



AIG MALAYSIA INSURANCE BERHAD

**AON BENEFITS SHIELD – TRAVEL SHIELD
GROUP BUSINESS TRAVEL**

Policy Wording

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1. ABOUT THIS POLICY

This policy wording, together with the latest Policy Schedule for the applicable Benefits, the proposal form and any Endorsements, forms the basis of the contract between the Policyholder and the Company. The Company agrees to provide the Insured Person the insurance cover for the applicable Benefits as listed in the Schedule of Benefits and described in this Policy provided that the Policyholder pays the premium when due and the Company accepts it subject to the terms and conditions of this Policy.

This policy wording should be read carefully together with the Policy Schedule for applicable Benefits and any Endorsements to ensure that the terms and conditions are fully understood, and the coverage meets the requirement of the Policyholder/Insured Person(s). If there are any questions regarding the terms and conditions of this Policy wordings, the Policyholder may contact the Company, or the Policyholder's intermediary, whichever applicable.

A copy of this Policy in Bahasa Malaysia will be made available on request. For all intents and purposes, where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions of the Policy, it is hereby agreed that the English version shall prevail.

All terms and conditions of this Policy must be continuously satisfied by the Policyholder and Insured Person(s) to be eligible for coverage under this Policy.

2. SCHEDULE OF BENEFITS

Please refer to the Schedule of Benefits provided along with this Policy for selected Benefits and corresponding Sum Insured applicable to each Insured Person covered under this Policy.

Full details of the coverage provided for each benefit selected, is contained in the 'Benefits' section.

The Benefits payable under eligible Policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact AIG Malaysia Insurance Bhd or PIDM (visit www.pidm.gov.my).

3. ONGOING DUTY OF DISCLOSURE

Pursuant to Schedule 9 of the Malaysian Financial Services Act 2013, the Policyholder and Insured Person(s) have a duty to take reasonable care not to make a misrepresentation when purchasing this Policy, to answer all questions fully, honestly, accurately and to the best of their knowledge and disclose any matter that they know to be relevant to the Company 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.

This duty of disclosure shall continue until the time this Policy is entered into, varied or renewed with the Company. The Policyholder and Insured Person(s) also have a duty to tell the Company immediately if at any time after this Policy has been entered into, varied or renewed with the Company, any information given when the Policy was purchased is inaccurate or has changed.

Failure to do so may:

1. result in the Company reviewing the cover granted including withdrawing or amending cover previously approved;
2. void this Policy from inception (which means treating it as invalid) and the Company may not return the premium or recover any unpaid premium;
3. result in refusal or reduction of claims that has been or will be made under the Policy;
4. change the terms of this Policy;
5. terminate this Policy and return any premium less the Company's cancellation charge or recover any unpaid premium;
6. entitle the Company to recover any shortfall in premium;
7. entitle the Company to recover from Policyholder and Insured Person(s) the total amount of any claim already paid under the Policy or any claim the Company have to pay under any relevant legislation, plus any recovery costs.

4. ELIGIBILITY

To be eligible for coverage under this Policy, an Insured Person must meet the criteria specified for an Insured Person as described in the Policy Schedule and continuously satisfy all requirements as specified under the following 'Age' and 'Residency' sections.

Age

- (i) Entry age for an Insured Person under this Policy is 18 to 80 years of age (inclusive).
- (ii) The renewable age for each Insured Person is up to the age of 85 years (inclusive).

Important Note:

1. Age means the Insured Person's age as on their last birthday.

Residency

To be eligible for cover under this Policy, the Insured Person must be residing in Malaysia and a:

- (i) Malaysian citizen;
- (ii) Malaysian permanent resident; or
- (iii) Holder of a valid employment pass (of which the place of employment must be in Malaysia during the Period of Insurance).

5. PERIOD OF INSURANCE

This Policy starts on the Policy Start Date as specified on the latest Policy Schedule for this Policy and ends on the earlier of:

- (a) the Policy Expiry date as specified on the Policy Schedule for this Policy;
- (b) the date this Policy is cancelled; or
- (c) the date this Policy is automatically terminated.

6. OPERATIVE TIME OF COVER

An Insured Person is only covered while on a Business Trip during the Period of Insurance and for only 1 of the 4 Operative Time of Covers listed below as selected and shown on the Policy Schedule.

Operative Times of Cover:	
1	Regional Business Trip
2	International Business Trip
3	Regional Business Trip & Domestic Business Trip
4	International Business Trip & Domestic Business Trip

Extensions

1) Policy Cover for C-Level Management's Private Leisure Travel

It is agreed by the Company that cover under this Policy will be extended to include Private Leisure Travel except while on a Domestic Business Trip, undertaken during the Period of Insurance by C-Level Management, provided the Private Leisure Travel is within the maximum duration allowed for a Business Trip.

For the purpose of this extension, the term Business Trip wherever used in this Policy shall be replaced by Private Leisure Travel.

2) Policy Cover for an Employee's Private Leisure Travel

It is agreed by the Company that cover under this Policy will be extended to include Private Leisure Travel except while on a Domestic Business Trip, undertaken during a Period of Insurance by an Employee, provided the maximum duration for such covered Private Leisure Travel does not exceed 60% of the Business Trip and the total trip in entirety does not exceed the maximum duration allowed for a Business Trip.

For the purpose of this extension, the term Business Trip wherever used in this Policy shall be replaced by Private Leisure Travel.

7. GENERAL POLICY DEFINITIONS

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using capital letters. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice a versa.

Please note that this Policy has been designed to offer multiple Plans and therefore not all the definitions listed below will be relevant to the selected Plan shown in the Policy Schedule.

1. **Accident or Accidental** means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Operative Time of Cover.
2. **Activities of Daily Living** means the following activities which an Insured Person can undertake on their own:
 - a) **Washing** - the ability to wash oneself in the bath, or shower or wash by other means;
 - b) **Dressing** - the ability for one to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances;
 - c) **Feeding** - the ability to eat their food after its preparation and when being made available;
 - d) **Toileting** - the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate;
 - e) **Mobility** - the ability to move indoors from room to room on level surfaces; and
 - f) **Transferring** - the ability to move from a bed to an upright chair or wheelchair, and vice versa.
3. **AIDS** shall mean Acquired Immune Deficiency Syndrome (AIDS) or any complications associated with infection by any Human Immune Deficiency Virus (HIV) (for the purpose of this policy, the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus).
4. **AIG Travel Protect (AIGTP)** means the Company's business partner that provides twenty-four (24) hour world-wide emergency assistance.
5. **Aggregate Limit of Liability** means the maximum amount that is payable for all Insured Persons under the "Accidental Death" and "Accidental Permanent Disablement" Benefit arising from the:
 - a. same Accident or series of Accidents contributed to or caused by the same original cause, event or circumstance; or
 - b. same Conveyance Accident or series of Conveyance Accidents contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Aggregate Limit of Liability as specified in the Policy Schedule. If the total loss is in excess of this Aggregate Limit of Liability, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, Conveyance Accident means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Operative Time of Cover caused by any land vehicle, sea vessel or aircraft which is operated by a licensed registered operator providing transportation services on fixed, established and regular schedules and routes for individuals who travel as fare paying passengers.

6. **Aggregate Limit - Non-Scheduled Conveyance** means the maximum amount that is payable for all Insured Persons under the “Accidental Death” and “Accidental Permanent Disablement” Benefit arising from the same Non-Scheduled Conveyance Accident or series of Non-Scheduled Conveyance contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Non-Scheduled Conveyance Aggregate Limit as specified in the Policy Schedule. If the total loss amount is in excess of this Non-Scheduled Conveyance Aggregate Limit, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, Non-Scheduled Conveyance Accident means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Operative Time of Cover caused by any land vehicle, sea vessel or aircraft which is operated by a licensed registered operator whose transportation services for individuals who travel as fare paying passengers, are not conducted in accordance with fixed schedules or over specific routes.

7. **Benefit** means the benefits listed in the Schedule of Benefits and which are subject to the terms and conditions as stated under this Policy.
8. **Big Toe** means the first digit of a Foot.
9. **Business Trip** means any trip undertaken for the purpose of the Policyholder’s business during the Period of Insurance and Operative Time of Cover as shown on the Policy Schedule, up to a maximum duration of 183 consecutive days.
10. **C-Level Management** means a high-level executive manager employed by the Policyholder and refers to Managing Director, Chairman, President, Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or any other alternative designation as agreed with the Company in writing prior to Policy Effective Date.
11. **Category** refers to the designation of Insured Persons who are covered under this Policy as provided by the Policyholder and stated in the Policy Schedule or Endorsement, whichever is issued last.
12. **Child(ren)** for the purpose of this benefit means:
- a) dependent children including legally adopted and stepchildren of the Insured Person;
 - b) from the age of 30 Days after birth up to 19 years or up to 25 years of age if attending as a full-time student in an accredited institution of higher learning; and
 - c) who are unmarried, primarily reside with the Insured Person and receive financial maintenance and support from the Insured Person.

13. **Civil War** means a hostile conflict by means of armed forces carried on between opposing citizens of the same nation or state.
14. **Claimant** means the Policyholder, Insured Person or their legal representative, as applicable, making a claim against this Policy.
15. **Common Carrier** means any land, water or air conveyance operating under a valid license for the transportation of fare-paying passengers which operate to fixed, established and regular schedules and routes. It shall also extend to:
- a) licensed taxis and e-hailing service vehicles that are four-wheel motor vehicles with a minimum capacity of 4 passenger seats and maximum capacity of 9 passenger seats.
- It does not include cruise liners or any conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled.
16. **Company or We or Us** means AIG Malaysia Insurance Berhad (200701037463).
17. **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 which shall include hernias of all types and epilepsy except when caused by a trauma which occurred after the date the Insured Person is effectively covered under this Policy.
18. **Day** means a completed period of 24 hours.
19. **Disablement** means the conditions which are described in Event 1 to 18 in the Table of Events provided under Section 'Personal Accident Benefits' described in 'Accidental Permanent Disablement' Benefit of this Policy.
20. **Departure** refers to the date or place upon which the Insured Person is scheduled to depart from Malaysia on or from as indicated on their Business Trip's ticket or Travel Itinerary.
21. **Doctor** means a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialized accreditation and training. The Doctor cannot be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or a person related to the Insured Person by blood, marriage or adoption.
22. **Domestic Business Trip** means a Business Trip within the territorial limits of Malaysia and the destination must be beyond 100 kilometres starting from the time Insured Person leaves their usual place of residence or usual place of employment in Malaysia, whichever occurs last, until their return to their usual place of residence or usual place of employment in Malaysia, whichever occurs first. Insured Person's Domestic Business Trip must commence either by land, sea or air to and from the planned domestic destination. No cover is provided for commutation between Insured Person's usual place of residence in Malaysia and usual place of employment.

23. **Educational Institution** means any pre-school, school, vocational institute, polytechnic, college, university or institute of higher learning which is licensed to provide educational services by trained or qualified teachers. The Educational Institution must be approved to operate under the relevant government authority for education.
24. **Employee** means any person under a contract of employment, contract of service or apprenticeship with the Policyholder who is not a C-level Management.
25. **Endorsement** means a written notice stating an amendment, deletion or addition made to this Policy.
26. **Financial Default** means insolvency, bankruptcy, provisional liquidation, liquidation, financial collapse, appointment of a receiver, manager or administrator, entry into any official or unofficial scheme of arrangement, statutory protection, restructuring or composition with creditors, or the happening of anything of a similar nature under the laws of any jurisdiction.
27. **Financial Markets Ombudsman Service (FMOS)** refers to an independent body that provides a free and efficient avenue to help resolve financial disputes between the Policyholder / Insured Person and the Company under this Policy as an alternative to the Malaysian courts.
28. **Finger** means a digit of a Hand
29. **Foot** means the entire foot below the ankle.
30. **Grace Period** means a maximum of 30 consecutive Days immediately following the Policy Expiry Date.
31. **Hand** means the entire hand below the wrist.
32. **Home** means the Insured Person's usual place of residence at the time of the Accident in Malaysia.
33. **Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons:
 - a) with organized facilities for diagnosis and surgery (including operating theatres) in the same premises;
 - b) with 24 hours daily nursing service by registered graduate nurses;
 - c) operated under the supervision of Doctor(s); and
 - d) which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.
34. **Hospitalization/Hospitalized** means the admission of the Insured Person to a Hospital as an In-patient during the Period of Insurance. For the avoidance of doubt, Hospitalization shall be evidenced by daily boarding charges imposed by a Hospital.

35. **Illness** means a sickness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state suffered by an Insured Person during the Operative Time of Cover. For the avoidance of doubt, Illness includes but not limited to Infectious Diseases, heatstroke, decompression sickness, hypothermia and mountain sickness.
36. **Immediate Family Member** means the Insured Person's Spouse, child, parent, parent-in-law, grandparents, grandparent-in-law, grandchild, brother, sister residing in Malaysia.
37. **Infectious Diseases** means health disorders or infections caused by pathogenic microorganisms, such as bacteria, viruses, fungi or parasites. Infectious Diseases can be passed from person to person, can be transmitted by insects or other animals or by consuming contaminated food or water or while being exposed to organisms in the environment.
38. **Injury** means a bodily injury which is sustained by an Insured Person during the Operative Time of Cover and is caused by an Accident solely and independently of any other causes including any Illness (except illness directly resulting from medical or surgical treatment rendered necessary by such Injury), or Congenital Conditions. This includes:
- a) Accidental drowning;
 - b) Accidental suffocation or inhalation of smoke, poisonous fumes or gases. This does not extend to include air pollution or atmospheric phenomenon including but not limited to haze, smog, and the like.
 - c) Any Injury directly resulting from animal or insect bites. This excludes any claims in connection with any Infectious Diseases.
39. **Insurrection** means a violent uprising of citizens in resistance to their government.
40. **In-patient** means the Insured Person is confined in a Hospital as a registered patient for Medically Necessary treatments for a completed period of at least 6 consecutive hours and such confinement is certified as necessary by the attending Doctor.
41. **Insured Person** means the person(s) as stated in the Policy Schedule:
- a) who satisfies the criteria under Section – ‘[Eligibility](#)’;
 - b) is declared for cover under this Policy by the Policyholder; and
 - c) falls under the Category provided by the Policyholder.
 - d) who is insured under this Policy during the selected Operative Time of Cover and Period of Insurance as stated in the Policy Schedule.
42. **International Business Trip** means a Business Trip to any country in the world, excluding Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People’s Republic (DNR) and the Lubansk People’s Republic (LNR) regions of Ukraine, where cover under this Policy for the Insured Person starts from the time of leaving their usual place of residence or usual place of employment in Malaysia, whichever occurs last, until their return to their usual place of residence or usual place of employment in Malaysia, whichever occurs first.

