

ZURICH SMART HEALTH POLICY CONTRACT

FORM NO:

This is a medical plan that provides comprehensive coverage on hospitalisation, surgical and, out-patient treatments expenses due to accidental injuries or illnesses up to the Maturity/Expiry Date.

While this Policy is in-force, upon receipt of due proof and subject to the provisions of this Policy Contract, We shall provide the following medical benefits.

SECTION A

SCHEDULE OF BENEFITS

PLANS		Plan B
		Limit (RM)
Annual Limit		1,000,000
Lifetime Limit		No lifetime limit
Deductible* (amount per Policy Year)		As stated in the Policy Information Page or Endorsement (if any)
In-Patient Benefit		
1	Daily Hospital Room & Board (limit per day, unlimited number of days)	250
2	Daily Cash Allowance at Government Hospital (limit per day, unlimited number of days)	250
3	Intensive Care Unit or High Dependency Unit (maximum 120 days per Policy Year)	
4	Hospital Supplies & Services	
5	Surgical Fees	
6	Anaesthetist Fee	
7	Operating Theatre	
8	Ambulance Fee	
9	Pre-Hospitalisation (within 90 days prior to Hospitalisation) • Diagnostic Tests • Specialist/General Practitioner Consultation • Medication and Treatment	As Charged
10	In-Hospital Specialist Visit • Surgical – unlimited number of visits • Non-surgical – max 2 visits per day	
11	Post-Hospitalisation Treatment (within 180 days after discharge) • Diagnostic Tests • Specialist Consultation • Medication and Treatment	
12	Organ Transplant (any organ, unlimited number of transplant)	
Out-Patient Benefit		
13	Out-Patient Kidney Dialysis Treatment	As Charged
14	Out-Patient Cancer Treatment	As Charged
15	Accidental Out-Patient Treatment (within 72 hours from accident and follow-up treatment up to a maximum of 31 days)	As Charged
16	Day-Care Surgery	
17	Out-Patient Physiotherapy Treatment (limit per Policy Year, within 180 days after discharge/ surgery)	5,000
Other Benefit		
18	Intraocular Lens – Monofocal / Multifocal (limit per life on each eye)	3,000
19	Medical Report Fees	As Charged
Special Benefit		
Step Up Advantage		Life Assured is allowed to upgrade this plan to a new medical plan without medical underwriting subject to terms and conditions.
Compassionate Benefit**		10,000
Emergency Assistance Program (EAP)**		In accordance with the benefit provisions in EAP agreement

* Deductible is applicable to all Eligible Medical Expenses except (i) Emergency Treatment, (ii) Out-Patient Kidney Dialysis and Cancer Treatment or (iii) Treatment sought at a Government Healthcare Facility.

**Compassionate Benefit and Emergency Assistance Programme are not included in the Annual Limit.

DESCRIPTION OF BENEFITS

IN-PATIENT BENEFIT

DAILY HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount of the benefit shall be the charges made by the Hospital during the Life Assured's Hospital Confinement, but in no event shall the benefit exceed, for any one day, the rate of Daily Hospital Room and Board Benefit as stated in the Schedule of Benefits.

DAILY CASH ALLOWANCE AT GOVERNMENT HOSPITAL

Pays a daily allowance for each day of Hospital Confinement for a covered Disability in a Government Hospital, provided that the Life Assured shall be confined in a room of Room and Board rate that does not exceed the amount as shown in the Schedule of Benefits. This benefit is not applicable to Full Paying Patient (FPP) Services.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Intensive Care Unit or High Dependency Unit room accommodation and meals. This amount of benefit shall be the charges made by the Hospital subject to the maximum number of days, as stated in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit or High Dependency Unit exceeds the maximum number of days as stated in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Daily Hospital Room and Board Benefits will be payable for the same confinement period where the Intensive Care Unit or High Dependency Unit benefit is payable.

HOSPITAL SUPPLIES & SERVICES

Reimbursement of the Reasonable and Customary Charges 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 during the Life Assured's Hospital Confinement.

SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary Surgery by the Specialists, including Specialist's pre-surgical assessment visits to the Life Assured and post-surgical care up to the number of days as indicated in the Schedule of Benefits. If more than one Surgery is performed, the total payments for all the Surgeries performed shall not exceed the Annual Limit stated in the Schedule of Benefits, where applicable.

ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges by the anaesthetist for the Medically Necessary administration of anaesthesia.

OPERATING THEATRE FEES

Reimbursement of the Reasonable and Customary operating room charges incidental to the surgical procedure.

AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for necessary road domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Life Assured is not hospitalised.

PRE-HOSPITALISATION DIAGNOSTIC TEST

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary diagnostic tests which include but not limited to ECG, X-ray and laboratory tests recommended by a General Practitioner and/or a Specialist which are performed for diagnostic purposes on account of an Injury or Illness in connection with the Hospitalisation within the maximum number of days as set forth in the Schedule of Benefits preceding Hospitalisation. No payment shall be made if upon such diagnostic services, it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION SPECIALIST/GENERAL PRACTITIONER CONSULTATION

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time consultation by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such General Practitioner and/or Specialist consultation are Medically Necessary, and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION MEDICATION AND TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time treatment and medicines prescribed by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such General Practitioner and/or Specialist medication and treatment are Medically Necessary and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

IN-HOSPITAL SPECIALIST VISIT

Reimbursement of the Reasonable and Customary Charges by a Specialist for Medically Necessary visit during Life Assured's Hospital Confinement for a surgical or non-surgical Disability subject to the maximum number of visits per day as stated in the Schedule of Benefits.

POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary follow-up diagnosis, treatment and consultation by the same attending Specialist, within the maximum number of days as set forth in the Schedule of Benefits immediately following discharge from Hospital. 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.

ORGAN TRANSPLANT

Reimbursement of the Reasonable and Customary Charges incurred on transplantation Surgery for the Life Assured being the recipient of the transplant of any organ. The costs of acquisition of the organs being transplanted and all costs incurred by the donor are not covered.

