

PRODUCT DISCLOSURE SHEET – SUPREME COVER

Read this Product Disclosure Sheet before you decide to take up the **Supreme Cover**. Be sure to also read the general terms and conditions.

1. What is this product about?

This product provides compensation in the event of injuries, disability or death caused by an accident which is sudden and unforeseen. Coverage for illness is extended to surgical benefits, daily hospital income, emergency medical evacuation and repatriation of mortal remains only. Coverage is provided 24 hours a day.

2. Who can purchase this cover?

This policy can be purchased by a company to cover its employees. All employees must be included for coverage.

3. What are the covers/benefits provided?

Please refer to the benefits table in the brochure. Coverage is on a per disability basis.

A. Benefits:

- (a) Accidental death and permanent disablement in Malaysia: Pays for accidental death and permanent disablement up to the percentage stated in the compensation table occurring within 1 year from the date of accident.
- (b) Additional payout for accidental death and permanent disablement out of Malaysia: Pays an additional 25% for accidental death or permanent disablement that is stated in (a) if the loss occurs out of Malaysia occurring within 1 year from the date of accident.
- (c) Death due to dengue fever: Pays for death due to dengue fever provided 30 days have lapsed following the date this policy becomes active.
- (d) Medical reimbursement due to accident:
 - (i) Reimburses the expenses incurred for treatment of an injury which includes hospital room and board, nursing care during admission and medical treatment (excluding dental treatment for sound and natural teeth unless it is necessary).
 - (ii) Reimbursement is up to 52 weeks from the date of accident.
 - (iii) Consultation by a doctor is required before any treatment by a Chinese physician/Sinseh/Traditional medical practitioner is payable.
 - (iv) The traditional medical practitioner must be qualified by degree, education and/or experience in his/her field of practice.
- (e) Medical reimbursement due to snatch theft: As per item (d.i,ii,iii and iv).
- (f) Medical: Reimburses the expenses occurred to obtain a medical report if such a report is necessary.
- (g) Weekly Indemnity:
 - (i) Temporary total disablement:
 - Pays a weekly compensation when an employee is unable to work due to an injury resulting from an accident.
 - Applicable for injuries occurring within 90 days from the accident.
 - Payment is up to 52 weeks from the date of loss.
 - (ii) Temporary partial disablement:
 - Pays a weekly compensation when an employee is unable to work at full capacity in his/her occupation due to an injury resulting from an accident.
 - This can be following a period of temporary total disablement or commencing right after an accident.
 - Payment is up to 52 weeks from date of loss.
 - Policy indicates a 25% of the compensation payable in respect of temporary total disablement.
- (h) Daily hospital income due to accident or illness:
 - (i) Pays a daily allowance when admitted to a hospital due to covered accident and/or illness up to 120 days.
 - (ii) Admission must be for a minimum period of 6 consecutive hours.
- (i) Surgical benefit due to accident or illness:
 - (i) Reimburses the specialist fees, anesthetic fees, and operating theatre fee incurred for surgery.
 - (ii) The maximum amount payable per disability, irrespective of the number of surgeries, is limited to the sum insured stated in the surgical benefit.
- (j) Ambulance Fees: Reimburses the expenses incurred for an ambulance to and from the hospital which results in an admission.
- (k) Purchase of prosthesis and wheelchair: Reimburses the expenses incurred for the purchase of prosthesis and wheelchair due to a covered accident, which is recommended by a doctor.
- (l) Legal Expenses: Reimburses the legal costs and expenses incurred from dealing with a claim against a third party which caused death or permanent disablement to an employee due to an accident.
- (m) Emergency evacuation due to accident and/or illness:
 - (i) Reimburses the expenses incurred by our appointed service provider to move an employee to another location for medical treatment or return the employee back to Malaysia.
 - (ii) Only applicable out of Malaysia.
 - (iii) Decision to evacuate (including the mode and location) will be arranged by the service provider.

- (n) Repatriation expenses due to accident and/or illness:
 - (i) Reimburses the expenses incurred to return the employee's mortal remains back to Malaysia and includes expenses incurred by a mortician or undertaker.
 - (ii) Only applicable for death out of Malaysia which occurs within 30 days from the date of loss.
- (o) Bereavement Benefits: Pays for death due to an accident.

B. Extensions for accidental causes:

- (a) Animal or insect excluding any bites that result in virus or bacterial transmission such as dengue and malaria.
- (b) Any accidents without external sign of injury such as drowning, gas inhalation and food poisoning.
- (c) Disappearance within 12 months due to an accident involving a common carrier.
- (d) Electrocution.
- (e) Flying as a fare-paying passenger in a commercial airline.
- (f) Hijacking, kidnap and unprovoked murder and assault.
- (g) Intoxication except when in violation of law.
- (h) Motor cycling.
- (i) Natural disasters such as earthquakes and tsunami.
- (j) Strike, riot and civil commotion.
- (k) Terrorism.