43. **Limb** means the entire limb between the shoulder and the wrist or between the hip and the ankle.
44. **Loss of Independent Existence** means the Permanent inability to perform at least 3 out of the 6 Activities of Daily Living.
45. **Loss of Use** shall mean Permanent limitation in function in relation to the limb or organ following an Injury.
46. **Medically Necessary** shall mean a medical service which is:
- a) consistent with the diagnosis and customary medical treatment for a covered Injury or Illness; 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 Insured Person or Doctor and is unable to be reasonably rendered out of Hospital (if admitted as an In-patient); and
 - d) not of an experimental, investigational, research, preventive or screening in nature; and
 - e) for which charges are fair and 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 individuals of the same sex and of comparable age for a similar Injury or Illness in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the Insured Person's Injury or Illness.
47. **Natural Catastrophe** means cyclone, flood, hurricane, earthquake, landslide, tornado, tsunami, typhoon, volcanic eruption, windstorm, hailstorm and wildfire.
48. **Operative Time of Cover** refers to the time period and coverage duration selected by the Policyholder for the Insured Person covered under this Policy during the Period of Insurance as shown in the Policy Schedule and shall have the respective meaning as shown in the Section of 'Operative Times of Cover'.
49. **Overseas** means outside any territorial limits of Malaysia.
50. **Paraplegia** means the entire paralysis of both legs and part or whole of the lower half of the body.
51. **Parent(s)** means the biological mother or father, adopted mother or father, stepmother or stepfather, or the legal guardian of a Child, and on whom the Child is primarily dependent on for care, financial maintenance and support.
52. **Permanent** means lasting for at least a continuous period of 365 days and at the end of that time is certified by the attending Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.
53. **Plan** means the Benefits and corresponding Sum Insured limits selected by the Policyholder and approved by the Company for this Policy, as shown in the Policy Schedule.
54. **Policy** refers to this insurance contract which consists of the policy wording, the latest Policy Schedule and any other documents the Company may issue to the Policyholder or Insured Person that will form part of this Policy (e.g., Endorsements).

55. **Policyholder** means the corporate body who is named as the Policyholder in the Policy Schedule and to whom this Policy is issued in respect of cover for the Insured Persons declared to the Company. Also, the Policyholder owns this Policy, is responsible for premium payments and has the right to exercise all privileges under this Policy.
56. **Policy Effective Date** refers to the later of:
- a) the Policy Start Date as specified on the first Policy Schedule issued to the Policyholder,
 - b) the first date the Insured Person was covered under this Policy, or
 - c) the effective date any additional cover or increased Sum Insured is granted to the Insured Person while they are covered under this Policy, only in respect to the additional cover or increased Sum Insured.
57. **Policy Expiry Date** means the earlier of:
- a) the expiry date as specified on the Policy Schedule for this Policy;
 - b) the date this Policy is cancelled; or
 - c) the date this Policy is automatically terminated as provided under Section '[Automatic Termination of Policy](#)'.
58. **Period of Insurance** means the period which commences on the Policy Start Date and ends on the Policy Expiry Date as specified in the Policy Schedule, for which premium has been paid.
59. **Policy Schedule** means the document showing details of the Period of Insurance and the particulars of the Policyholder and eligible Insured Persons, including the Schedule of Benefits and the renewal Policy Schedule, which should be read with this Policy.
60. **Policy Start Date** means the date specified on the Policy Schedule on which the cover under this Policy commences.
61. **Private Leisure Travel** means travel which is for private leisure and is taken either immediately before, after or during their Overseas Business Trip.
62. **Quadriplegia** means the entire paralysis of both legs and both arms.
63. **Rebellion** means a deliberate, organised and open resistance, by force and arms, to the laws or operations of a government, committed by its citizens.
64. **Regional Business Trip** means a Business Trip to Brunei, Cambodia, Indonesia, Laos, Myanmar, the Philippines, Singapore, Thailand, Vietnam, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan and/or India, where cover under this Policy for the Insured Person starts from the time of leaving their usual place of residence or usual place of employment in Malaysia, whichever occurs last, until their return to their usual place of residence or usual place of employment in Malaysia, whichever occurs first.
65. **Renewal Date** means the date after 12 consecutive months following the Policy Start Date and the date after each 12 consecutive months thereafter provided the Policy is renewed.
66. **Revolution** means the overthrow of a regime or political system by its citizens.

67. **Schedule of Benefits** means the document containing the applicable Benefits and their corresponding Sum Insured.
68. **Scheduled Flight** means any fixed-wing aircraft operated by an airline which is duly licensed and registered to provide transportation services on fixed, established and regular schedules and routes for individuals who travel as fare paying passengers.
69. **Serious Injury or Serious Illness** means:
- i) When applied to the Insured Person, it shall mean that the Insured Person requires treatment by a Doctor for an Injury or Illness and which results in the Insured Person being certified by the Doctor as being unfit to travel or continue with their original Business Trip.
 - ii) When applied to the Immediate Family Member, it shall mean that the Immediate Family Member is Hospitalised due to an Injury or Illness and is certified by the attending Doctor that their life is in imminent danger resulting in the Insured Person's discontinuation of their original Business Trip.
70. **Spouse** means someone the Insured Person is legally married to.
71. **Sum Insured** means the maximum amount payable for a Benefit as specified in the Schedule of Benefits.
72. **Terrorist Act** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorist Act must be an act which is verified or recognized by the relevant government as an act of terrorism.
73. **Thumb** means the first digit of a Hand.
74. **Toe** means a digit of the Foot.
75. **Total Disablement** means a disablement which results in Loss of Independent Existence and entirely prevents the Insured Person from engaging in any business, profession, occupation or employment for which they are reasonably qualified by training, education or experience.
76. **Total Loss** means:
- In the case of a Limb
- a) Permanent physical severance of the Limb; or
 - b) Permanent total and irrecoverable loss of use of the Limb.
- In the case of a loss of Thumb, Finger or Toe
- a) Loss by Permanent physical severance of the entire Thumb, Finger or Toe; or
 - b) Permanent, total and irrecoverable loss of use of a complete Thumb, Finger or Toe.
- In the case of loss of sight
- a. Permanent, total and irrecoverable physical loss of one or both eyes; or
 - b. Permanent, total and irrecoverable loss of the sight of one or both eyes.

In the case of loss of speech

- a) Permanent, total and irrecoverable loss of speech resulting in the inability to articulate any three of the four sounds which contribute to the speech such as the labial sounds, the alveololabial sounds, the palatal sounds and the velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

In the case of loss of hearing

- a) Permanent, total and irrecoverable loss of hearing resulting in inability of the Insured Person to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

77. **Travel Arrangements** means travel and/or accommodation arrangements made for the Insured Person's Business Trip. Travel Arrangements will not include any registration fees, credit or debit card fees or any insurance premiums.

78. **Travel Itinerary** means the schedule of the Insured Person's Business Trip, that includes destinations to be visited at specified times and dates, and the means of transportation to be used to move between those destinations.

79. **Usual Country of Residence** means Malaysia, in which the Insured Person is a resident:

- a) as a citizen;
- b) registered as a permanent resident; or
- c) holding a valid employment or dependent permit granted by the relevant government authority during the Period of Insurance.

80. **Valid Claim** means any claim under this Policy which, according to the terms of the Policy, the Policyholder or Insured Person is entitled to receive a payment from the Company.

81. **War** shall mean declared or undeclared hostile action between two or more nations or states.

8. BENEFITS

Please importantly note the following for this Policy:

- (i) The Policyholder or Insured Person must refer to the Schedule of Benefits for:
 - a. applicable Benefits as not all the Benefits listed below will apply to the Policy; and
 - b. specific Benefits where the coverage is extended to Domestic Business Trips
- (ii) Applicable Benefits for Domestic Business Trips only cover for Injuries sustained during Domestic Business Trips and not illnesses.

Section 1 - Personal Accident Benefits

PASSIVE WAR AND RELATED PERILS EXTENSION including ADDITIONAL ACCIDENTAL DEATH & PERMANENT DISABLEMENT BENEFIT (Applicable Section 1 - Personal Accident Benefits) 16

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PASSIVE WAR AND RELATED PERILS EXTENSION including ADDITIONAL ACCIDENTAL DEATH & PERMANENT DISABLEMENT BENEFIT (Applicable to Section 1 - Personal Accident Benefits)

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this Policy will, subject to its terms and conditions, cover the Insured Person during a Business Trip against:

1. physical Injury solely and directly caused by War, Civil War, invasion, acts of foreign enemies, hostilities, whether war be declared or not, Insurrection, Rebellion or Revolution, which occurs at a specific time and place during this Period of Insurance and occasions the death, disablement or Injury related Benefit, as covered by Section 1 of this Policy, of the Insured Person within the time frame expressed in the relevant Benefit section or 365 days from the date of the physical Injury whichever occurs first; or
2. witnessing or becoming a victim of a traumatic event, solely and directly caused by War, Civil War, invasion, acts of foreign enemies, hostilities, whether war be declared or not, Insurrection, Rebellion or Revolution, which occurs at a specific time and place during this Period of Insurance and occasions post-trauma counselling treatment, as covered by this Policy, of the Insured Person within 365 days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises.

In addition to the Section 1 - 'Accidental Death' and 'Accidental Permanent Disablement' Benefit, the 'Accidental Death and Permanent Disablement due to Passive War' Benefit will be payable for a physical Injury that occasions death or a Permanent Disablement listed in the table below, solely and directly caused by War, Civil War, invasion, acts of foreign enemies, hostilities, whether war be declared or not, Insurrection, Rebellion or Revolution, within 365 days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises.

TABLE OF EVENTS

Injury resulting in:	
1	Accidental death
2	Permanent Total Disablement
3	Permanent and incurable paralysis of all Limbs
4	Permanent Total Loss of Sight of both eyes
5	Total Loss of two Limbs or Permanent Loss of Use of two Limbs
6	Total Loss of one Limb or Permanent Total Loss of one Limb
7	Permanent Total Loss of Speech and Hearing

The maximum Sum Insured payable under this Accidental Death & Permanent Disablement due to Passive War Benefit, regardless of the number of Events suffered, shall not exceed 100% of the Sum Insured specified in the Schedule of Benefits.

Coverage under this extension will apply for a period of seven (7) consecutive days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises. During this period the Insured Person will make every effort to leave the country as soon as possible by whatever means as available to them.

For any Insured Person(s) who wishes to enter a country to which a War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution has already arisen, no coverage shall apply.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

(i) This Policy does not cover claims in any way caused or contributed to by:

- a. the Insured Person taking an active part in War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution;
- b. War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution in Malaysia or the Insured Person's Usual Country of Residence;
- c. any pathogenic, poisonous, chemical, biological, bio-chemical or radioactive materials; and
- d. a nuclear or radioactive device whose destructive force employs or involves atomic or nuclear fission and/or fusion or other like reaction.

(ii) The Insured Person is not covered while visiting countries or areas which, prior to the time of travel, has been recognised as a war zone by the United Nations or the USA or the EU or any other competent International Agencies or if Foreign Offices' advice was against all travel in that country or where there are warlike operations.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

1. In the event that any provision of this extension is found to be invalid or unenforceable in whole or in part by reason of any rule of law or public policy, the other provisions of this extension and the remainder of the provision in question shall not be affected thereby and shall remain in full force and effect.

1. ACCIDENTAL DEATH

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in Accidental death within 365 days from the date of the Accident, the Company will pay the Sum Insured specified in the Schedule of Benefits.

EXPOSURE

If an Accidental death occurs within 365 days from the date of Accident as a direct result of unexpected exposure to natural elements following an Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

DISAPPEARANCE

If the Insured Person's body has not been found within 365 days after the date of disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which the Insured Person was travelling at the time of the Accident, the Company will presume that the Insured Person died from this Accident. This is subject to a signed undertaking by the Insured Person's legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to the Company upon demand.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

1. The Policy will automatically terminate in respect of the Insured Person when the Sum Insured is paid under this Benefit.
2. The Sum Insured payable under this Benefit shall be reduced by any amount paid or payable under 'Accidental Permanent Disablement' Benefit for the same Accident.

2. ACCIDENTAL PERMANENT DISABLEMENT

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in one of the Events listed in the Table of Events below within 365 days from the date of the Accident, the Company will pay the Sum Insured for such Event as specified in the Table of Events below.