OUT-PATIENT BENEFIT

OUT-PATIENT KIDNEY DIALYSIS TREATMENT

If a Life Assured is diagnosed with Kidney Failure, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at the Out-patient department of a Hospital or a legally registered dialysis treatment centre.

Kidney Failure means end-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

OUT-PATIENT CANCER TREATMENT

If a Life Assured is diagnosed with Cancer, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer (radiotherapy, chemotherapy, immunotherapy, hormonal therapy and targeted therapy) performed at the Out-patient department of a Hospital or a legally registered Cancer treatment centre.

Cancer is defined as any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. The following are not covered:

- (i) All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (v) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (vi) All cancers in the presence of HIV
- (vii) Any skin cancer other than malignant melanoma

ACCIDENTAL OUT-PATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum number of days as stated in the Schedule of Benefits, as a result of a covered bodily Injury arising from an Accident for Medically Necessary treatment as an Out-Patient at any registered clinic or Hospital within seventy-two (72) hours of the Accident causing the covered bodily Injury. Follow up treatment by the same General Practitioner and/or Specialist or same registered clinic or Hospital for the same covered bodily Injury will be provided up to the maximum number of days as set forth in the Schedule of Benefits.

DAY-CARE SURGERY

Reimbursement of the Reasonable and Customary Charges for Medically Necessary Surgery incurred for a surgical procedure performed (including all professional fees, services & supplies) in an Out-Patient setting at the Hospital / Specialist clinic / Day Surgery centre on a pre-planned basis.

OUT-PATIENT PHYSIOTHERAPY TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Out-Patient Physiotherapy Treatment in Hospital, or a legally registered facility or centre referred in writing by a Specialist to be performed by a licensed physiotherapist after Surgery or in-hospital treatment, within the maximum number of days from the date of Hospital discharge or Surgery, whichever is later and subject to the maximum limit per year as set forth in the Schedule of Benefits.

OTHER BENEFIT

INTRAOCULAR LENS

Reimbursement of Reasonable and Customary Charges incurred for the Medically Necessary Intraocular Lens including both monofocal and multifocal lens for cataract or eye Injury, subject to the maximum limit per life as shown in the Schedule of Benefits.

MEDICAL REPORT FEES

Reimbursement of the fee charged for completion of a medical report by the attending General Practitioner and/or Specialist in respect of the covered Disability.

SPECIAL BENEFIT **STEP UP ADVANTAGE**

At the beginning of 6th Policy Year, this Policy may be upgraded to a medical plan without any evidence of insurability, subject to the following conditions:

- a) If a new basic plan is being taken up, the coverage of the basic plan shall be limited to Death and TPD benefits only. The Basic Sum Assured shall not exceed fifty thousand Ringgit Malaysia (RM 50,000).
- b) Maximum daily Room and Board of the new medical plan shall not exceed 200% of the Room and Board of this Policy, and

- c) The new medical plan must either have a Deductible or Co-insurance amount or quantum being at least equivalent to that of the existing policy, failing which the Step Up Advantage shall be subject to Our approval.

We shall notify Applicant/Owner of the option ninety (90) days prior to the 6th Policy Year. Applicant/Owner must exercise the option by replying to us no later than the specified timeline.

The terms and conditions applicable to existing Policy which include premium loading and exclusion (if any) shall apply to the new medical plan and basic plan, if applicable. The insurance charge and premium of the new medical plan and basic plan, if applicable, will be determined based on our rates at the time of upgrade. This privilege is only available to Life Assured up to 35 years old at the inception of this Policy.

COMPASSIONATE BENEFIT

In the event of death of the Life Assured, We will pay ten thousand Ringgit Malaysia (RM10,000) as Compassionate Benefit in one (1) lump sum. Upon payment of Compassionate Benefit, this Policy shall be terminated.

SAMPLE

DEFINITIONS

FORM NO:

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.

ANNUAL LIMIT shall mean benefits payable in respect of Eligible Medical Expenses provided to Life Assured during the period of insurance, and shall be limited to Annual Limit as stated in the Schedule of Benefits. Compassionate Benefit and Emergency Assistance Programme are not included in the Annual Limit. Once the Annual Limit is reached, all insurance coverage for Life Assured shall immediately cease to be payable for that remaining Policy Year except for Compassionate Benefit and Emergency Assistance Programme.

AS CHARGED refers to charges incurred for reasonable, necessary and customary medical care provided in the treatment of a covered Disability.

BASIC SUM ASSURED shown in the Policy Information Page is the Annual Limit of this Zurich Smart Health.

CONGENITAL CONDITIONS shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. These will include hernias of all types and epilepsy except when caused by a trauma, which occurred after the date that the Life Assured was continuously covered under this Policy Contract.

DAY SURGERY shall mean a pre-planned surgical procedure where the patient needs the use of a recovery facility for less than twelve (12) consecutive hours (but not for overnight stay at the Hospital).

DEDUCTIBLE shall mean the initial Eligible Medical Expenses paid per Policy Year by the Life Assured/ Policyowner before the insurer pays the balance Eligible Medical Expenses. The Deductible amount is up to the selected amount per Policy Year chosen by the Policyowner.

The following are not subject to Deductible:-

- i) Emergency Treatment
- ii) Out-Patient Kidney Dialysis and Cancer Treatment
- iii) Treatment sought at a Government Healthcare Facility

DENTIST shall mean a person who is duly licensed or registered dental practitioner that specialises in the diagnosis, prevention and treatment of diseases or conditions of the oral cavity in the geographical area in which the service is provided but excluding a Dentist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

DISABILITY shall mean Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

ELIGIBLE MEDICAL EXPENSES shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule of Benefits.

EMERGENCY TREATMENT refers to event whereby immediate medical attention within twenty-four (24) hours for preservation of life or limb is required for Disability which are sudden and severe failing which will be life threatening or lead to serious deterioration of health.

GENERAL PRACTITIONER 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 General Practitioner who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

GOVERNMENT HEALTHCARE FACILITY refers to any facility used or intended to be used for the provision of healthcare services established, maintained, operated or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government healthcare facilities. Full Paying Patient (FPP) Services offered through selected Government Hospitals whereby treatment is not subsidised by government shall be included under this definition.

