	262,500	525,000
27	1/7/2041	540	9,000	135,000	270,000	77	1/7/2091	1,050	17,500	262,500	525,000
28	1/7/2042	570	9,500	142,500	285,000	78	1/7/2092	1,050	17,500	262,500	525,000
29	1/7/2043	570	9,500	142,500	285,000	79	1/7/2093	1,080	18,000	270,000	540,000
30	1/7/2044	570	9,500	142,500	285,000	80	1/7/2094	1,080	18,000	270,000	540,000
31	1/7/2045	600	10,000	150,000	300,000	81	1/7/2095	1,080	18,000	270,000	540,000
32	1/7/2046	600	10,000	150,000	300,000	82	1/7/2096	1,110	18,500	277,500	555,000
33	1/7/2047	600	10,000	150,000	300,000	83	1/7/2097	1,110	18,500	277,500	555,000
34	1/7/2048	630	10,500	157,500	315,000	84	1/7/2098	1,110	18,500	277,500	555,000
35	1/7/2049	630	10,500	157,500	315,000	85	1/7/2099	1,140	19,000	285,000	570,000
36	1/7/2050	630	10,500	157,500	315,000	86	1/7/2100	1,140	19,000	285,000	570,000
37	1/7/2051	660	11,000	165,000	330,000	87	1/7/2101	1,140	19,000	285,000	570,000
38	1/7/2052	660	11,000	165,000	330,000	88	1/7/2102	1,170	19,500	292,500	585,000
39	1/7/2053	660	11,000	165,000	330,000	89	1/7/2103	1,170	19,500	292,500	585,000
40	1/7/2054	690	11,500	172,500	345,000	90	1/7/2104	1,170	19,500	292,500	585,000
41	1/7/2055	690	11,500	172,500	345,000	91	1/7/2105	1,200	20,000	300,000	600,000
42	1/7/2056	690	11,500	172,500	345,000	92	1/7/2106	1,200	20,000	300,000	600,000
43	1/7/2057	720	12,000	180,000	360,000	93	1/7/2107	1,200	20,000	300,000	600,000
44	1/7/2058	720	12,000	180,000	360,000	94	1/7/2108	1,230	20,500	307,500	615,000
45	1/7/2059	720	12,000	180,000	360,000	95	1/7/2109	1,230	20,500	307,500	615,000
46	1/7/2060	750	12,500	187,500	375,000	96	1/7/2110	1,230	20,500	307,500	615,000
47	1/7/2061	750	12,500	187,500	375,000	97	1/7/2111	1,260	21,000	315,000	630,000
48	1/7/2062	750	12,500	187,500	375,000	98	1/7/2112	1,260	21,000	315,000	630,000
49	1/7/2063	780	13,000	195,000	390,000	99	1/7/2113	1,260	21,000	315,000	630,000
50	1/7/2064	780	13,000	195,000	390,000	100	1/7/2114	1,290	21,500	322,500	645,000



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 not made on time
- b. fraud or misrepresentation of material fact 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 01 July 2015 and the product will no longer be valid after 30 June 2115.

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 remain 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-plan basis at the hospital / specialist clinic (but not for overnight stay).



- 8. DEDUCTIBLE PER DISABILITY** refers to the amount of expenses that the Policyholder will bear for each disability. Only the amount exceeding this deductible (and all other avenues of compensation from other insurance policies) will be payable by this policy.
- 9. 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.
- 10. 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 is still on full-time higher education, and who are not gainfully employed.
- 11. DISABILITY** shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.
- 12. ELIGIBLE EXPENSES** shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the schedule.
- 13. 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.
- 14. 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 as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement.
- 15. 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.
- 16. INJURY** shall mean bodily injury caused solely by Accident.
- 17. INSURED** shall mean the Policyholder described in the Policy Schedule.
- 18. INSURED PERSON** shall mean the person described in the Policy Schedule.
- 19. MALAYSIAN GOVERNMENT HOSPITAL** shall mean a hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.
- 20. 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.
- 21. OUT-PATIENT** shall mean the Insured Person is receiving medical care or treatment without being hospitalised and includes treatment in a Daycare Centre.
- 22. 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 a type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.
- 23. 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.
- 24. PER DISABILITY LIMIT**
Benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Per Disability Limit as stated in the Schedule of Benefits. A disability shall be deemed to be the same disability unless the Insured Person completely recovers and remain 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.
- 25. 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.
- 26. 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.



- 27. PRE-EXISTING ILLNESS** shall mean disabilities that the policyholder 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.
- 28. 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.
- 29. REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is medically necessary 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.
- 30. 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.
- 31. SICKNESS, DISEASE OR ILLNESS** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
- 32. 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.
- 33. 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.

DESCRIPTION OF BENEFITS

- HOSPITAL ROOM AND BOARD**
Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the 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 & 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 & 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 Benefit 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 Benefit 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.

**7. IN-HOSPITAL PHYSICIAN VISIT**

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting a in-paying patient 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 Benefit.

8. 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 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.

9. 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.

10. 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 Benefit.

11. OPERATING THEATRE

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

12. 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.

13. 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.

14. 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.

15. 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 Benefit.

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 & 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 had been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the effective date of Insurance.

16. 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 Benefit.

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.

**17. 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.

18. GOODS AND SERVICES TAX (where applicable)

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

19. 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. Where the insured plan is subject to a Deductible, the Policyholder shall pay to the hospital the Deductible amount and all uninsured expenses. The Company's Appointed Service Provider shall only be responsible for arranging the settlement of amounts exceeding the Deductible and other 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, by 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, child birth (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, not incidental to 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 on :-

- 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. the date of termination of the Policy or 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 return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.

7. CANCELLATION OF POLICY

This Policy may be cancelled by the Policyholder at any time by giving a 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 (applicable to renewal only)
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 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 the Policyholder, 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, the Policyholder failed to disclose any fact he/she 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. UPGRADED ROOM AND BOARD CO-PAYMENT

If the Insured Person is hospitalized at a published Room & 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 .

18. 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 to secure 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.

19. 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.

20. 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.

21. 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.

22. 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.

23. UPGRADED POLICIES (applicable only if specified in the Policy Schedule)

If the Eligible Benefits to any Insured Person under the terms of this Policy be increased while it is in force or at the time of Renewal or replacement and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were increased, the Limits of Benefits payable in respect of such Disability shall not exceed the Limit of Benefits prior to the date the Benefits were upgraded.

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 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.