TABLE OF EVENTS

Table of Events		
Event	Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified in the Schedule of Benefits
1	Permanent Total Disablement	100%
2	Permanent and incurable paralysis of all Limbs	100%
3	Permanent Total Loss of Sight of both eyes	100%
4	Permanent Total Loss of Sight of one eye	100%
5	Total Loss of two Limbs or Permanent Loss of Use of two Limbs	100%
6	Total Loss of one Limb or Permanent Total Loss of Use of one Limb	100%
7	Permanent Total Loss of Speech and Hearing	100%
8	Permanent and incurable insanity	100%
9	Permanent Total Loss of Hearing in:	
	a) Both ears	75%
	b) One ear	25%
10	Permanent Total Loss of Speech	50%
11	Total Loss of all Fingers or Permanent Loss of Use of all Fingers of either Hand	70%
12	Total Loss of one Thumb or Permanent Loss of Use of one Thumb:	
	a) Both phalanges of either Hand	30%
	b) One phalanx of either Hand	15%
13	Total Loss of four Fingers or Permanent Loss of Use of four Fingers of either Hand:	40%
14	Total Loss of Fingers or Permanent Loss of Use of Fingers	
	a) Three phalanges of either Hand	10%
	b) Two phalanges of either Hand	7.5%
	c) One phalanx of either Hand	5%
15	Total Loss of Toes or Permanent Loss of Use of Toes	
	a) All of one Foot	15%
	b) Big Toe, both phalanges	5%
	c) Big Toe, one phalanx	3%

	d) Other than Big Toe, each Toe (one phalanx or more)	1%
16	Fractured leg and/or patella with established non-union	10%
17	Shortening of Leg by at least 5 cm	7.5%

In the event of any Permanent Disablement not otherwise provided for under the Table of Events, the Company will assess the percentage of the amount payable and shall have absolute discretion in determining such percentage, consistent with the percentage provided under Events 9 to 17 inclusive subject to a maximum of 75% of the applicable amount as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Benefit is payable only once for the same part of the body. For an example, if an Insured Person sustains an Injury under Event 12 for their right Hand, the Company will not pay out under Events 13 to 15 for the same Injury.
2. If an Insured Person has an existing physical impairment prior to the date of the Accident, the calculation of the benefit payable for Items 1-17 of the Table of Events under the Benefit 'Accidental Permanent Disablement' will be based on the difference between the Insured Person's physical impairment or medical condition before and after the covered Accident.
3. The maximum Sum Insured payable under this Benefit regardless of the number of Events suffered, is 100% during the Period of Insurance and the Benefit automatically terminates for the Insured Person involved upon payment of the Benefit.
Should this 100% limit be reached before the expiry of the Period of Insurance, then coverage under this Benefit for the Insured Person lapses when the last Event giving rise to the payment of 100% Sum Insured for this Benefit or that difference making up the balance of the 100% Sum Insured for this Benefit occurs. The Policy will continue as if this Benefit had been cancelled for that Insured Person.

3. ACCIDENTAL DEATH DUE TO NATURAL CATASTROPHE

If, while on a Business Trip, the Insured Person sustains an Injury due to Natural Catastrophe that directly results in their death within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

4. ACCIDENTAL DEATH DUE TO GUNSHOT

If, while on a Business Trip, the Insured Person sustains an Injury due to Gunshot(s) from a Firearm that directly results in their death within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Gunshot** means the act of discharging a Firearm.
2. **Firearm** means rifles, shotguns or other portable guns. It does not include bombs or grenades containing an explosive charge.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any deliberate provocation or direct participation of the Insured Person in violence that results in this Injury.

5. ACCIDENTAL DEATH IN A PUBLIC CONVEYANCE

If, while on a Business Trip, the Insured Person sustains an Injury when boarding, travelling in or exiting a Common Carrier as a fare paying passenger or while in a lift, that directly results in their death within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Passenger Code of Conduct means any code of conduct issued by a company operating as a Common Carrier as defined in this Policy.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any loss directly or indirectly related to the Insured Person threatening safety or disrupting other passengers and crew, or in the event of any violation of the Passenger Code of Conduct.

6. FUNERAL EXPENSES

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in their death within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

For this Benefit to be payable, there must be a Valid Claim payable for Accidental death under the 'Accidental Death' Benefit.

7. FRACTURES

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in one or more of the Complete Fractures listed in the Table of Events below and is certified by the attending Doctor, the Company will pay the Sum Insured for such Event as specified in the Table of Events below

Table of Events		
Event	Injury resulting in a Complete Fracture of:	Percentage of Sum Insured as specified in the Schedule of Benefits payable per Insured Person
A	Vertebral column (other than coccyx)	100%
B	Pelvis or hip	80%
C	Skull (other than nose and teeth)	30%
D	Breast bone, ankle, or one or more bones of the leg (femur, patella, tibia, and fibula)	30%
E	Collar bone, elbow, wrist or one or more bones of the arm (humerus, radius, ulna)	15%
F	Rib or coccyx	10%
G	One or more bones of the Hand, Fingers, Foot, Thumb, Toes, the nose, or any bone not specifically covered in A to F above	3%
The percentage of the amount reflected in the Table of Events is payable for each Event under Events A to G regardless of the number of Fractures suffered on each Bone Site.		
Maximum Percentage of Sum Insured payable in any one Accident or any one Period of Insurance		100%

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Bone Site** means the bone(s) or body part as listed in Events A to G in the Table of Events above.
2. **Complete Fracture** means a Fracture in which the bone is broken completely across with no connection left between the bone pieces.

3. **Fracture** means a complete or incomplete break in the continuity of a bone and is diagnosed by the attending Doctor through radiological evidence and diagnostic techniques.
4. **Pathological Fracture** means a complete or incomplete break in the continuity of a bone, in an area where disease has caused weakening of the affected bone.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

This Benefit is payable only once per Insured Person within the Period of Insurance.

EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Policy any claim in connection with:

1. Any Illness
2. Fracture caused by osteoporosis or any Pathological Fracture. If osteoporosis or Pathological Fracture is first diagnosed by a Doctor during the Period of Insurance, the Company will pay the claim as provided under this Benefit for the initial Fracture after diagnosis; however, all subsequent Fractures will not be covered by this Policy.
3. Any Fractures classed as hairline, stress or fatigue Fractures.
4. Any Fractures involving body parts or bone sites not listed in the Table of Events above.

8. ACCIDENTAL BURNS

If, while on a Business Trip, the Insured Person sustains an Injury resulting in Serious Burns listed in the Table of Events below, the Company will pay up to the Sum Insured for such Event as specified in the Table of Events below.

TABLE OF EVENTS:

Events - Serious Burns resulting in damage as a % of total body surface area:		Percentage of the Sum Insured payable per Insured Person as specified in the Schedule of Benefits
Area		
Head	Equals to or greater than 2% but less than 5%	50%
	Equals to or greater than 5% but less than 8%	75%
	Equals to or greater than 8%	100%
Body	Equals to or greater than 10% but less than 15%	50%
	Equals to or greater than 15% but less than 20%	75%
	Equals to or greater than 20%	100%

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Serious Burns** means either Second Degree Burns or Third Degree Burns as diagnosed by the attending Doctor.
2. **Second Degree Burns** means partial thickness burns which affect both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands) as diagnosed by the attending Doctor.
3. **Third Degree Burns** means full thickness burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), that can also affect deeper tissues, as diagnosed by the attending Doctor. These burns usually require surgery or skin grafting.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is payable provided an assessment of the percentage of body affected by burns is determined and certified by the attending Doctor.
2. The maximum claim amount payable under this Benefit during the Period of Insurance regardless of the number of Events suffered, is 100% of the Sum Insured specified in the Schedule of Benefits.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

This Benefit will not pay any claim in connection with:

1. any first-degree burns, sunburn, in-door tanning, cosmetic tanning or burns resulting from any aesthetic or surgical procedure.

9. ACCIDENTAL MISCARRIAGE

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in miscarriage, which is not attributed to any natural causes and/or illness, within 14 Days from the date of Accident, the Company will reimburse the medical expenses incurred up to the Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is only paid once in a Period of Insurance.
2. The claim must be supported by a medical report and the attending Doctor must confirm that the miscarriage was not attributed to any natural causes and/or illness.

10. EDUCATION FUND BENEFIT

If, while on a Business Trip, an Insured Person sustains an Injury that directly results in death within 365 days from the date of the Accident, the Company will pay the Sum Insured for each Insured Person's surviving Child enrolled as a full-time student in a recognised Educational Institution at the time of Insured Person's death up to the maximum Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is only payable once per eligible Child; and
2. Supporting documents showing the surviving Child or Children's enrolment in an Educational Institution at the time of Insured Person's death must be provided to the Company.

11. TRAUMA COUNSELLING COMPENSATION

If, while on a Business Trip, an Insured Person witnesses or becomes a victim of a traumatic event such as an armed robbery, assault or Terrorist Act, the Company will reimburse up to the amount for each visit as specified in the Schedule of Benefits, up to the maximum Sum Insured as specified in the Schedule of Benefits, to provide the financial relief in getting the necessary post-trauma counselling and related treatment, provided that the:

1. incident is reported to the police within 24 hours;
2. treatment is certified as necessary by the attending Doctor for the wellbeing of the Insured Person; and
3. trauma counselling is provided by a registered psychologist or psychiatrist within 365 days from the date of the traumatic event.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is payable only once per Insured Person per Period of Insurance.
2. The claim for this Benefit must be supported with
 - i. medical reports from the attending Doctor as required by the Company; and
 - ii. a police report lodged within 24 hours of the traumatic event.

12. MOBILITY ASSISTANCE

If, while on a Business Trip, an Insured Person sustains an Injury that results in one of the Events listed in the Table of Events below within 365 days from the date of the Accident, the Company will reimburse the actual reasonable costs for:

- a) Purchasing or renting Mobility Aid(s);
- b) Necessary alteration and instalments to the Insured Person's personal vehicle; and/or
- c) Necessary alteration and renovation in Insured Person's Home. This includes but not limited to installation of ramps for wheelchair access, internal guide rails, emergency alert system and similar disability aids that are necessary for the Insured Person to perform the activities of daily living in their residence,

for the sole purpose of assisting with their mobility, up to the maximum Sum Insured payable as specified in the Schedule of Benefits.

Table of Events:

	Injury resulting in:
1	Permanent Total Disablement
2	Permanent and incurable paralysis of all Limbs
3	Permanent Total Loss of Sight of both eyes
4	Total Loss of two Limbs or Permanent Loss of Use of two Limbs
5	Total Loss of one Limb or Permanent Total Loss of Use of one Limb
6	Permanent Total Loss of Speech and Hearing

DEFINITION - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS:

In addition to the definitions set out in the General Policy Definitions, the following specific definitions apply:

1. **Mobility Aid(s)** means medical equipment prescribed by the Doctor as Medically Necessary for the Insured Person to engage in Activities of Daily Living, including but not limited to Prosthetic Devices, orthopaedic braces, crutches, wheelchairs, walking aids and hospital beds.
2. **Prosthetic Devices** means artificial devices replacing body parts, including but not limited to, leg, arm, back, and neck braces, artificial legs, arms and eyes.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

1. This Benefit is payable:
 - a. Only once in an Insured Person's lifetime.
 - b. If the Company is provided with the supporting documents for:
 - i. the specified Permanent disablement listed in the Table of Events above, duly certified by the attending Doctor; and
 - ii. the expenses incurred to rent or purchase Mobility Aid(s), alteration and instalments to their motor vehicle or alteration and renovation of their Home.
 - c. Only upon the attending Doctor's written confirmation that any rent or purchase of Mobility Aid(s), alterations, instalments or renovation in Insured Person's Home or personal vehicle is necessary to assist Insured Person with their mobility.
 - d. For alteration or renovation to be carried out at only one residence which Insured Person usually resides at and to one personal vehicle only.
 - e. For expenses incurred to rent or purchase of Mobility Aid(s), alteration and instalments to their personal vehicle or alteration and renovation of their Home done within 180 days from the date of such event listed in the Table of Events above is diagnosed by the Doctor for this Benefit.
2. The Company retains the right to determine if the purchase or rental of any Mobility Aid(s), alteration to their personal vehicle or renovation of their Home is Medically Necessary and appropriate.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

In addition to the exclusions set out in the General Policy Exclusions, this Policy will not pay any claim in connection with:

1. Any rent or purchase of Mobility Aid(s), alteration or renovation in Insured Person's Home or personal vehicle not prescribed by a Doctor as being Medically Necessary or does not aid in Insured Person's mobility.
2. Any repair or replacement for any Mobility Aid(s) that was purchased or rented.
3. Any alteration or renovation done in a Home which the Insured Person does not permanently reside in or personal vehicle not owned by the Insured Person.
4. Any alteration or renovation that was already ongoing at the Insured Person's Home or personal vehicle prior to the Insured Person sustaining the Injury that resulted in Permanent Total Disablement.
5. Any damages arising from the alteration or renovation work.
6. Any external prosthetics appliances or devices such as hearing aids, implanted pacemakers, contact lenses and glasses for eye refraction, corrective aids and treatment of refractive errors unless necessitated by Injury caused by an Accident.
7. Any ancillary items such as telephone arms and over bed tables, items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners), disposable supplies, exercise bikes, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment and other similar items.
8. Any rental deposits or bonds, delivery or assembling charges and shipping or import fees.
9. Any alteration or renovation in Insured Person's Home or personal vehicle where the hired alteration or renovation contractor is the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or a person related to the Insured Person by blood, marriage or adoption.

13. COMA ALLOWANCE (LUMPSUM)

If, while on a Business Trip, an Insured Person sustains an Injury and is Hospitalised in a Comatose State within 180 days from the date of Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Comatose State (i.e., Coma)** means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. This diagnosis must be supported by the attending Doctor with evidence of all of the following:
 - a) No more than Glasgow Coma Score of 6 for at least 72 consecutive hours;
 - b) Life support measures are necessary to sustain life; and
 - c) Brain damage resulting in Permanent Neurological Deficit.
2. **Permanent Neurological Deficit** means any neurological impairment which is certified by the attending Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life resulting in a disablement that consequentially leads to a total inability to perform, by oneself, at least 2 or more Activities of Daily Living.

3. **Glasgow Coma Scale** (GCS) means an internationally recognised neurological scale which aims to give a reliable and objective way of recording the state of a person's consciousness for initial as well as subsequent assessment.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Insured Person must be diagnosed to be in a Comatose State whilst Hospitalised and continue to be Hospitalised for the whole duration of the Comatose State for this Benefit to be payable.
2. The Comatose State must be supported by the attending Doctor's report outlining the cause and period of the Insured Person's Comatose State.
3. An assessment for brain damage resulting in Permanent Neurological Deficit for the Insured Person must be conducted 90 days after the Accident, unless an alternative later date is recommended by the Company's medical advisers. This assessment is to be conducted by the attending neurosurgeon and certified in writing.
4. This Benefit is only payable once in a Period of Insurance.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

This Benefit will not pay any claim in connection with any illness or a medically induced Comatose State.