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: -

- a) Has facilities for diagnosis and major Surgery,
- b) Provides twenty-four (24) hour a day nursing services by registered and qualified nurses,
- c) Is under the supervision of a Specialist, and
- d) 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.

HOSPITAL CONFINEMENT shall mean the Life Assured being registered and admitted as an in-patient in a Hospital for more than twelve (12) consecutive hours.

HOSPITALISATION shall mean admission to a hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a General Practitioner or Specialist. 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.

INJURY shall mean bodily injury caused solely by Accident.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT shall mean a section within a Hospital which is designated as an Intensive Care Unit or High Dependency 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.

LIFE ASSURED shall mean the person described in the Policy Information Page of this Policy Contract.

GOVERNMENT HOSPITAL shall mean a Hospital established, maintained, operated or provided by the Malaysian government which charges of services are subject to the Fee Act 1951 - Fees (Medical) Order 1982 and/or its subsequent amendments if any, but excludes privatised or corporatised Malaysian Government Hospital.

MANAGED CARE ORGANISATION (MCO) shall mean a third-party administrator appointed by Zurich Life Insurance Malaysia Berhad to provide service in managing the hospital admission and claims administration as per provisions of this Policy Contract.

MEDICALLY NECESSARY shall mean a medical service which is:

- a) Consistent with the diagnosis and customary medical treatment for a covered Disability, and
- b) In accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- c) Not for the convenience of the Life Assured or the General Practitioner and/or Specialist, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient), and
- d) Not of an experimental, investigational or research nature, preventive or screening nature, and
- e) For which the charges are fair and reasonable and customary for the Disability.

OUT-PATIENT shall mean the Life Assured is receiving medical care or treatment without being hospitalized and includes treatment in a day-care centre.

POLICYOWNER shall mean a person or a corporate body to whom this Policy has been issued in respect of cover for persons specifically identified as Life Assured in the Policy Information Page.

PRE-EXISTING CONDITION shall mean any conditions, illnesses or Disabilities which existed before the Commencement Date or effective date of change or date of reinstatement, whichever is latest, and for which the Life Assured has reasonable knowledge of. A Life Assured is considered to have reasonable knowledge of a pre-existing condition is one for which: -

- a) The Life Assured had received or is receiving treatment.
- b) Medical advice, consultation, diagnosis, care or treatment has been recommended.
- c) Clear and distinct signs or symptoms are or were evident; or
- d) Its existence would have been apparent to a reasonable person in the circumstances.

PRESCRIBED MEDICINES shall mean medicines that are dispensed by a General Practitioner, a Specialist, a registered pharmacist or a Hospital and which have been prescribed by a General Practitioner or Specialist in respect of treatment of a covered Disability.

PRIVATE HOSPITAL shall mean any other Hospital which is not under the definition of Government Hospital. It is governed under Private Healthcare Facilities and Services (Private Hospital and Other Private Healthcare Facilities) Regulations 2006 and/ or its subsequent amendments if any.

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 Life Assured medical condition.

POLICY ANNIVERSARY shall be one (1) year after the effective date of this Policy and annually thereafter.

POLICY YEAR shall mean the one (1) year period from and including the effective date of commencement of coverage or effective date of change (as stated in the Policy Information Page or Endorsement), or the one (1) year period following the renewal of this Policy.

SICKNESS, DISEASE OR ILLNESS shall mean a physical condition marked by a pathological deviation from the normal healthy state.

SPECIALIST shall mean a medical 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 but excluding a Specialist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured. A Specialist shall also include a physician or a surgeon.

SPECIFIED ILLNESSES shall mean the following Disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Commencement Date or effective date of change or date of reinstatement, whichever is latest, of this Policy Contract:

- a) Hypertension, diabetes mellitus and cardiovascular disease.
- b) All tumours, Cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
- c) All ear, nose (including sinuses) and throat conditions.
- d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- e) Endometriosis including disease of the reproduction system.
- f) Vertebro-spinal disorders (including disc) and knee conditions.

POLICY OR POLICY CONTRACT shall mean this Zurich Smart Health Policy Contract.

SURGERY shall mean any of the following medical procedures:

- a) To incise, excise or electrocauterize any organ or body part, except for dental services.
- b) To repair, revise, or reconstruct any organ or body part.
- c) To reduce by manipulation a fracture or dislocation.
- d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

WAITING PERIOD shall mean the period of time between the Commencement Date or effective date of change or date of reinstatement of this Policy, whichever is latest, and the beginning of a Life Assured's symptoms of the Illness, after which the Life Assured is eligible for the Illness benefit described herein.

WE, US and OUR shall mean Zurich Life Insurance Malaysia Berhad.

YOU and YOUR shall mean the owner of this Policy Contract.

Whenever the context is requiring in this Policy, masculine form shall apply to feminine and singular term shall include the plural.

SAMPLE

PREMIUM PROVISIONS

FORM No.:

GRACE PERIOD

A Grace Period of thirty-one (31) days from its due date will be allowed for payment of each premium due after the first payment during which period this Policy will remain in-force. During such thirty-one (31) days, we shall remain liable thereunder if by the last of such days, the premium is actually paid.

If any premium is not paid in respect of this Policy before the end of the Grace period, the Policy shall be deemed as lapsed at the expiry of Grace Period.

PREMIUM

During the period of insurance, the premiums under this Policy are not guaranteed and shall be based on the rates in force at the time of renewal. Premiums are payable at the premium rate according to the Life Assured's age, sex and occupational class on each Policy Year anniversary. We may change the rates at which premiums shall be calculated, at the start of any Policy Year, provided that we notify the Applicant/Owner at least thirty (30) days in advance of the date such premium is due with valid reason.

The total premium of this Policy shall include the fee for the services provided by a Managed Care Organization (MCO).

REINSTATEMENT

In the event the Policy has lapsed, it may be reinstated within one (1) year after the due date of the premium in default subject to:

- a) Submission of evidence of insurability; and
- b) Payment of overdue premiums with interest as required at the time of reinstatement (if any); and
- c) Repayment or reinstatement of any loan indebtedness outstanding at the due date of the premium in default with interest., if any.