Note: Please refer to the scale of benefit for death and disablement in the sample policy contract. Duration of cover is for 1 year. You need to renew your insurance cover annually.

A. How much premium do I have to pay

- (a) Please refer to the premium table in the brochure.
- (b) Premium is payable annually.
- (c) Payment must be made within 60 days from the inception of the policy.

5. What are the fees and charges that I have to pay?

- (a) The policy carries a commission up to 25%, stamp duty of RM10 (where applicable for business organizations).
- (b) Services Tax (ST) of 6% is applicable.

6. What are some of the key terms and conditions that I should be aware?

(a) Importance of disclosure:

You must take reasonable care to ensure that all your answers to the questions are full, complete, correct and honest and to the best of your knowledge.

You also have a duty to inform AIG Malaysia of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy. If you don't, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid.

(b) Claims:

- (i) All claims must be notified to us within 30 days from the date of loss.
- (ii) All supporting documents proving the loss must be submitted within 90 days from the date of loss.
- (iii) No claim will be admissible if notified after one year from the date of loss.
- (iv) All claims will be paid to the employer.

(c) Number of policies: Each employee is only entitled to be covered under one policy in respect of this insurance.

(d) Age:

- (i) Each employee must be 18 years and above and below the age of 61 to cover qualifying, cover is up to the age of 65.
- (ii) Age will be based on the age as of your last birthday.

(e) Country of residence: The employer must notify us if an employee will be out of Malaysia for more than 12 consecutive months. Failure to do so will invalidate this cover.

(j) Waiting period: Coverage due to illness, for death due to dengue, daily hospital income and surgical benefits will only start 30 days from the date the employee is first covered by the policy or date of reinstatement (whichever is later).

(g) Period of cover:

- (i) The policy cover starts upon the date the application form is completed and accepted by us. The cover for an employee starts based on their eligibility as determined by the employer and will terminate upon the following:
 - Non-payment of premium
 - Upon reaching the age of 65
 - Cancellation by the employee or employer
 - After a 100% claim is made for accidental death and disablement
 - When you are no longer an employee
- (ii) Renewal premiums are not guaranteed.
- (iii) Revision in premiums will be subject to all employees covered by the policy.
- (iv) Renewal is at our consent.

(h) Addition of employees: New employees will be automatically covered subject to the employee being in a designation that has been declared to us.

(i) Basis of declaration: This policy is arranged on a headcount basis. The declaration must include the employee's designation and the plan he/she is covered for.

7. What are the major exclusions under this policy?

This policy does not cover any disability caused by or to:

- (a) Members of the armed forces and professional sportsmen.
- (b) Suicide or intentional self-inflicted injuries.
- (c) During air travel unless as a fare paying passenger in a commercial airline.
- (d) Violation of law.
- (e) Any payment that would violate any government prohibitions or regulations.
- (f) Drug related accident.
- (g) Mental or nervous disorders.
- (h) Condition (prior to the date an employee was first covered by the policy) where:
 - The employee is receiving treatment or;
 - Advice, treatment or diagnosis has been recommended or;
 - The condition is apparent.
- (i) Acquired Immune Deficiency Syndrome (AIDS) or Human Immune Deficiency Virus (HIV).
- (j) Driving or riding a motorized vehicle in any type of race.
- (k) War.
- (l) AIG shall not be deemed to provide cover and AIG shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose AIG, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

Note: This list is non-exhaustive. Please refer to the sample policy contract for the full lists of exclusions under this policy.

8. Can I cancel my policy?

An employer may cancel the policy at any time by giving us 30 days written notice. The employer will be entitled to a refund of the premium on a pro-rata basis for the unexpired period of insurance.

9. What do I need to do if there are changes to my contact/personal details?

It is important that you inform AIG Malaysia Insurance Berhad of any change via written notice or by contacting our Customer Service at 1 800 88 8811.

10. Where can I get further information?

Should you require additional information about Personal Accident Insurance, please refer to the insurance info booklet on "Personal Accident Insurance", available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

AIG Malaysia Insurance Berhad
Menara Worldwide,
198 Jalan Bukit Bintang,
55100, Kuala Lumpur, Malaysia

Telephone No.: 1 800 88 8811
Facsimile: (603) 2685 4896
E-mail: AIGMYCare@aig.com

11. Other types of personal accident cover are available.

Please ask your insurer/intermediary for other similar types of plan offered by the insurer.

IMPORTANT NOTICE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

This information provided in this disclosure is valid as at 1st September 2018.