14. HIV DUE TO BLOOD TRANSFUSION

If, while on a Business Trip, an Insured Person sustains an Injury requiring a blood transfusion as part of their medical treatment and as a result of the transfusion, they are infected with the Human Immunodeficiency Virus (HIV) within thirty (30) days from the date of Accident, the Company will pay the Insured Person the Sum Insured as shown on the Schedule of Benefits provided:

- a) the blood transfusion was Medically Necessary or given as part of a medical treatment;
- b) the blood transfusion was received while the Insured Person is employed with the Policyholder;
- c) the source of the infection is established to be from the institution that provided the blood transfusion, and the institution is able to trace the origin of the HIV tainted blood;
- d) the Insured Person does not suffer from thalassemia major or haemophilia;
- e) proof of the Accident giving rise to the infection is reported to the Company within thirty (30) days of the Accident taking place; and
- f) proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

This Benefit will not pay any claim in connection with:

- a) a treatment that has rendered the HIV inactive or non-infectious; or
- b) the HIV infection which resulted from any other means including sexual activity and the use of intravenous drugs.

- c) the HIV which is not a direct result of blood transfusion as part of the Insured Person’s medical treatment.

15. ACCIDENTAL DEATH DUE TO TERRORISM

If, while on a Business Trip, an Insured Person sustains an Injury due to a Terrorist Act that directly results in the Insured Person’s death within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Policy any claim in connection with:

- 1. Any event not recognised as a Terrorist Act by the relevant government.

16. ACCIDENTAL DEATH & PERMANENT DISABLEMENT DUE TO AUTOMOBILE ACCIDENT

If, while on a Business Trip, the Insured Person sustains an Injury due to an Automobile Accident, where the Insured Person was either a passenger or driver, that directly results in one of the Events listed in the Table of Events below within 365 days from the date of the Accident, the Company will pay the Sum Insured as specified in the Schedule of Benefits.

Events: Injury resulting in:	
1	Accidental death
2	Permanent Total Disablement
3	Permanent and incurable paralysis of all Limbs
4	Permanent Total Loss of Sight of both eyes
5	Total Loss of two Limbs or Permanent Loss of Use of two Limbs
6	Total Loss of one Limb or Permanent Total Loss of Use of one Limb
7	Permanent Total Loss of Speech and Hearing

DEFINITIONS - IN ADDITION TO THE GENERAL DEFINITIONS APPLYING TO ALL SECTIONS

Automobile means a four-wheeled motor vehicle designed primarily for passenger transportation and commonly propelled by an internal-combustion engine using a volatile fuel.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any loss directly or indirectly related to the Insured Person threatening safety of the journey in the Automobile.

17. STAFF REPLACEMENT

If, while on a Business Trip, an Insured Person sustains an Injury and is certified by the attending Doctor to be continuously disabled and entirely prevented from performing their usual occupational duties with the Policyholder for a minimum period of 60 consecutive days from the date of Accident, the Company will reimburse the Policyholder reasonable and necessary expenses incurred to hire a temporary replacement for the Insured Person up to the Sum Insured as specified in the Schedule of Benefits.

Reasonable and necessary expenses to hire a temporary replacement includes but is not limited to expenses related to salaries, administrative costs of recruitment and training costs.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. All expenses must incur within 90 days from the date of Accident.
2. This Benefit is payable only once for any one Accident per Insured Person.
3. The attending Doctor must certify and confirm that the Insured Person is continuously disabled and entirely prevented from attending their usual occupational duties for at least 60 consecutive days from the date of Accident, along with supporting medical reports.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Policy any claim in connection with:

1. Any individual who is not employed on a temporary basis or on a short contract term by the Policyholder as a temporary replacement as specified above.

18. KEY-EMPLOYEE RECRUITMENT FEES

If, while on a Business Trip, an Insured Person who is a C-level Management sustains an Injury that directly results in one of the Events listed in the Table of Events below within 365 days from the date of the Accident, the Company will reimburse the Policyholder reasonable and necessary expenses incurred to hire a permanent replacement for such Insured Person up to the Sum Insured as specified in the Schedule of Benefits.

Reasonable and necessary expenses to hire a permanent replacement includes but is not limited to expenses related to salaries, administrative costs of recruitment and training costs.

TABLE OF EVENTS

Event	Injury resulting in:
1	Accidental death
2	Permanent Total Disablement
3	Permanent and incurable paralysis of all Limbs

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. All expenses must incur within 90 days from the date of Accident.
2. The Company will only pay for one such claim per Policyholder during the Period of Insurance.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Policy any claim in connection with:

1. Any recruitment costs for replacement if the Insured Person is not C-level Management.

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PASSIVE WAR AND RELATED PERILS EXTENSION (Applicable to Section 2 - Medical and Associated Expenses)

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this Policy will, subject to its terms and conditions, cover the Insured Person during a Business Trip against physical Injury or Illness, solely and directly caused by War, Civil War, invasion, acts of foreign enemies, hostilities, whether war be declared or not, Insurrection, Rebellion or Revolution, which occurs at a specific time and place during this Period

of Insurance and occasions a Valid Claim for the Injury or Illness related Benefits as covered by Section 2 of this Policy, of the Insured Person within the time frame expressed in the relevant Benefit section or 365 days from the date of the physical Injury or manifestation of the Illness whichever occurs first.

Coverage under this extension will apply for a period of seven (7) consecutive days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises. During this period the Insured Person will make every effort to leave the country as soon as possible by whatever means as available to them.

For any Insured Person(s) who wishes to enter a country to which a War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution has already arisen, no coverage shall apply.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

- (i) This Policy does not cover claims in any way caused or contributed to by:
 - a. the Insured Person taking an active part in War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution;
 - b. War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution in Malaysia or the Insured Person's Usual Country of Residence;
 - c. any pathogenic, poisonous, chemical, biological, bio-chemical or radioactive materials; and
 - d. a nuclear or radioactive device whose destructive force employs or involves atomic or nuclear fission and/or fusion or other like reaction.
- (ii) The Insured Person is not covered while visiting countries or areas which, prior to the time of travel, has been recognised as a war zone by the United Nations or the USA or the EU or any other competent International Agencies or if Foreign Offices' advice was against all travel in that country or where there are warlike operations.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

In the event that any provision of this extension is found to be invalid or unenforceable in whole or in part by reason of any rule of law or public policy, the other provisions of this extension and the remainder of the provision in question shall not be affected thereby and shall remain in full force and effect.

1. MEDICAL EXPENSES

If, while on a Business Trip, an Insured Person sustains an Injury or suffers Illness, the Company will reimburse, up to the Sum Insured as specified in the Schedule of Benefits, for any Medically Necessary Medical Expenses incurred whilst on the Business Trip as a direct result of such Injury or Illness.

Sub-Limit:

Any Medical Expenses incurred for treatment by a chiropractor, acupuncturist, herbalist, and/or a bonesetter for a covered Injury sustained while on a Business Trip is payable up to a maximum of RM750 per Accident or Illness diagnosed.

This Benefit extends to cover Medically Necessary Medical Expenses incurred for treatment or follow-up treatments in Malaysia after the Business Trip for Injury or Illness suffered while on the Business Trip. The Sub-limit and time limit for seeking such medical treatment is as follows:

a) If initial treatment was sought whilst on Business Trip

If prior treatment has already been sought during the Business Trip and the Insured Person seeks to continue medical treatment on the advice of the Doctor upon return to Malaysia for the same Injury or Illness sustained whilst on the Business Trip, the Insured Person has up to a maximum of 60 days from their date of return to their usual place of residence in Malaysia to continue medical treatment or up to a maximum of 5% of the Sum Insured specified in the Schedule of Benefits whichever occurs first.

b) If initial treatment was not sought whilst on Business Trip – Applicable only to International or Regional Business Trips

If prior treatment has not been sought during the Business Trip and the Insured Person seeks medical treatment upon return to Malaysia for the Injury or Illness sustained whilst on the Business Trip, the Insured Person has up to a maximum of 30 days from their date of return to their usual place of residence in Malaysia to seek medical treatment in Malaysia or up to a maximum of 5% of the Sum Insured specified in the Schedule of Benefits whichever occurs first, provided the first treatment is sought within 72 hours upon arrival from their date of return.

In the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of the Medical Expenses from any other source, including but not limited to any other insurance, the Company will only pay for the amount not recoverable from such other source or insurance.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Medical Expenses means any actual, reasonable and necessary expenses incurred for Hospitalization, medical treatment or supplies, medical services, which are Medically Necessary to treat an Insured Person as prescribed by a Doctor and which do not exceed the usual level of charges for similar treatment for the same injury or illness, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed. It does not include any costs incurred for dental treatments or physiotherapy treatments.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or an Insured Person must contact AIGTP as soon as possible in respect of any Injury or Illness that results in the need for In-patient Hospital treatment whilst on a Business Trip unless the Insured Person is unable to contact AIGTP for reasons which were beyond their control and deemed reasonable by the Company.
2. All reimbursement of such Medical Expenses shall be in accordance with the prevailing laws, rules and regulations of Malaysia.

3. This Benefit is only payable after supporting documents for Medical Expenses, including attending Doctor's reports and referral letters (where applicable), are provided to the Company along with original Medical Expenses bills and receipts.
4. Any Hospitalization accommodation for the Insured Person while on a Business Trip is restricted up to the cost of a single standard private room.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

- 1) any routine medical or optical treatments or consultations.
- 2) Any treatment or services provided by the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or a person related to the Insured Person by blood, marriage or adoption.
- 3) Any Illness while on a Domestic Business Trip.

2. ACCIDENTAL DENTAL MEDICAL EXPENSES REIMBURSEMENT

If, while on a Business Trip, an Insured Person sustains an Injury which requires treatment by a Dental Practitioner, the Company will reimburse the Medically Necessary Dental Expenses incurred whilst on the Business Trip to restore sound and natural teeth for any one Accident up to the maximum Sum Insured specified in the Schedule of Benefits, provided the first medical treatment is sought for the dental Injury within 7 days from the date of the Accident.

In the event the Insured Person, as the case maybe, also receives reimbursement in whole or in part for such expenses from any other source(s), this Policy will be liable only for the amount in excess of that amount payable by such other source(s).

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS:

Dental Expenses means the necessary and reasonable expenses incurred for dental treatment carried out by the Dental Practitioner. All treatment including specialist treatment must be prescribed or referred by the attending Dental Practitioner in order for expenses to be reimbursed under this Policy and which do not exceed the usual level of charges for similar treatment for the same Injury, supplies, medical or dental services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed.

Dental Practitioner shall mean an individual who is legally registered, qualified and licensed to practice dentistry authorized by the dental licensing authority of that country. The Dental Practitioner cannot be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee, or a person related to the Insured Person by blood, marriage or adoption.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

This Benefit is only payable:

- a. If the first medical treatment sought for the dental Injury is within 7 days from the date of the Accident.
- b. provided the dental charges incurred are to restore sound and natural teeth.
- c. after the Dental Expenses' supporting documents, including attending Doctor's or Dental Practitioner's reports and referral letters (where applicable), are provided to the Company along with original Dental Expenses bills or receipts.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any dental treatment received but is not part of treatment for the Injury sustained while on the Business Trip;
2. Any routine dental treatment or consultation, or any dental treatment due to normal wear and tear or the normal maintenance of dental health or lack thereof;
3. Any injuries to unsound and/or unnatural teeth;
4. Any injuries to teeth occurring during eating activities (e.g., biting and chewing);
5. Installation of dental braces, retainers and/or tooth crowning; or
6. Any treatment or services provided by the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or a person related to the Insured Person by blood, marriage or adoption.

3. PHYSIOTHERAPY EXPENSES

If, while on an Overseas Business Trip, an Insured Person sustains an Injury, the Company will reimburse the cost of physiotherapy incurred within 180 days from the date of the Accident up to a maximum Sum Insured of 20% per visit, up to the maximum Sum Insured specified in the Schedule of Benefits if the physiotherapy treatment is deemed Medically Necessary by the attending Doctor and the Insured Person has a written medical referral from the attending Doctor to the physiotherapist.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is payable only after the supporting documents, including attending Doctor's reports and referral letters, are provided to the Company along with original Medical Expenses bills or receipts for the physiotherapy treatment.
2. If the Insured Person is entitled to receive a reimbursement of all or part of the expenses for physiotherapy treatment stated in this Benefit from any other source(s), the Company will only pay the amount incurred over and above the reimbursed amount, up to the maximum Sum Insured as specified in the Schedule of Benefits.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any physiotherapy treatment received but is not part of treatment for the Injury sustained while on the Overseas Business Trip.
2. Any treatment or services provided by the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or a person related to the Insured Person by blood, marriage or adoption.

4. TRANSPORTATION EXPENSES FOR RETURN TREATMENT IN MALAYSIA

If the Insured Person sustains an Injury or suffers an Illness while on an Overseas Business Trip that resulted in Hospitalization Overseas and requires further or continued treatment(s) upon their return to Malaysia as advised by a Doctor, the Company will reimburse up to the Sum Insured for their transportation for each return treatment visit at a Hospital or medical facility, up to a maximum number of visits as specified on the Schedule of Benefits, provided there is a Valid Claim payable under "Medical Expenses Treatment Benefit", Section - 'Medical Treatment In Malaysia'.

5. HOSPITAL CONFINEMENT

If, while on a Business Trip, an Insured Person sustains an Injury or suffers an Illness resulting in Hospitalization during the Business Trip, the Company will pay a Sum Insured as specified in the Schedule of Benefits for each day they are Hospitalized as an In-Patient whilst on a Business Trip, up to the maximum Sum Insured as specified on the Schedule of Benefits.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any Business Trip undertaken against the advice of a Doctor, or when the purpose of such trip was to obtain any form of medical treatment, consultation or advice.
2. Any Illness while on a Domestic Business Trip.