Such reinstatement shall only cover any eligible losses thereafter subject to the Waiting Period as defined. No claim will be paid for any losses that occur during the lapsation period.

OWNERSHIP PROVISIONS

FORM NO.:

POLICY OWNER

Only the Policyowner can, exercise all rights, privileges and options provided under this Policy subject to any assignees and trustee's rights. In the event of the Policyowner's death, such rights, privileges, and options shall vest in the legal representative of the Policyowner if any.

OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Policy Contract, We shall be at liberty to treat the Policyowner as the absolute owner of the Policy. We shall not be bound to recognise any equitable or other claim to or interest in the Policy.

CHANGE OF OWNERSHIP

While the Policy is in-force, the Owner may change the ownership of this Policy to the Life Assured by giving a written notice to Us. A change of ownership shall be effective only if endorsed in this Policy Contract. When the ownership is changed, it will be deemed effective as of the date the notice is signed whether the Life Assured is living at the time of such recording and Endorsement.

CONTINGENT OWNER

Contingent owner is named in the Appointment of Contingent Owner form, shall be the parent of the Life Assured whom has attained the age of majority. Proof of relationship between the contingent owner and Life Assured is required at time of change of ownership. Failure to provide proof of relationship or if it is evidenced that the contingent owner is not the parent of the Life Assured as declared by You shall result in Us not effecting the change of ownership to the contingent owner.

THE NOMINEE

The nominee is named in the nomination form unless subsequently changed or revoked as provided for under the Revocation of Nomination clause.

Where the nominee of the Policy is the spouse, child or parent (when there is no spouse or child living at the time of nomination) of the Policyowner, other than a Muslim Policyowner, a trust is created in favour of the nominee for the policy moneys payable upon death of the Policyowner. The Policyowner may by completing the Trustee Nomination Form appoint trustee(s) of for the policy moneys payable under this Policy.

Where a trust for the policy moneys is created, the Policyowner shall not deal with the Policy by revoking a nomination, by varying or surrendering the Policy, or by assigning or pledging the Policy as security, without written consent of the trustee(s).

REVOCAION OF NOMINATION

During the lifetime of the Life Assured and while the Policy is in-force, the Policyowner may revoke the nominee of this Policy, by written notice and completing the appropriate form to Us, except where the nominee is the spouse, child, or parent (when there is no spouse or child living at the time of nomination) of the Policyowner. For such nomination, written consent of the trustee is required for revocation of nomination.

When the nominee is changed, it will be deemed effective as of the date the notice is signed whether Life Assured is living at the time of such recording.

JUVENILE OWNERSHIP PROVISION

Policyowner shall have the right to exercise every option, benefit or privilege conferred by the provisions of the Policy as long as he/she survives the Life Assured. If Policyowner predeceases the Life Assured, such right:

- a) Shall be reverted to the Life Assured provided the Life Assured has attained the age of majority; or
- b) Shall be vested with the contingent owner and where no contingent owner is appointed, the legal representative of the Policyowner, if the Life Assured has not attained the age of majority. Subsequently, when the Life Assured has attained the age of majority such right shall be reverted to the Life Assured.

GENERAL PROVISIONS

FORM NO.:

THE CONTRACT

This Policy is issued in consideration of the payment of premium as specified in the Policy Information Page and pursuant to:

- (a) the answers given by Applicant/Owner or the Life Assured in the application/proposal form or any subsequent questionnaires given by Us on any matters relating to the proposal and any disclosures made by Applicant/Owner or Life Assured between the time of submission of the application/ proposal and the time this contract is entered into; and
- (b) medical reports and any other reports and questionnaires.
(Collectively referred to as 'the material information')

and such material information shall form part of this contract of insurance between Us and Applicant/Owner. However, in the event of any pre-contractual misrepresentation made in relation to such material information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If Applicant/Owner or Life Assured are required by Us, before the Policy is renewed or varied, to answer any questions or if Applicant/Owner or Life Assured are required to confirm or amend any matter previously disclosed by Applicant/Owner to Us in relation to this Policy, it is Applicant/Owner's duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

Applicant/Owner must inform Us of any change to the information given to Us in his/her answers or in respect of any matter previously disclosed to Us in relation to the Policy if such changes had taken place after Applicant/Owner have submitted the application for renewal/variation but before the Policy is renewed or varied.

ALTERATION

No alterations in the terms of this Policy or any Endorsement thereon will be held valid unless the same is signed or initialled by Our authorised representative with three (3) months prior written notice by providing valid reason.

AGE AND SEX

This Policy is issued at the age shown on the Policy Information Page, which is the Life Assured's age at last birthday. If the age or sex was misstated in the application form, the benefits or premium will be adjusted according to the Policy which had been purchased based on the true age or sex.

CERTIFICATION, INFORMATION AND EVIDENCE

All Contracts, information, medical reports and evidence as required by Us shall be furnished at the expense of the Life Assured, and in such a form that We may require. In any event all notices which We shall require the Applicant/Owner to give must be in writing and addressed to Us. The Life Assured shall, at our request and expense, submit to Us a medical examination whenever such is deemed necessary.

CHANGE IN RISK

The Applicant/Owner shall give immediate notice in writing to Us of any material change in the Life Assured's occupation, business, duties or pursuits and any additional premium that may be required by Us shall be collected accordingly. If such change in risk has rendered the Life Assured to be no longer insurable by Us, this Policy will be terminated.

CLAIM PROCEDURES

- a) The Life Assured shall within thirty (30) days of a covered Disability, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full General Practitioner and/or Specialist's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the General Practitioner and/or Specialist's opinion and the summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the timeline stipulated shall not invalidate 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 Life Assured shall immediately procure and act on proper medical advice and we shall not be held liable in the event a treatment or service becomes necessary due to failure of the Life Assured to do so.

CLAIM PERIOD SPANNING ACROSS TWO POLICY YEAR

If the Eligible Medical Expenses flow into the next Policy Year, the benefits to be reimbursed will be apportioned based on the itemized expenses incurred on a daily basis in the relevant Policy Year.