6. HOSPITAL CONFINEMENT IN ICU

If, while on a Business Trip, an Insured Person sustains an Injury or suffers an Illness resulting in Hospitalization in the Intensive Care Unit (ICU) during the Business Trip, the Company will pay a Sum Insured as specified in the Schedule of Benefits for each day they are Hospitalized as an In-Patient in the ICU whilst on a Business Trip, up to the maximum Sum Insured as specified on the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Intensive Care Unit (ICU) means a section within a Hospital that is designated as an intensive care unit. It is solely dedicated for the treatment of patients who are in a critical medical condition who require constant and close monitoring of the vital body functions in a Hospital, which provides a high ratio of nursing staff to patients, which has full facilities for the resuscitation of patients and provides special nursing and medical services not available elsewhere in the Hospital.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

A claim is payable under either “Hospital Confinement” Benefit or “Hospital Confinement in ICU” Benefit, but not both, for the same Injury or Illness.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any Business Trip undertaken against the advice of a Doctor, or when the purpose of such trip was to obtain any form of medical treatment, consultation or advice.
2. Any Illness while on a Domestic Business Trip.

7. EMERGENCY MEDICAL EVACUATION

If an Insured Person sustains a critical medical condition due to either an Injury or Illness whilst on a Business Trip and if in the opinion of AIGTP or an authorized representative of AIGTP, it is judged medically appropriate to move the Insured Person to another location for medical treatment, or to return the Insured Person back to Malaysia, the Company shall reimburse for the Emergency Medical Evacuation Expenses incurred for arranging the evacuation utilizing the means best suited to do so, based on medical severity of the Insured Person's conditions, up to the maximum amount stated in the Schedule of Benefits.

The Company will at its sole discretion, decide how and where to move the Injured or ill Insured Person depending on the medical advice the Company receives from AIGTP who in turn will consult the local attending or treating Doctor.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Emergency Medical Evacuation Expenses means the cost incurred for the medical transportation of the Insured Person by any suitable means (including air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means) as arranged by AIGTP or an authorized representative of AIGTP, to another appropriate medical facility and/or to an Insured Person's Usual Country of Residence as recommended by the Company who shall and where necessary consult the local attending or treating Doctor. The covered expenses also include medical services and medical supplies necessarily incurred as a result of the emergency medical evacuation of the Insured Person.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or an Insured Person must contact AIGTP as soon as possible in respect of any injury or illness that results in the need for In-patient Hospital treatment whilst on a Business Trip.

EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any Illness while on a Domestic Business Trip.
2. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Business Trip;
3. Any expenses for a service not approved and arranged by AIGTP, or an authorised representative of AIGTP, except that this exclusion shall be waived in the event the Insured Person cannot for reasons beyond their control notify AIGTP during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which AIGTP would have provided under the same circumstances.
4. Any expenses other than those specified under Emergency Medical Evacuation Expenses.

8. REPATRIATION EXPENSES

If, while on a Business Trip, an Insured Person suffers an Injury or Illness that directly results in their death, the Company will reimburse the Repatriation Expenses incurred up to the maximum Sum Insured specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Repatriation Expenses means all funeral expenses incurred in the burial or cremation of the Insured Person at the place of death or the costs incurred for transporting the Insured Person's mortal remains back to the Insured Person's Home in Usual Country of Residence.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or Insured Person must:
 - (i) contact AIGTP as soon as possible if Injury or Illness suffered results in death and the service under this Benefit is required either for burial or cremation at place of death or for repatriation of mortal remains back to the Insured Person's Usual Country of Residence; and
 - (ii) at all times follow the Company or AIGTP's instructions or advice, or else the costs may not be reimbursed.

EXCLUSIONS - IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any Illness while on a Domestic Business Trip.

2. Any expenses for a service not approved and arranged by AIGTP, or an authorised representative of AIGTP, except that this exclusion shall be waived in the event the Insured Person cannot for reasons beyond their control notify AIGTP during an emergency situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which AIGTP would have provided under the same circumstances.
3. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Business Trip.
4. Any expenses incurred for religious rights or ceremonies.
5. Any expenses incurred for body retrieval or recovery.

9. REIMBURSEMENT OF COFFIN EXPENSES

If, while on a Business Trip, an Insured Person suffers an Injury or Illness during the Operative Time of Cover as shown on the Schedule of Benefits. that directly results in their death, the Company will reimburse the Coffin Expenses incurred up to the maximum Sum Insured specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Coffin Expenses means the costs incurred to purchase a container or casket for the Insured Person's remains to be placed in.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This Benefit is only payable after supporting documents for Coffin Expenses are provided to the Company along with original bills and receipts.
2. If the Insured Person is entitled to a refund of all or part of the Coffin Expenses in this Benefit from any other source, the Company will only pay the amount incurred over and above the refunded amount up to the maximum Sum Insured as shown on the Schedule of Benefits.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. any costs other than the costs to purchase a container or casket for the Insured Person's remains to be placed in.

10. GET WELL BENEFIT

If, while on an Overseas Business Trip, an Insured Person sustains an Injury which directly results in the Insured Person being necessarily Hospitalized for a minimum period of 3 Days within 30 days from the date of Accident,

and upon discharge from the Hospital the Doctor prescribes post-hospitalization recuperation, the Company will pay the Sum Insured as specified in the Schedule of Benefits for any one Accident.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

1. Hospitalization of an Insured Person shall be evidenced by Insured Person’s Hospital discharge summary or Hospital billing statement and medical report.
2. This Benefit is payable upon Insured Person’s discharge from the Hospital with a Doctor’s report prescribing post-hospitalization recuperation.
3. There will only be one payment for this Benefit regardless of successive Hospitalization periods for the same Injury.

Section 3: Travel Inconvenience & Other Travel Related Benefits

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PASSIVE WAR AND RELATED PERILS EXTENSION (Applicable to Section 3: Travel Inconvenience & Other Travel Related Benefits)

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto, this Policy will, subject to its terms and conditions, cover the Insured Person during a Business Trip against any covered event of an eligible Benefit under Section 3 solely and directly caused by War, Civil War, invasion, acts of foreign enemies, hostilities, whether war be declared or not, Insurrection, Rebellion or Revolution, which occurs at a specific time and place during this Period of Insurance and occasions a Valid Claim for an eligible Benefit as covered by Section 3 of this Policy, of the Insured Person within the time frame expressed in the relevant Benefit section or 365 days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises whichever occurs first.

Coverage under this extension will apply for a period of seven (7) consecutive days from the time such War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution arises. During this period the Insured Person will make every effort to leave the country as soon as possible by whatever means as available to them.

For any Insured Person(s) who wishes to enter a country to which a War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution has already arisen, no coverage shall apply.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

- (i) This Policy does not cover claims in any way caused or contributed to by:
 - a. the Insured Person taking an active part in War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution;
 - b. War, Civil War, invasion, acts of foreign enemies, hostilities, Insurrection, Rebellion or Revolution in Malaysia or the Insured Person's Usual Country of Residence;
 - c. any pathogenic, poisonous, chemical, biological, bio-chemical or radioactive materials; and
 - d. a nuclear or radioactive device whose destructive force employs or involves atomic or nuclear fission and/or fusion or other like reaction.
- (ii) The Insured Person is not covered while visiting countries or areas which, prior to the time of travel, has been recognised as a war zone by the United Nations or the USA or the EU or any other competent International Agencies or if Foreign Offices' advice was against all travel in that country or where there are warlike operations.
- (iii) The following benefits are not eligible for the 'Passive War And Related Perils Extension':
 - a. Trip Cancellation
 - b. Trip Postponement
 - c. Emergency Travel Expenses
 - d. Travel Delay
 - e. Golf Extras

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS:

In the event that any provision of this extension is found to be invalid or unenforceable in whole or in part by reason of any rule of law or public policy, the other provisions of this extension and the remainder of the provision in question shall not be affected thereby and shall remain in full force and effect.

1. TRIP CANCELLATION

If an Insured Person has to cancel a Business Trip prior to their Departure, the Company will reimburse any non-recoverable, non-refundable deposits and advanced payments for the Travel Arrangements which have been paid, or are payable under contract, and cannot be recovered elsewhere, up to the maximum Sum Insured specified in the Schedule of Benefits provided such cancellation is necessitated by and is unavoidable due to any of the following Covered Events occurring within 30 days before the Policy Start Date of the Business Trip.

Covered Events:

- 1) Death or Serious Injury or Serious Illness or compulsory quarantine of the Insured Person or the Insured Person's Immediate Family Member who is residing in Malaysia;
- 2) Unexpected outbreak of strike, riot or civil commotion or Natural Catastrophes arising out of circumstances beyond the control of the Policyholder or Insured Person at the planned destination; and provided there was no prior warning at the time the Business Trip was booked that such events were likely to occur;
- 3) Serious damage to the Insured Person's Usual Place of Residence from fire, flood or similar Natural Catastrophe within 7 days before the Business Trip's Departure, which requires the Insured Person's presence on the premises on the Departure date; or
- 4) Insured Person being summoned as a witness after booking of the Business Trip.

Important Note:

The Policy will automatically terminate for the Insured Person when this Benefit becomes payable.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim under this Benefit. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
2. In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
3. The Insured Person or Policyholder must provide evidence of receipts and confirmation of the cancellation and/or changes to the itinerary from the conveyance operator(s) and / or service provider who made the Travel Arrangements, otherwise the claim may not be paid in part or in full.
4. This Policy will only pay for a claim either under this Benefit or under 'Trip Postponement' Benefit for the same event, but not both.

The Company will not pay under this Benefit any claim in connection with:

1. Any reason for cancellation other than those stated above.
2. The government of the Insured Person's Usual Country of Residence issuing a warning or advisory against all but essential travel (or similar or higher-level advice) to a destination and such advice or warning was issued prior to the booking and payment for the Business Trip.
3. Redundancy of an Insured Person or the termination of an Insured Person's contract of employment within 30 days prior to scheduled Departure.
4. The Policyholder's or an Insured Person's business, contractual or financial circumstances.
5. The Financial Default of or inability to provide service by any provider of transport or accommodation (or their agent) acting for the Policyholder or the Insured Person.
6. The cancellation by the Common Carrier.
7. Any loss that is covered by any other existing insurance scheme or government program, or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.
8. A claim that is recoverable under any other section of this Policy.
9. Any trip cancellation solely due to epidemic or pandemic related travel advisories issued by governments, health authorities or the World Health Organization, by or for the destination country or Malaysia.
10. Any trip cancellation resulting solely from border closures.
11. Any disinclination of the Insured Person to travel on the Business Trip.
12. If Insured Person choose not to travel because of Illness or Injury to Immediate Family Member which is not a Serious Injury or Serious Illness.
13. Use of air miles, membership card points and/or credit card redemption points to pay for the cancelled Business Trip, whether in part or in full.

2. TRIP POSTPONEMENT

If an Insured Person has to Postpone a Business Trip prior to their Departure, the Company will reimburse Postponement Costs incurred up to the maximum Sum Insured specified in the Schedule of Benefits provided such postponement is necessitated by and is unavoidable due to any of the following Covered Events occurring within 30 days before the Policy Start Date of the Business Trip.

Covered Events:

- 1) Death or Serious Injury or Serious Illness or compulsory quarantine of the Insured Person, the Insured Person's Immediate Family Member who is residing in Malaysia;
- 2) Unexpected outbreak of strike, riot or civil commotion or Natural Catastrophes arising out of circumstances

- beyond the control of the Policyholder or Insured Person at the planned destination; and provided there was no prior warning at the time the Business Trip was booked that such events were likely to occur;
- 3) Serious damage to the Insured Person's Usual Place of Residence from fire, flood or similar Natural Catastrophe within 7 days before the Business Trip's Departure, which requires the Insured Person's presence on the premises on the Departure date; or
 - 4) Insured Person being summoned as a witness after booking of the Business Trip.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Postpone** means delaying the start date of Insured Person's Business Trip to another Departure date.
2. **Postponement Costs** means
 - i. pre-paid and non-refundable expenses for Travel Arrangements, and that is not recoverable from any relevant source(s); or
 - ii. reasonable additional expenses for Travel Arrangements to Postpone the Business Trip provided:
 - a. it is commercially reasonable for the Insured Person to do so; and
 - b. the amount payable does not exceed the amount the Company would have paid under item 2.i. above.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. Insured Person must provide documentary proof that they had first attempted to obtain a refund of any prepaid non-recoverable expenses from their transport or accommodation provider and had been denied their request for such refund. The Company will less out their claim amount by the amount that has been refunded to them.
2. This policy will only pay for a claim either under this Benefit or under 'Trip Cancellation' Benefit for the same event, but not both.
3. Insured Person must inform their travel agent, tour operator, transport or accommodation providers as soon as they know they have to postpone their Trip. The Company will not pay for additional costs incurred due to the delay to inform these travel providers.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any reason for postponement other than those stated above.
2. The government of the Insured Person's Usual Country of Residence issuing a warning or advisory against all but essential travel (or similar or higher-level advice) to a destination and such advice or warning was issued prior to the booking and payment for the Business Trip.
3. Redundancy of an Insured Person or the termination of an Insured Person's contract of employment within 30 days prior to scheduled Departure.
4. The Policyholder's or an Insured Person's business, contractual or financial circumstances.
5. The Financial Default of or inability to provide service by any provider of transport or accommodation (or

their agent) acting for the Policyholder or an Insured Person.

6. The postponement or cancellation by the Common Carrier.
7. Any loss that is covered by any other existing insurance scheme government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.
8. A claim that is recoverable under any other Benefit of this Policy.
9. Use of air miles, membership card points and/or credit card redemption points to pay for the Postponed Business Trip, whether in part or in full.
10. If Insured Person choose not to travel because of Illness or Injury to Immediate Family Member which is not a Serious Injury or Serious Illness.
11. Additional costs for upgrading to higher class of room, airline or transport. Even if economy class or standard class accommodation is unavailable, the Company will only pay up to the value of the reasonable charges for rescheduling conveyance on economy class and for rescheduling standard class accommodation.
12. Any trip postponement solely due to epidemic or pandemic related travel advisories issued by governments, health authorities or the World Health Organization, by or for destination country or Malaysia.
13. Any trip postponement resulting solely from border closures.

3. TRIP CURTAILMENT OR REARRANGEMENT

If, while on a Business Trip, an Insured Person has to curtail or re-arrange pre-booked Travel Arrangements while on a Business Trip, the Company will reimburse for the unused, irrecoverable or prepaid payments and/or additional costs of travel and accommodation that are reasonably and necessarily incurred up to the maximum Sum Insured shown in the Schedule of Benefits for the curtailment or rearrangement of the Business Trip, to enable the Insured Person to return to their Usual Country of Residence or continue on the Business Trip if the curtailment or rearrangement is due to any of the Covered Events mentioned below.

Covered Events:

- 1) Serious Injury or Serious Illness suffered by the Insured Person;
- 2) Hijacking of the Common Carrier or automobile in which the Insured Person is travelling as a passenger;
- 3) Unexpected death or Serious Injury or Serious Illness of the Insured Person's Immediate Family Member, who is residing in Malaysia;
- 4) Any Natural Catastrophe which prevents the Insured Person from continuing with their scheduled Business Trip; or
- 5) Unexpected outbreak of civil unrest, riot or commotion and Terrorist Act arising out of circumstances beyond the control of the Policyholder or Insured Person.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim. The Company will not be liable for any additional penalty charges incurred that would not have been imposed had notice been provided as soon as reasonably possible.
2. In the event of a claim, the Policyholder or Insured Person must surrender to the Company any unused tickets, vouchers, coupons, credit statements, refund statements or travel privileges upon the Company's request.
3. If Insured Person does not hold a return ticket, the Company will deduct from the reimbursement an amount equal to Insured Person's original carrier's published one-way airfare (based on the same class of travel as that paid for Insured Person's outward trip out from Insured Person's Usual Country of Residence) for the route used for Insured Person's return trip back to Usual Country of Residence. The cost of this ticket is calculated at the time the Insured Person is required to return back to Usual Country of Residence.
4. The Company will only pay once for the same period of time and reason. For example, if a Valid Claim includes reimbursement of both forfeited accommodation and additional accommodation charges for the same nights, the Company will deduct from the additional charges what is claimed for the forfeited nights. Likewise, in relation to additional covered transport charges, the Company will deduct claimed forfeited transportation costs for the return journey of the Business Trip.
5. The Insured Person or Policyholder must provide evidence of receipts and/or confirmation of the changes to Travel Itinerary from the Common Carrier operator(s) and/or the service provider who made the Travel Arrangements; otherwise, the claim may not be paid in part or in full.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. The Policyholder's or an Insured Person's business, financial or contractual circumstances.
2. The government of the Insured Person's Usual Country of Residence issuing a warning or advisory against all but essential travel (or similar or higher-level advice) to a destination and such advice or warning was issued:
 - a) prior to the booking or payment of the Business Trip, or
 - b) after a Business Trip was booked and paid for and where alternative arrangements could have been reasonably made to avoid a claim.
3. The Financial Default of or inability to provide service by any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person.
4. Regulations made by any public authority or government or persons with authority under legislation or license to make regulations;

5. A claim that is recoverable under any other Benefit of this Policy;
6. Curtailment or rearrangement arising from the delayed departure of a Common Carrier due to strike or industrial action which existed or for which warning was issued:
 - a) prior to the booking or payment of the Business Trip, or
 - b) after a Business Trip was booked and paid for and where alternative arrangements could have been reasonably made to avoid a claim;
7. Disinclination of the Insured Person to continue traveling on a Business Trip;
8. Curtailment or rearrangements necessary due to the missed departure of a connecting flight if the Insured Person's original ticketed connection time was either less than the official minimum connection time or at least three consecutive hours, whichever is lesser.
9. The Insured Person declining an alternative service provided by the transportation provider.
10. Any rearrangement due to actions within the control of the Insured Person or Policyholder that resulted in missing a Common Carrier connection or departure.
11. Any loss that is covered by any other existing insurance scheme or government program, or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation
12. Any rearrangement of Travel Arrangements which is not commercially reasonable to continue the Business Trip.

4. TRAVEL DELAY

If the original scheduled departure of the Common Carrier as stated in the Travel Itinerary of the Insured Person's Business Trip is delayed due to the Covered Events mentioned below, the Company will pay the Sum Insured for every full 4 consecutive hours of delay, up to a maximum Sum Insured as shown in the Schedule of Benefits.

The period of delay shall be calculated from the original scheduled departure time as stated in the Insured Person's Travel Itinerary to the next available Common Carrier, or any alternative means of transportation, whichever is earlier.

Covered Events:

- 1) mechanical breakdown/derangement and structural defect of Common Carrier;
- 2) strike or industrial action; or
- 3) adverse weather conditions or Natural Catastrophes, that cause a complete cessation of travel services at the point of departure or at destination.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim under this Benefit.
2. The Insured Person must provide to the Company:
 - a. Travel Itinerary showing the scheduled departure time; and
 - b. a letter from the Common Carrier operator confirming the number of hours of delay, the cause for the stated delay and to show evidence that the Insured Person was affected by the stated travel delay in the same letter.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any claim under this Benefit where the Insured Person is unable to provide a written confirmation from the relevant Common Carrier operator on the number of hours of delay and the cause for the stated delay;
2. The Policyholder's or an Insured Person's business, contractual or financial circumstances;
3. The Financial Default of or inability to provide service by any provider of transport or accommodation (or their agent) acting for the Policyholder or an Insured Person;
4. Regulations made by any public authority or government or persons with the authority under legislation or licence to make regulations;
5. The delayed departure of the Common Carrier due to strike or industrial action which existed, or for which advance warning had been given before the booking and payment of the Business Trip;
6. Disinclination of the Insured Person or any other person to travel or continuing to travel;
7. The Insured Person failing to check-in within the stipulated time according to the Travel Itinerary unless failure to check-in was due to any Covered Event listed above under this Benefit;
8. The temporary or permanent withdrawal from service of any Common Carrier on the orders of any port authority, rail authority or the 'Civil Aviation Authority' or any similar body in any country;
9. Actions within the control of the Insured Person that resulted in missing a Common Carrier or the Common Carrier connection.
10. Any strike or industrial action in connection with the Policyholder or any Insured Person's collaboration or provocation of such action.
11. rescheduling of or cancellation by the Common Carrier unless due to adverse weather conditions or mechanical breakdown/derangement of the Common Carrier.

5. TRAVEL MISSED CONNECTION

If, whilst on a Business Trip, the Insured Person's confirmed onward scheduled connecting Common Carrier is missed at the transfer point due to the late arrival of the Insured Person's incoming confirmed scheduled Common Carrier and no onward conveyance is available to the Insured Person within 4 consecutive hours after its late arrival, the Company will reimburse for expenses incurred for hotel accommodation and/or meals or refreshments, up to the Sum Insured as shown in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- 1) The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim under this Benefit.
- 2) The Insured Person must provide to the Company:
 - a. Travel Itinerary showing the scheduled departure time of the incoming and connecting Common Carrier; and
 - b. a letter from the Common Carrier operator confirming the number of hours of delay, the cause for the stated delay and to show evidence that the Insured Person was affected by the stated travel delay in the same letter.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any connecting Common Carrier if the Insured Person's original ticketed connection time for the incoming Common Carrier was scheduled to arrive less than 90 minutes prior to the scheduled departure time of the onward connecting Common Carrier.
2. Any loss arising from failure of the Insured Person to check in according to the Travel Itinerary supplied to them;
3. Any claim under this Benefit where the Insured Person is unable to obtain written confirmation from the Common Carrier or their handling agents of the number of hours delayed and the reason for such delay.
4. Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

6. FLIGHT DIVERSION

In the event that during a Business Trip, a Scheduled Flight the Insured Person is traveling on is diverted due to a bomb threat, adverse weather conditions, drunk passenger, injury or illness which prevents the Insured Person from continuing their Business Trip and is delayed from arriving at the planned destination as per the Travel Itinerary by at least 4 consecutive hours, the Company will pay the Sum Insured as specified in the Schedule of Benefits for every full 4 consecutive hours of delay up to the maximum amount as shown on the Schedule of Benefits.

The period of delay shall be calculated from the original scheduled arrival time of the Scheduled Flight at the planned destination as stated in the Insured Person's Travel Itinerary to the actual arrival of the Scheduled Flight at the same destination.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

The Company will only pay for a claim either under this Benefit or 'Travel Delay' Benefit for the same event, but not both.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. smog, volcanic ash or conditions arising from pollution.

7. OVERBOOKED FLIGHT

The Company will reimburse for travel, accommodation and meal expenses reasonably and necessarily incurred (less any compensation provided by the airline) as a result of an Insured Person being denied boarding on a Scheduled Flight due to overbooking while on a Business Trip. This Benefit only applies if such airline does not provide alternative transportation scheduled to depart within 4 hours of the original scheduled departure time, provided the Insured Person held a confirmed seat on the original Scheduled Flight as per their Travel Itinerary.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Insured Person must provide to the Company:
 - i. documents showing the confirmed seat on Scheduled Flight; and
 - ii. a letter from the airline confirming denial of boarding due to overbooking.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any stand-by, companion or airline staff travel arrangement where a seat had not been guaranteed.
2. Any claim under this Benefit where the Insured Person has declined an alternative transportation provided by the airline.
3. Any denial to board the Schedule Flight due to the Insured Person's failure to check-in within the official stipulated time for the Scheduled Flight.
4. Any claim under this Benefit where the Insured Person is unable to provide a written confirmation from the airline confirming denial of boarding due to overbooking.

8. BAGGAGE DELAY

If, during a Business Trip, the baggage accompanying the Insured Person that has been checked-in with the Common Carrier, has been delayed, misdirected or temporarily misplaced by the Common Carrier for more than 4 consecutive hours, the Company will pay for every full 4 consecutive hours of delay after the Insured Person's arrival at the baggage pick-up point of the scheduled destination as per the Travel Itinerary, up to a maximum Sum Insured as shown in the Schedule of Benefits.

The period of delay shall be calculated from the Insured Person's arrival at the baggage pick-up point until the receipt or delivery of baggage to the Insured Person or to the person authorized by the Insured Person to receive the baggage.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder or Insured Person must notify the Company as soon as reasonably possible in the event of a claim under this Benefit.
2. The Insured Person must provide to the Company:
 - a. Travel Itinerary showing the scheduled time of arrival at the scheduled destination; and
 - b. a letter from the Common Carrier operator confirming the number of hours of delay.
3. If the baggage which has been temporarily lost becomes permanently lost and this results in a claim under 'Loss or Damage Of Personal Property and Baggage' Benefit, the Company will deduct the amount already paid for this Benefit from the payment under 'Loss or Damage Of Personal Property and Baggage' Benefit.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any delay caused by confiscation or detention by customs, immigration and/or public authorities.
2. Any baggage delay upon the Insured Person's returning to their Usual Country of Residence.
3. Any claim under this Benefit where the Insured Person is unable to provide a written confirmation from the relevant Common Carrier operator on the number of hours of baggage delay.

9. LOSS OR DAMAGE OF PERSONAL PROPERTY AND BAGGAGE

If, during a Business Trip, the personal property and/or baggage, including Electronic Equipment and Golfing Equipment, taken along by the Insured Person on the Business Trip or acquired during the Business Trip is lost, stolen or accidentally damaged, the Company will reimburse Sum Insured for the cost of repair or replacement for each Article up to the maximum Sum Insured shown in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Golfing Equipment** means golf clubs, golf bags, golf balls, and hand-drawn/pulled golf carriages (other than licensed electric or motor propelled caddie cars).

2. **Electronic Equipment** means any computers (including laptops, notebooks, tablets and palm pilots), digital cameras and cameras, binoculars, mobile phones, global positioning devices, personal music/recording/gaming devices and other items of a similar nature which are intended for either business or personal use.
3. **Article** means any 1 item, a pair or a set of items which belong together and cannot be worn or used or work separately for the purpose intended. For example, a pair of earrings or a set of golf clubs.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. For the claims to be payable for:
 - a. Any loss or damage attributable to Common Carrier's negligence, the baggage must be checked-in with the Common Carrier;
 - b. Any loss or damage of Electronic Equipment, they must be carried by the Insured Person at the time of loss; and
 - c. Any loss or damage occurring in a hotel room, there must be physical evidence of break-in which is reported to the police and is supported by a police report.
2. For loss or damage attributable to a Common Carrier or hotel, the claim should be made against the Common Carrier or hotel first prior to the Company making any payment under this benefit. Such claims must be submitted with proof of compensation received from the Common Carrier or hotel or if such compensation is denied, proof of such denial. At no time, will the Company reimburse the Insured Person for more than the Sum Insured specified in the schedule of benefits.
3. The Insured Person must report the loss or damage to the police or carrier or any relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage and for which the Insured Person must get a written police report or a property irregularity report or a report issued by the relevant authority evidencing such loss or damage.
4. The Company may choose to replace, repair, or pay for the loss in cash at their sole discretion. At no time, will the Company reimburse the Insured Person for more than the Sum Insured specified in the Schedule of Benefits.

The basis of settlement will be the replacement value of Articles:

 - a. as per the value at the time it was lost, stolen or accidentally damaged with a deduction, determined at the Company's sole discretion, made for wear, tear and loss of value depending on the age of the property; and
 - b. equivalent to the value of an Article of like kind and quality to that being replaced.
5. If any Articles of personal property and/or baggage of the Insured Person was damaged and is proven to be beyond economical repair, a claim will be dealt with under this Policy as if the Articles had been lost.
6. If the personal property or baggage becomes permanently lost and this results in a claim under this Benefit, the Company will deduct the amount already paid for the personal property or baggage under 'Baggage Delay' Benefit from the payment under this Benefit.