If there is no itemization of the expenses by daily breakdown, such expenses shall be apportioned as a percentage of the days of confinement (including day of admission) for each respective Policy Year.

In no situations will the benefit limit exceed the Policy Year as stipulated in the Schedule of Benefits and evidence of Hospitalisation is required for other than out-patient benefits and day procedure benefits.

CONVERSION OF POLICIES

If the eligible benefits as stipulated under the Schedule of Benefits provided under this Policy Contract shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were converted the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the eligible benefits were converted.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to Us or by Us will be in Malaysian Ringgit and at Our office shown on the Policy Information Page or any payment channel which has been approved by Us. Should any payment be requested by the Applicant/Owner 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.

COOLING-OFF PERIOD

The Applicant/Owner shall have the right to cancel the Policy by giving written notice to Us within fifteen (15) days after the delivery of this Policy. Upon cancellation, the premiums that You have paid less any medical fee incurred will be refunded to You.

CANCELLATION

Applicant/Owner may cancel this policy at any time by giving written notice to Us. Upon cancellation, Applicant/Owner is entitled for a refund of premium as per the schedule below, provided that Life Assured have not made a claim during the current policy year. The amount of premium refund shall be based on the duration the Policy has been in force in a Policy Year:

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

For quarter and semi-annual premium payment mode, refund of premium will be pro-rated accordingly. There is no refund for monthly mode premium payment.

DEDUCTION FROM PROCEEDS

Any indebtedness on this Policy will be deducted by Us from any payment or proceeds under this Policy at the time of settlement.

GEOGRAPHICAL TERRITORY

All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day subject to Overseas Treatment and Residence Overseas clause.

GOVERNING LAW

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

HOSPITAL CONSULTATION, PROCEDURE AND MISCELLANEOUS FEE

Fees or charges as mentioned under the Schedule of Benefits for various descriptions of medical services and/or treatment in this Policy Contract shall refer to the Thirteenth Schedule of the Private Healthcare Facilities and Services (Private Hospital and Other Private Healthcare Facilities) Regulations 2006 and as amended from time to time.

INCONTESTABILITY AND MISREPRESENTATION

If this Policy has been in-force during the lifetime of the Life Assured for more than two (2) years from the Policy Commencement Date or Reinstatement Date, whichever is later, this Policy will not be contestable except for fraud. In the event of fraud, the Policy shall be voided.

If this Policy has been in-force during the lifetime of the Life Assured for two (2) years or less from the Policy Commencement Date or Reinstatement Date, whichever is later, We shall apply the remedies in Schedule 9 of the Financial Services Act 2013 accordingly in respect to the pre-contractual misrepresentation.

INCOMPLETE CLAIMS

All claims must be submitted to Us within thirty (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 original bills and receipts for such claims have been submitted and agreed upon by Us. Only Reasonable and Customary Charges incurred shall be considered for reimbursement.

INFORMATION AND TERMS AND CONDITIONS RELATING TO INTERNATIONAL AUTOMATIC EXCHANGE OF INFORMATION FOR TAX PURPOSES AND CUSTOMER TAX COMPLIANCE

In connection with legal and regulatory requirements regarding the international exchange of information for tax purposes, including the U.S. Foreign Account Tax Compliance Act (FATCA) and laws and regulations related thereto, We are required to apply certain due diligence procedures to identify the tax residency or tax residencies of certain persons related to the policy. In order to comply with this obligation, the Policyowner and any person entitled to access the cash value, change the beneficiary or perform certain other actions with respect to the policy as described by law (together in this Clause, to be referred to as "Policyowner") must at Our request provide Us with an accurate self-certification regarding the jurisdiction or jurisdictions in which the Policyowner is a tax resident and, if applicable, respond to Our request for documentary evidence and a taxpayer identification number or equivalent as is requested under the relevant regulation.

In accordance with applicable law, We will periodically report certain information about Policyowners, including name and address, date of birth, place of birth and financial details relating to the policy to the appropriate tax authority/ies or other authority/ies designated by law.

If the Policyowner moves to another country and/or if the tax residency of any Policy-holder changes or differs from the information provided in a self-certification of tax residency or in documentation provided in connection with the policy, the Policyowner providing that self-certification or documentation must give Us written notice prior to such change but no later than within 30 days or such lesser number of days as required by law of such change.

Please note that should you move to another country you may no longer be eligible to make payments into your policy or to make any investment decision relating to your policy. The local laws and regulations of the jurisdiction to which you move may affect our ability to continue to service your policy in accordance with its terms and conditions. therefore, we reserve all rights to take any steps that we deem appropriate, including the right to cancel or terminate the policy with immediate effect or with a notice period of the minimum number of days permitted by law.

If this policy is transferred/assigned to a new Policyowner or a new Policyowner is added to the policy the original Policyowner must give Us prior written notice of such change to the Policy. each new or additional Policyowner must promptly or with the minimum number of days permitted by law respond to Our request for an accurate self-certification regarding the jurisdiction or jurisdictions in which the new/additional Policyowner is a tax resident and respond to Our request for documentary evidence and a taxpayer identification number or equivalent. In addition to the actions described herein, failure to provide Us with such notice or provide Us the full requested information may impair the rights of the Policyowner under the policy or result in the termination of the policy.

We execute payments under the policy such as payments due to maturity of the policy, partial or full surrender, or policy loans only to the Policyowner or beneficiary indicated in the relevant contractual document. These payments can only be made by wire transfer and to a bank account in the name of such Policyowner or beneficiary located in the same jurisdiction as the Policyowner's or, as applicable, the beneficiary's (tax) residency. An exception to these restrictions may be granted at Our sole discretion and after evaluation of the facts and circumstances. Under no circumstances We will execute any policy related cash payments to US residents.

At Our request and based upon an indication that the most recent self-certification or tax residency is required respectively may no longer be reliable or accurate, a Policyowner must promptly or with the minimum number of days permitted by law provide a new self-certification and other supporting documentation as requested by Us.