7. In the event the Policyholder and/or the Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this benefit, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Loss or damage to any Articles of personal property or baggage including Electronic Equipment and Golfing Equipment which was:
 - a. sent in advance separately via courier, cargo or postal services or with someone else;
 - b. left unattended in any place of which the general public have free access to;
 - c. given to someone else to look after and who is not an accompanying Insured Person or a person who is normally authorised to handle baggage, such as hotel or transport representative;
 - d. directly or indirectly seized or destroyed under quarantine or customs regulations, confiscated by order of any government or public authority or is a risk of contraband or illegal transportation or trade;
 - e. caused by wear and tear or damage due to any process of repair, gradual deterioration, moths, vermin, atmospheric or weather condition or damage sustained due to any process or while actually being worked upon or resulting there from;
 - f. due to any mechanical or electrical failure or breakdown;
 - g. due to theft of personal property left in:
 - i. an unattended vehicle;
 - ii. an unoccupied touring or convertible car; or
 - iii. other unoccupied vehiclesunless all windows, doors, luggage compartment, roof and windscreen are completely closed and securely locked.
 - h. due to lack of reasonable care by the Insured Person;
 - i. not reported to either the police or carrier or any relevant authority having jurisdiction where the loss or damage occurred within twenty-four (24) hours of the discovery of such loss or damage and for which the Insured Person did not get a written police report or a property irregularity report or a report issued by the relevant authority evidencing such loss or damage;
 - j) in respect of shortage due to error, omission, exchange transactions or depreciation in value; or
 - k) a loss stated as mysterious disappearance.
2. Any Loss or damage to:
 - a. Electronic Equipment that are checked-in with the Common Carrier;
 - b. data recorded on tapes, cards, discs and otherwise;
 - c. glass (in pictures or otherwise), china, marble, earthenware, or other brittle substances;
 - d. animals, motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, snow skis, fruits, foodstuff, household effects, antiques, artifacts, paintings, objects of art, manuscript, jewellery, watches, securities or souvenirs;
 - e. contact or corneal lenses or hearing aids or bridges for a tooth or teeth;

- f. business goods or samples/prototypes or equipment of any kind or any products/components meant for trade.
- g. Golfing Equipment either whilst in the course of play or practice.

10. LOSS OF TRAVEL DOCUMENTS AND MONEY

A. LOSS OF TRAVEL DOCUMENTS

If, during a Business Trip, the Insured Person loses their Travel Documents due to robbery, burglary or theft or threat of violence, the Company will reimburse the cost of obtaining replacement Travel Documents lost as well as additional travel expenses and hotel accommodation expenses incurred to replace the lost Travel Documents up to the Sum Insured shown in the Schedule of Benefits.

B. LOSS OF MONEY

If, during a Business Trip, the Insured Person loses Money which is in the possession of the Insured Person at the time of loss or secured in a hotel safety deposit or locked safe, due to robbery, burglary, theft or threat of violence, the Company will reimburse the amount lost as stated in the police report subject up to the Sum Insured shown in the Schedule of Benefits subject.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Money** means currency notes or travellers' cheques (if these cannot be refunded by the provider).
2. **Travel Documents** means passports, required travel visas or other essential travel documents.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The loss or damage of Travel Documents or Money must be reported to the police or relevant authority having jurisdiction where the loss or damage occurred, within twenty-four (24) hours from the incident. Any claims under this Benefit must be accompanied by a copy of a police report or a report issued by the relevant authority evidencing such loss.
2. In the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this section, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any loss not reported to the police within 24 hours after discovery of such loss;
2. Shortage of currency due to error, omission, exchange transaction or depreciation in value;

3. Detention or confiscation by any lawfully constituted authorities;
4. Mysterious disappearance;
5. Travel Documents or Money left unattended in any place of which the general public has free access to; and
6. Any loss or damage which could have been avoided by the exercise of reasonable care by the Insured Person.

11. PURCHASE OF ESSENTIAL ITEMS

If, during a Business Trip, there is a delay or loss of baggage due to a Common Carrier delaying, misdirecting, losing or temporarily mislaying an Insured Person's baggage for more than 6 consecutive hours, the Company will reimburse reasonable expenses incurred by the Insured Person in purchasing Essential Items up to the Sum Insured specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Essential Items refers to any reasonable purchase of basic essentials such as toiletries and clothing.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Insured Person is eligible for reimbursement for an Essential Item either under this Benefit or under 'Loss or Damage of Personal Property and Baggage' Benefit, but not both.
2. In the event the Policyholder or an Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Benefit, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

12. EMERGENCY TRAVEL EXPENSES

A. COMPASSIONATE VISIT

If, during an Overseas Business Trip, the Insured Person dies or sustains Serious Injury or Serious Illness and is Hospitalised Overseas for more than 5 consecutive days, the Company will reimburse reasonable travelling expenses and hotel accommodation expenses, necessarily incurred by up to 2 relatives or friends of the Insured Person, up to the Sum Insured specified in the Schedule of Benefits, to:

- a) take care of the Insured Person while they are admitted as an In-patient in an Overseas Hospital for more than 5 consecutive days and such admission is Medically Necessary, until the Insured Person is medically fit to be discharged; or
- b) assist with the Insured Person's repatriation of their mortal remains or their burial or cremation at the location of death.

B. DEATH OF AN IMMEDIATE FAMILY MEMBER

If, during an Overseas Business Trip, the Insured Person necessarily incurs unforeseen travel expenses to attend the funeral of their Immediate Family Member in their Usual Country of Residence, the Company will reimburse such expenses provided they are reasonable, up to the Sum Insured specified in the Schedule of Benefits.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. For Benefit 12) A. 'Compassionate Visit' - Any costs incurred when the Insured Person has refused to return to their Usual Country of Residence and the Doctor considered the Insured Person fit to return.
2. For Benefit 12) B. 'Death of an Immediate Family Member' - Any costs incurred where the Insured Person becomes aware of any circumstance which could lead to a claim under this Benefit section prior to inception of coverage.

13. CREDIT CARD INDEMNITY

If, while on a Business Trip, the Insured Person sustains an Injury that directly results in Accidental death or Permanent Total Disablement, the Company will reimburse outstanding credit card expenses (less any arrears payments from prior months) incurred by the Insured Person during the Business Trip up to the Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- 1) A Valid Claim must be payable under 'Accidental Death' Benefit or for Injury resulting in 'Permanent Total Disablement' under the 'Accidental Permanent Disablement' Benefit.
- 2) Any claim for reimbursement under this Benefit must be accompanied by the original copy of the bank credit card monthly statement(s).

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

- 1) the Policyholder and/or the Insured Person becoming entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this Benefit, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

14. EMERGENCY MOBILE PHONE CHARGES

If, during the Business Trip, the Insured Person, as a result of being Hospitalised in an Overseas Hospital, incurs charges for their personal mobile phone used for the sole purpose of engaging the urgent services of AIGTP, or an authorized representative of AIGTP, during a medical emergency, and for which an Overseas Medical Expenses claim is payable under Section 2 - Medical and Associate Expenses, 'Medical Expenses' Benefit, the Company will

reimburse the Insured Person for the emergency mobile phone charges incurred for such calls to AIGTP or the authorized representative of AIGTP, up to the Sum Insured as specified in the Schedule of Benefits.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Insured Person must submit an itemized statement of charges of their personal mobile phone showing the relevant mobile phone charges.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. telephone calls made via a standard land line or a public telephone using international calling card.

15. PERSONAL LIABILITY

If during the Business Trip, the Insured Person becomes legally liable to pay damages in respect of:

- a) death or Accidental bodily Injury caused to any third party; or
- b) Accidental Property Damage belonging to a third party.

the Company will reimburse up to the Sum Insured as specified in the Schedule of Benefits for:

- (i) the amount that the Insured Person is held legally liable for to the third party; and/or
- (ii) the cost and expenses incurred on the defence of the claim subject to the Company's written approval and consent.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Property Damage means any physical damage to, destruction of, or loss of use of tangible property.

Temporary Residence means a temporary place of abode the Insured Person is temporarily residing at, while on a Business Trip.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The Policyholder and/or Insured Person must not admit liability, offer or promise compensation, negotiate, pay, settle, admit or deny any claim without the Company's prior written approval.
2. No person can represent the Insured Person or admit liability or make legal promises on behalf of the Insured Person unless the Company agrees to it in writing.
3. The Insured Person must notify the Company immediately of any cause for a legal claim and provide all information required to take action on behalf of the Insured Person.
4. The maximum amount the Company will reimburse is the Sum Insured as shown on the Schedule of Benefits and is the highest limit of the Company's liability for an individual insurance event, even if it

results in more than one bodily Injury, Accidental physical property loss or physical Property Damage or if more than one Insured Person could be held liable.

5. The Company will, if the Company considers it necessary, take over and conduct the defence or settlement of any claim against the Insured Person and for that purpose may use the Insured Person's name. The Company may conduct the defence however it sees fit. In the course of conducting the defence, the Company may also pursue, at its own expense and for its own benefit, any claim against the other person(s).
6. The Policyholder and the Insured Person must give the Company full assistance in defending or prosecuting any claim and agree to provide the Company with any needed information and documents available.
7. In the event the Policyholder or Insured Person becomes entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this section, We will only be liable for the excess of the amount recoverable from such other source or insurance.
8. Benefits under this section are not applicable where the Insured Person is on a Domestic Business Trip.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Any claims arising out of the Insured Person's criminal, illegal, wilful, intentional, reckless, malicious or deliberate acts or omission;
2. Any liability arising from the negligent supervision and vicarious liability for the acts of a minor under the care or custody of the Insured Person;
3. Any liability due to Insured Person's ownership, possession or use of the following:
 - (a) any mechanically or electrically propelled vehicle, aircraft, hovercraft or watercraft or any other conveyance,
 - (b) firearms or weapons;
4. Insured Persons' business or trade, or out of professional advice given by the Insured Person;
5. Employer's liability, contractual liability or liability to a member of an Insured Person's family;
6. Any claims of any Employees of the Policyholder arising out of or in the course of employment;
7. Bodily Injury or accidental loss or damage claims of a co-worker or traveling companion of the Insured Person on the same trip;
8. Acts of animals belonging to, or in the care, custody or control of an Insured Person;
9. Ownership or occupation of land or buildings (other than occupation only of any Temporary Residence);
10. Legal costs resulting from any criminal proceedings;
11. The Insured Person's participation in any racing, motor rallies or motor racing of any kind;
12. Any liability attaching to the Insured Person under an express term of any contract, unless liability would have been attached to the Insured Person irrespective of the express term;
13. Any liability for which payment should be more specifically claimed under any other insurance policy in the name of the Insured Person;
14. Any claim where the Insured Person is suffering from a psychological condition;

15. Any claim which results from the Insured Person being under the influence of or affected by drugs (other than drugs taken under and at the direction of a Doctor) or solvents;
16. Any claim resulting from or as a consequence of the Insured Person having deliberately or with no reasonable care taken, transmitted any infectious disease to another person via infection or otherwise;
17. Any liability due to Injury to, or Accidental physical property loss of or physical Property Damage to property owned by:
 - a. the Insured Person or any Insured Persons in the selected Plan;
 - b. any person employed by Insured Person; or
 - c. any member of Insured Person's family;
18. Any indirect and/or consequential loss, economic or otherwise, loss of enjoyment or other loss not mentioned in this Policy;
19. Any loss, event or liability giving rise to a claim under this Policy that the Company is legally prohibited to pay by law;
20. Bodily Injury or Property Damage suffered by to the Insured Person or Insured Person's relative ordinarily residing with the Insured Person;
21. Sexual molestation, physical or mental abuse;
22. Golfing either in the course of play or practice;
23. Any punitive, aggravated or exemplary damages awarded by the courts;
24. Judgements which are not in the first instance either delivered by or obtained from a court of competent jurisdiction within the Insured Person's Usual Place of Residence or Policyholder's Usual Place of Residence or the country in which the event occurred giving rise to the Policyholder's or the Insured Person's liability.

16. LEGAL EXPENSES

The Company will reimburse up to the Sum Insured as specified in the Schedule of Benefits for Legal Expenses incurred by or on behalf of an Insured Person in pursuit of a claim for damages or compensation against a third party who has caused Injury to the Insured Person while on a Business Trip resulting in the Insured Person's Accidental death or Permanent Disablement.

In the event that the legal opinion (which determines whether the Company gives its consent to the commencement of legal proceedings) is that there is a reasonable prospect of success but the cost of pursuing a claim is likely to be more than the amount of damages or compensation that the Insured Person is likely to receive, the Company will pay the lesser of the anticipated amount of damages or compensation or the Sum Insured stated on the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

1. **Legal Expenses** means the costs, fees, expenses and other amounts reasonably incurred by the Policyholder and/or Insured Person in connection with any claim or legal proceedings.
2. **Legal Representative** means a lawyer or other qualified person who is designated and authorized to act on behalf of and for the account of the Insured Person in accordance with the conditions of this Policy.