We reserve all rights to take any steps that We deem appropriate, including the right not to execute payment instructions until we have received all information and documentation to our satisfaction, or to cancel the policy, with immediate effect or with a notice period of the minimum number of days permitted by law, in the event that We discover that a Policyowner and/or beneficiary provided an incorrect self-certification, that any other information or documentation provided in connection with identification and due diligence procedures is inaccurate or incomplete or a Policyowner did not provide Us with a self-certification or other information as requested by Us within the response time set out in Our request.

Failure to fully respond to Our request within the time period allowed may result in the reporting of information about the Policyowner to the appropriate tax authority or other authorities.

We do not provide any tax advice. Any information relating to applicable tax laws and regulations is of a general nature only. This policy is designed for Policyowners who are resident in Malaysia. If you decide to live outside of Malaysia after this policy has been issued, and if you have questions or wish to receive additional information with respect to any of the provisions set forth above We recommend you obtain independent advice.

We reject any responsibility or liability whatsoever for any adverse tax consequences that may arise in respect of your policy and/ or any payments made under your policy as a result of you changing the country of residency.

Your insurance contract has been concluded based on the legal and regulatory requirements in force and applicable at the time of conclusion. Should the mandatory legal and regulatory requirements applicable to this policy change, in particular if you change your country of residency, and as a consequence We are not able to continue performing the contract without potential material adverse effect to Us, to meet the changed legal and regulatory requirements We are entitled to modify the contractual terms and conditions as We deem appropriate at Our own discretion and without your consent, or to terminate the policy.

We will inform you whenever reasonably possible in advance about the changes in the contractual terms and conditions. In the case of termination of the policy, We will send you a termination notice and the contract will terminate in accordance with the termination notice.

We reject any responsibility or liability whatsoever for any cost incurred by, or liability imposed on, a Policyowner as a result of Our good faith efforts to comply with requirements regarding the identification, due diligence or reporting of information relating to Policyowners for tax purposes.

NOTICE

Every notice or communication to Us shall be in writing and sent to Us.

Any notices, requests, instructions, or correspondences to be given by Us shall be sent by either post, electronic means or any other methods deemed practicable to the last known address provided by the Applicant/Owner to Us in writing, and such communication shall be conclusively deemed to have been received by the Applicant/Owner.

NON-PARTICIPATING IN PROFITS

A non-participating policy shall not be entitled to share in Our profits.

OTHER CONTRACT

If the Life Assured is covered under other Life policy covering any Disability covered by this Policy Contract, We shall only pay the remaining of Eligible Medical Expenses incurred if the Life Assured received any reimbursement from other Life policy covering any Disability covered by this Policy Contract.

OVERSEAS TREATMENT

If the Life Assured is referred to be treated outside Malaysia by the attending Specialist, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the Policy Information Page or Endorsement. The Policy Anniversary shall be one (1) year after the Commencement date of this Policy and annually thereafter. On each such anniversary, this Policy is renewable at the premium in effect at that time as notified by us.

This Policy is renewable up to age ninety-nine (99).

PROOF OF AGE

Where the Life Assured's age has not been verified, We may require proof of age of the Life Assured before the payment of benefits under this Policy.

RESIDENCE OVERSEAS

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

SANCTIONS

All financial transactions are subject to compliance with applicable trade or economic sanctions laws and regulations. We will not provide you, the Life Assured, beneficiary or any third party with any services or benefits including but not limited to acceptance of premium payments, claim payments and other reimbursements, if in doing so We violate applicable trade sanctions laws and regulations.

We may terminate the policy if We identify you, the Life Assured, beneficiary or your directors or officers as sanctioned persons, or you, the Life Assured, beneficiary or your directors or officers conduct an activity which is sanctioned, according to trade or economic sanctions laws and regulations.

SUBROGATION

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

TAX

All premium and fees payable under this policy may be subject to Tax. If Tax is imposed, it will be stated in the invoice, and We may claim or collect the Tax from the Applicant/Owner in addition to the premium and/or fees payable under this Policy.

TERMINATION

This policy shall automatically terminate on the first occurrence of the following events:

- a) On the death of the Life Assured; or
- b) On the Policy Anniversary following the hundredth (100th) birthday of the Life Assured; or
- c) If any premium on this Policy remains unpaid at the end of the Grace Period; or
- d) If this policy becomes terminated, lapsed, matures/expires, or is surrendered; or
- e) When the change in risk as stated in the Change In Risk clause below has rendered the Life Assured to be no longer insurable by Us; or
- f) When a written request for termination of this Policy is submitted to Us for endorsement to that effect.

Termination of this Policy Contract will have no effect to any claim arising prior to such termination.

We may terminate this Policy Contract if the Life Assured makes any claim which is fraudulent or exaggerated, or if the Life Assured makes any false declaration or statements in support of any claim.

TAKE-OVER POLICIES

This Policy shall commence immediately upon termination of a preceding Policy if take-over benefit is granted. If the Waiting Period of the previous Policy has not expired immediately before the take-over, the said Waiting Period shall continue until they are fulfilled.

UPGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits to any Life Assured under the terms of this Policy be upgraded while it is in force and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were upgraded, 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. If the Waiting Period of the previous plan have not expired immediately before the upgrade, the said Waiting Period shall continue with the upgraded plan until the remaining Waiting Period have been fulfilled.

Health Declaration Form is required to be submitted upon request of upgrading plan and the final decision is subject to full underwriting.

DOWNGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits to any Life Assured under the terms of this Policy be downgraded while it is in force and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were downgraded, the limits of benefits payable in respect of such Disability shall not exceed the limit of benefits of the downgraded plan. If the Waiting Period of the previous plan have not expired immediately before the downgrade, the said Waiting Period shall continue with the downgraded plan until the remaining Waiting Period have been fulfilled.

EXCLUSIONS

This Policy Contract shall 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 Conditions; or
- 2) Plastic/Cosmetic Surgery or treatment (except medically necessary Surgery), circumcision (except circumcision due to infection), eye examination, glasses and refraction or surgical correction of near sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof; or
- 3) Dental conditions including dental treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the coverage period of the Policy Contract; or
- 4) 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 (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law; or
- 5) Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions; or
- 6) 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; or
- 7) 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 General Practitioner and/or Specialist; or
- 8) Treatments specifically for weight reduction or gain; or
- 9) Suicide, Attempted suicide or intentionally self-inflicted injury while sane or insane; or
- 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; or
- 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; or
- 12) Expenses incurred for donation of any body organ by the Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
- 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 aromatherapy or other alternative treatment; or
- 14) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations); or
- 15) 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; or
- 16) 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; or
- 17) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes; or
- 18) Expenses incurred for sex changes.

COMPASSIONATE BENEFIT

Compassionate Benefit shall not be paid if the Life Assured commits suicide within one (1) year from the Issue Date.

WAITING PERIOD

Eligibility for benefits begins thirty (30) days after the Commencement Date or effective date of change or date of reinstatement of this Policy, whichever is latest except for a covered Accident occurring after the Commencement Date or effective date of change or date of reinstatement as stated in the Policy Information Page or Endorsement. For Specified Illnesses including Cancer, the Waiting Period is occurring during the first one hundred and twenty (120) days from the Commencement Date or effective date of change or reinstatement date whichever is latest.

SECTION B

REFERRAL EMERGENCY ASSISTANCE PROGRAMME (EAP)

We have an agreement with Integrated Health Plans (Malaysia) Sdn Bhd, the appointed MCO (hereinafter known as the "Service Provider"), to provide a comprehensive international medical assistance programme. This value-added service programme is specially provided to all Life Assured (hereinafter known as "the Member") under this Policy Contract.

Member may place a reverse charge call/call collect to the Service Provider's Service Hotline at any time seven (7) days a week for any of the services described below:

Integrated Health Plans (Malaysia)
24 Hours Service Hotline
1-800-82-6100

All the benefits under this programme will automatically cease on the earliest happening of the events as stated under Termination clause.

1. International Medical Assistance Programme

Services described herein are available to the Member traveling anywhere outside Malaysia with each trip not exceeding ninety (90) consecutive days.

- 1.1 **Tele-medical consultation and evaluation of the Member's condition**
When medical advice is needed during travel outside Malaysia, the Member is to call the Service Provider for assistance and advice. The Service Provider's duty doctor will provide help over the phone.
Important:
The telephone conversation does not amount to the establishment of a diagnosis and must be considered as advice only.
- 1.2 **Medical Referral and Arrangement of Medical Appointments**
Upon request, the Service Provider shall provide the names, addresses and telephone numbers of medical practitioner (including both General Practitioners and Specialists), Hospitals, Dentists, and dental clinics. The Service Provider will attempt upon request to confirm the availability of the applicable medical or dental professional to make an appointment for treatment.
- 1.3 **Arrangement of Hospital Admission Guarantee**
In the event that the emergency admission is needed, and Member has no means for the required Hospital admission deposit, the Service Provider will provide admission guarantee on behalf of the Member, such service shall be subjected to the Service Provider having first securing payment guarantee through credit card or funds from the Member's family.
- 1.4 **Dispatch of Medication Not Available Locally**
The Service Provider will dispatch the necessary medication not available locally in case of an emergency and where local laws, rules and regulations allow such dispatch. Cost of medicine shall be borne by the Member and the Service Provider shall pay for the cost of such dispatching.
- 1.5 **Medical Evacuation**
Following a medical emergency and Hospitalisation, when the Service Provider's doctor in consultation with the attending General Practitioner and/or Specialist determines that local medical facility is inadequate to treat the Member, the Service Provider will arrange for medical evacuation under constant medical supervision to the nearest adequate medical facility.
- 1.6 **Medical Supervised Repatriation**
If the Service Provider's doctor, in consultation with the local attending General Practitioner and/or Specialist, determines the treatment should continue at a medical facility nearer home following stabilisation, the Service Provider will arrange for the repatriation under constant medical supervision.
All decisions as to the means of transportation and the final destination will be made by the Service Provider or its authorised representative and will be based solely upon medical necessity.

The Medical Evacuation and Medical Supervised Repatriation services described in 1.5 and 1.6 above shall be organised by the Service Provider and paid by Us subject to the provisions of this Policy Contract. All costs incurred are subject to a limit of US Dollar One Million (USD 1,000,000) per Member per event.

- 1.7 **Medical Monitoring & Emergency Message Transmission**
The Service Provider will monitor the Member's condition if the Member is hospitalised and will keep the Member's employer/family informed, with prior agreement of the Member in writing, unless this is not practicable.
- 1.8 **Repatriation of Mortal Remains**
If the Member dies while on the trip due to a Sickness or an Accident, the Service Provider or its authorized representative will organise and pay for all expense incurred for the return of the body or remains to the Member's country of origin. All costs incurred for such repatriation is subject to a maximum limit of Ringgit Malaysia Fifty Thousand (RM 50,000).
- 1.9 **Visit to Bedside by a Friend/Relative**
Should the Member's hospitalisation outside Malaysia be expected to last more than seven (7) consecutive days, and the Service Provider's duty doctor agrees that it is medically necessary for a relative/friend to be by the Member's bedside provided no travel companion is with the Member, the Service Provider will arrange and We shall pay for one

economy class return transportation and hotel room accommodation for a relative/friend to visit the Member. The cost of hotel room accommodation is subject to a limit of Ringgit Malaysian Eight Hundred (RM 800) per night up to a maximum of Ringgit Malaysian Three Thousand Five Hundred (RM 3,500).

1.10 Return of Children Travelling with the Member

In the event of the Member's Hospitalisation and the Member's medical condition prevents the Member from caring for the Member's minor children (below age of eighteen (18) years) travelling with the Member and no relative is on the spot able to care for them, the Service Provider will arrange for one way economy class transportation for the children to be sent back to their country of origin. We shall pay for the cost incurred for the one-way economy class ticket for all minor children travelling with the Member.

2. Travel Assistance

2.1 Visa, Passport and Inoculation Requirements

The Service Provider will provide information concerning Visa, inoculation, passport or immunization requirements of the foreign countries in which the Member will be travelling.

2.2 Location of Lost Items

The Service Provider will assist the Member in the location of lost luggage, documents and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted, if necessary.

2.3 Emergency Message Relay

In case of an emergency, the Service Provider will attempt to establish a national or international message relay to a designated addressee.

2.4 Arrangement of Flights

The Service Provider will assist with the arrangement of flights for family return if travelling with the Member.

2.5 Legal Referral

Should the Member seek legal assistance for an emergency while on a trip, the Service Provider will refer the Member to local legal advisors.

2.6 Referral to Interpreter/Translator

Should the Member needs translation assistance for an emergency in the course of the Member's trip, the Service Provider will refer the Member to a local translator.

2.7 Weather and Foreign Exchange Information

The Service Provider shall provide information on foreign weather condition as well as foreign exchange rates when required.

3. Car Assistance

3.1 24 hours Emergency Towing and Minor Roadside Repair

In the event that a Member's car is immobilised due to accident or breakdown, the Member shall be entitled to contact the Service Provider for assistance.

Should it be deemed possible to repair the Member's car on the spot, the Service Provider shall arrange for such minor roadside repair. In the event it is not possible to repair the car on the site, the Service Provider shall arrange for the car to be towed to the nearest workshop for repairs. Any cost incurred for the towing and minor roadside repair shall be borne by the Member.

Territorial Limits

The emergency towing and minor roadside repair referred to in this Clause shall be available where such services are required within Peninsular Malaysia and Singapore excluding the islands except for Penang and Langkawi. In East Malaysia, services shall only be available in Kota Kinabalu, Sandakan, Tawau, Labuan, Sibul, Bintulu, Miri and Kuching.

3.2 Car Rental Assistance

Should the Member require a car replacement in the event of a car breakdown, the Service Provider shall refer to designated third party service providers and assist the Member in arranging for car rental. Cost of car rental shall be borne by the Member.

3.3 Arrangement for Hotel Accommodation

As a result of a car breakdown, should a Member needs hotel accommodation, the Service Provider shall refer the Member to hotels designated by the Service Provider in order to make reservation and arrangement for hotel accommodation. All costs incurred for such hotel accommodation and ancillary charges shall be solely borne by the Member concerned.

3.4 Referral to Service Centre

The Member may contact the Service Provider to arrange for referral to the nearest repair and service centre for car servicing or repair. The Service Provider shall also arrange for prior appointment for the Member. All costs incurred in such car repair or servicing shall be borne by the Member.

4. Home Assistance

The following Home Assistance Services shall only be available to Members residing in major towns of Peninsular Malaysia.

4.1 Plumbing Assistance

Should the Members require plumbing services at home, the Service Provider shall provide referral information to plumbers. The Service Provider will also assist in arranging for house call if necessary.

- 4.2 Locksmith Assistance
The Service Provider will arrange for referral or house call service in the event that the Member requires the services of a locksmith.
- 4.3 General Repair Assistance
The Service Provider will also provide information for general repair services such as repairs of home electrical appliances.
- 4.4 Air conditioning Assistance
Should the Member require repair in relation to air conditioners, the Service Provider shall refer the Member to persons who can provide such services and would also arrange for house call if necessary.
- 4.5 Pest Control Assistance
The Service Provider shall assist the Members by referring them to pest control, pest prevention, soil treatment, anti-termite, and mosquito control services. The Service Provider will also arrange for house call if necessary.

The services described in the Travel, Car and Home Assistance above shall be purely on referral and arrangement basis. We and the Service Provider shall not be responsible for any third-party cost incurred; such cost shall be borne directly by the Member.

DEFINITIONS

MEDICAL EMERGENCY

A situation which in the opinion of the Service Provider's doctor constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Member's immediate or long-term health prospects. The severity of the medical condition will be judged within the context of the Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

MINOR ROADSIDE REPAIR

Minor repairs are such that are deemed possible to be repaired on the spot including but not limited to change of tyres, minor wiring work and change of battery. The minor roadside repairs are also subject to the availability of parts and component at the time of the breakdown.

EXCLUSIONS

The International Medical Assistance Programme described above is subject to the list of exclusions below:

- 1) Emergency medical evacuation, repatriation or costs not approved in advance and in writing by the Service Provider and/or not arranged by the Service Provider. This exclusion shall not apply to Emergency Medical Evacuation from remote or primitive areas which the Service Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the well-being of the Member.
- 2) If the Member is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment or for the rest and recuperation following any prior accident or illness.
- 3) If in the opinion of the Service Provider, the Member is not suffering from a serious medical condition or if the treatment can be reasonably delayed until the Member returns to Malaysia or usual country of residence.
- 4) If the Member is participating or engaging in war or any act of war (whether war be declared or not), invasion acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, illegal activities, active servicing in any of the military or armed forces other than peace time reservist training.
- 5) If the Member is suffering from any condition resulting from ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 6) Failure by the Member to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
- 7) Self-inflicted injury or attempted suicide, mental or psychiatric disorder, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.
- 8) Any expenses arising from childbirth, miscarriage, pregnancy (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children).
- 9) Any Injuries arising from racing of any kind (other than racing on foot), sports exhibitions, bungee jumping, mountaineering or rock climbing necessitating the use of guides or ropes, scuba diving, aeronautics or aviation activities other than as a fare paying passenger in a properly licensed commercial or private aircraft or professional sports.
- 10) Any health condition constitutes one of the reasons to undertake the trip.

ADDITIONAL CONDITIONS

- a) We and the Service Provider shall not be held responsible for the failure or delay to provide the services caused by strikes or conditions beyond Our and the Service Provider's control including, but not limited to, flight conditions or where local laws of regulatory agencies prohibit the Service Provider from rendering such services.
- b) The legal professionals, medical professionals, car assistance and/or home assistance providers referred by the Service Provider to provide direct services to the Member are not employees or agents of the Service Provider and/or its subsidiaries or affiliated companies. We and the Service Provider and/or its subsidiaries or affiliated companies cannot be held responsible for the quality or results of any services provided by independent practitioners to whom the Service Provider refers the Member.
- c) This programme shall cease in the event that the Policy Contract is terminated.
- d) We shall be entitled to vary any of the provisions herein and withdraw from this programme at any time by giving thirty (30) days' notice in writing with accompanying notification letter detailing the reason of change.

SAMPLE