3. **Preferred Law Firm** means a law firm chosen by the Company to provide legal services. These legal specialists are chosen as they have the proven expertise to deal with the claim and they should comply with the Company's agreed service standard levels.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. The decision to grant consent will take into account the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers. The Company may request, at an Insured Person's expense, an opinion from the Company's Preferred Law Firm as to the merits of the claim or legal proceedings. If the claim is admitted, an Insured Person's costs in obtaining this opinion will be covered under this Benefit.
2. Consent will be given if:
 - i) In the opinion of the Policyholder's appointed Legal Representative as well as that of the Company's own advisers, the claim has a reasonable prospect of success; and
 - ii) the cost in pursuing a claim is likely to be less than the amount of damages or compensation that the Insured Person is likely to receive.
3. If the Company does not give its consent, then the Company will only pay for the reasonable costs in obtaining the initial opinion of the Company's Preferred Law Firm upon the merits of pursuing a claim for damages or compensation.
4. All claims including any appeal against a judgment resulting from the same original cause, event, or circumstances, will be regarded as one claim.
5. If following any successful claim or legal proceedings an award of costs is made in favour of the Insured Person or those acting on behalf of the Insured Person, any Legal Expenses paid by the Company will be reimbursed by the Insured Person or those acting on behalf of the Insured Person to the Company from the full amount of such costs awarded.
6. The Policyholder must consent for an Insured Person to make a claim under this Benefit.
7. For Legal Expenses, the Company will not pay more under this policy than that it would have paid to a Preferred Law Firm.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

1. Legal Expenses incurred in the defending of any civil claim or legal proceedings made or brought against the Insured Person;
2. Fines or other penalties imposed by a court of criminal jurisdiction;
3. Legal Expenses incurred in connection with any criminal act committed by the Insured Person;
4. Legal Expenses incurred in pursuing any claim against any travel agent, tour operator, insurer or their agents;
5. Any claim or circumstance notified more than one year after the incident from which the cause of action arose or where the Policyholder or Insured Person has failed to notify the Company of the incident giving rise to a claim within a reasonable time and the Company believes this failure has prejudiced its position;
6. Legal Expenses incurred by an Insured Person making a claim against the Policyholder, the Company or any organisation or person involved in arranging this Policy;

7. Legal Expenses incurred before the Company had given its prior written consent;
8. Any claim where the Company or Company's own advisors believe that an action is not likely to be successful or if the Company believes that the cost of taking action will be greater than any amount of damages or compensation that the Insured Person is likely to receive; and/or
9. The following up a claim for bodily Injury, loss or damage caused by or in connection with the Insured Person's profession or business, under contract or arising out of the Insured Person processing, using or living on any land or in any building.

17. BAIL BOND

In the event that an Insured Person is placed or is threatened to be placed in detention by a government or local civil authority while on a Business Trip, the Company will reimburse the required bail bond up to the Sum Insured as specified in the Schedule of Benefits subject to the Policyholder giving the Company a satisfactory financial guarantee to repay it.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- 1) To access this service the Policyholder must contact AIGTP.
- 2) The Policyholder must repay the amount loaned by the Company within 3 months of the date of payment, or immediately upon repayment by the local authorities or if the bail bond is forfeited by failure of the Insured Person to appear in court.

EXCLUSIONS - IN ADDITION TO THE GENERAL EXCLUSIONS APPLYING TO ALL SECTIONS

The Company will not pay under this Benefit any claim in connection with:

- 1) This extension will not be provided if the bail bond is obtainable under another insurance program.

18. HIJACKING

If during a Business Trip, the Insured Person is forcibly detained for more than 12 consecutive hours as a direct result of the Hijacking of the Scheduled Flight they are travelling on, the Company will pay the Policyholder for each period of 12 consecutive hours that an Insured Person is forcibly detained, up to the maximum Sum Insured as specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Hijack means the unlawful seizure of, or wrongful exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the Scheduled Flight in which the Insured Person is travelling in.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- 1) Any claims under this Benefit must be accompanied by a police report or a report issued by the carrier confirming that the Insured Person was a victim of Hijack and the duration of such Hijack.

19. GOLF EXTRAS

A. GOLF HOLE-IN-ONE

If during Business Trip, the Insured Person scores a hole-in-one, the Company will reimburse the Hospitality Expenses up to the Sum Insured as specified in the Schedule of Benefits.

DEFINITIONS - IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Hospitality Expenses means customary food and beverages purchased at the golf club house for the purpose of celebrating the hole-in-one scored by the Insured Person.

CONDITIONS - IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

- 1) Any claims for indemnity must be accompanied by a copy of the certificate for the hole-in-one issued by the club and original receipts supporting the Hospitality Expenses.

9. GENERAL POLICY EXCLUSIONS

The following exclusions apply to all sections of this Policy. Where there is conflict between specific exclusions under the Benefit sections and General Policy Exclusions, the specific exclusion will prevail.

The Company shall not pay under this Policy any claim in connection with:

1. An Insured Person's:
 - (a) failure to follow medical advice given by a Doctor;
 - (b) pregnancy, miscarriage (except if miscarriage is caused by an Accident as provided for under the Benefit 'Miscarriage' if available in this Policy), abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications;
 - (c) congenital anomalies and conditions arising out of or resulting therefrom or physical impairment; or
 - (d) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.
2. Any Illness for Benefits under 'Section 1 - Personal Accident Benefits'.
3. The Policyholder and/ or the Insured Person being aware or could reasonably be expected to be aware, of an incident or circumstance at the time of purchasing this Policy, booking or commencement of the Business Trip whichever occurs last or during the Business Trip.
4. The refusal, failure or inability of any person, company or organisation including any carrier or travel provider to provide services, facilities or accommodation by reason of their own Financial Default or the Financial Default of any person, company or organisation with whom or with which they have business dealings.
5. Any error or omission in the Insured Person's booking arrangements made by the Policyholder, Insured Person, Insured Person's travel agent or any other person acting on their behalf.

6. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) (except as covered under Benefit 'HIV due to Blood Transfusion' if available in this Policy) or any type of venereal disease.
7. Cosmetic surgery, plastic surgery, or elective surgery or treatment, unless necessitated by an Injury caused by an Accident.
8. Any form of dental care or dental surgery unless necessitated by Injury caused by an Accident to sound and natural teeth.
9. Any expenses incurred for:
 - (a) any routine health checks;
 - (b) any routine dental treatment or consultation, or any dental treatment due to normal wear and tear or the normal maintenance of dental health or lack thereof;
 - (c) any diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
 - (d) any treatment or investigation of a preventive nature, vaccinations or acupuncture;
 - (e) any treatment or investigation which is not Medically Necessary, or convalescence, custodial or rest cure;
 - (f) receiving treatment not incidental to the treatment or diagnosis of an Injury or Illness;
 - (g) treating an Injury or Illness for which such treatments are provided free or for which payment is not required;
 - (h) weight reduction or gain;
 - (i) Business Trips where the purpose of trip was to obtain any form of medical treatment, consultation or advice; or
 - (j) The use of non-prescribed drug or drugs which cannot be legally obtained from a pharmacy or pharmacy dispensed drugs taken against the instruction from the Doctor or manufacturer.
10. An Insured Person's suicide or attempted suicide or intentional self-inflicted injury whether sane or insane or from deliberate or reckless exposure to danger.
11. An Insured Person committing or attempting to commit any
 - (a) criminal or illegal act,
 - (b) wilful, malicious or negligent act, or
 - (c) any violation of a law.
12. Any payment that would violate a government prohibition or regulation.
13. Any War, Civil War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), Insurrection, Rebellion or Revolution.
14. Any engagement or participation by the Insured Person or Policyholder in a strike, riot or civil commotion.

15. The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials.
16. Nuclear reaction, nuclear radiation or radioactive contamination.
17. The Insured Person not taking all reasonable efforts to safeguard his/her property or to avoid Injury or minimize any claim under this Policy.
18. Any Insured Person engaging, practicing, training or participating in:
 - (a) any professional sports or any sports in which an Insured Person would or could earn or receive remuneration, donation, sponsorship or financial reward of any kind from engaging in such sport;
 - (b) racing other than on foot, stunts, reliability trials and speed or duration testing. Training or practicing in relation to these activities is also not covered;
 - (c) any aerial activity including but not limited to parachuting, BASE jumping, sky diving or travel in any other air supported device, except as a fare paying passenger in any properly licensed private and/or commercial aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry;
 - (d) any extreme sports or activity that presents a high level of inherent danger (i.e., involving exceptional speed and height, high level of expertise, exceptional physical exertion or highly specialised gear) or of personal risk. This shall include but not be limited to:
 - (i) any mountaineering; involving climbing harnesses, belay or rappel devices ropes and guides; or
 - (ii) any activity or trekking above 3,000 meters;
 - (iii) big wave surfing;
 - (iv) winter activities like luge, bobsledding, ski or snow board jumping or stunts;
 - (v) bicycle, motor, air or sea craft speed trials or stunts;
 - (vi) canoeing/kayaking and white and black water rafting in grade 4 or higher rapids;
 - (vii) cliff jumping, or any aerobatics;
 - (viii) hunting trips, caving or pot holing.
 - (ix) underwater activities which ordinarily require the use of artificial breathing apparatus except recreational scuba diving whereby an:
 - i. Insured Person dives no deeper than 30 meters under the supervision of a qualified diving instructor; or
 - ii. Insured Person holds a PADI certification (or equivalent qualification) and dives with a buddy who holds a PADI certification (or equivalent qualification).

It does not mean usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness warnings) and conducted under the supervision of qualified licensed personnel of a registered tour operator.

19. The Insured Person:
 - i. being employed on merchant vessels;
 - ii. being employed in any naval, military or air force services or operations, training exercise or participating in operations of an offensive nature planned or conducted by the civil or military authorities against bandits, terrorists or other elements;

- iii. testing of any kind of conveyance;
- iv. being employed as a manual worker;
- v. while being on an offshore site, or when being employed or whilst engaging in offshore activities like diving and oil-rigging;
- vi. while being on a mining site, or when being employed or whilst engaging in mining;
- vii. engaging in aerial photography; or
- viii. handling explosives.

20. Any deliberate provocation of the Insured Person against another person that results in an Injury.

21. An Insured Person being under the influence of alcohol or drugs, unless the drug was prescribed or administered by a Doctor and taken in accordance with the directions of a Doctor.

22. The Company will not provide cover or service for:-

- i. any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.
- ii. any loss, injury, damage, or legal liability directly or indirectly by an insured person if that insured person is:
 - 1) a terrorist;
 - 2) a member of a terrorist organization;
 - 3) a narcotics trafficker; or
 - 4) a purveyor of nuclear, chemical or biological weapons.

23. This Policy will not cover any claim, loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.

10. GENERAL POLICY CONDITIONS

These General Policy Conditions are applicable to this Policy as a whole. The Policyholder and Insured Person(s) must read each Benefit to see further additional relating to that Benefit.

1) CONDITION PRECEDENT TO LIABILITY

The Policyholder and Insured Person must follow the terms, provisions and conditions of this Policy in order to qualify for any payment under this Policy. The Policyholder and Insured Person's failure to do so will invalidate all claims made under this Policy.

2) COVER SELECTION

This Policy provides the Insured Person with cover for Benefits as set out in the Schedule of Benefits which is selected by the Policyholder during the application process and approved by the Company.

3) REASONABLE CARE

The Policyholder and Insured Persons must take all reasonable steps to prevent and mitigate any accident or loss.

4) GOVERNING LAW

This Policy and all rights, obligations and liabilities arising under this Policy shall be construed, determined and enforced in accordance with the laws of Malaysia.

5) CONFORMITY OF LAW

Any provision of this Policy which, on the Policy Effective Date is in conflict with the law of the country in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirement of such laws.

6) DISPUTE RESOLUTION

Any dispute or difference which may arise between the Policyholder/Insured Person(s) and the Company shall be referred to the Malaysian courts. All disputes or differences which may arise between the Policyholder/Insured Person and the Company must be referred to the Malaysian courts, within 12 calendar months from the date the decision of the claim is communicated to the Policyholder/Insured Person(s), failing which the Company would have no obligation over the claim.

7) SERVICE TAX

The amount of premium payable by the Policyholder for this Policy includes an amount on account of the service tax payable by the Policyholder. Service tax refers to any service tax, value added tax, goods and services tax, consumption tax, or tax, duty, charge or imposition of a similar nature whatsoever by whatever name known, which may from time to time be imposed or charged (including any increase or decrease to the rate) by any competent tax authority.

8) DUPLICATION OF COVER

The Insured Person can only be covered under 1 such Policy for the same Business Trip. If more than 1 Policy is held, cover will only be provided by the Policy that provides the highest coverage or where the coverage under each Policy is identical, cover will be provided under the Policy that was first issued.

9) OFFSET CLAUSE

If Insured Person is entitled to receive a reimbursement of all or part of claimed expenses from any other source(s) or insurance for any of the Benefits in this Policy, the Company will only be liable for the difference of what is

recoverable from such other source or insurance, and what the Insured Person would have been entitled to recover under this Policy, up to the maximum Sum Insured specified in the Schedule of Benefits. This condition is only applicable to Benefits whereby payment is on a reimbursement basis.

10) LIMITATION OF TIME

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 90 days from the date the Company receives complete documents on the claim filed in accordance with the requirements of this Policy.

11) WAIVER OF INSURED PERSON'S RIGHTS

If the Company rejects liability for any claim made under this Policy and it is not referred to the Malaysian courts within 12 calendar months from the date of the Company's rejection, it shall be deemed that the Policyholder and the Insured Person have accepted the Company's rejection of their claim and they have waived all their rights with respect to such a claim.

12) PREMIUM

A. Premium Payment Warranty

It is a fundamental and absolute condition of this Policy that the premium due must be paid and received by the Company within sixty (60) days from the Policy Start Date of this Policy/Endorsement/renewal. If this condition is not complied with then this Policy is automatically cancelled and the Company shall be entitled to the pro-rata premium for the period the Company have been on risk. Where the premium payable pursuant to this warranty is received by an authorised intermediary of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Company.

B. Changes to Premium Payable

1. The Company may vary premium payments for the Policy due to underwriting reasons. In such instance the Company will notify the Policyholder of such premium variation in writing at least 30 days before the change is to take place. The new premium amount payable will take effect from the next Premium Due Date.
2. If the changes to the premium made by the Company are acceptable, the Policyholder may choose to continue with the existing Plan and renew their Policy at the new premium amount applicable or the Policyholder may also opt to transfer to a new Plan offered under this product.
3. A shorter notice period and effective date may apply if a premium variation is required due to tax or other imposts levied by any Government, regulatory or any other sanctioned authority in connection with this Policy.

4. The Policy is automatically cancelled if premium is not paid by the Policyholder within the period stated in the “Premium Payment Warranty” clause or within the Grace Period.

13) MISSTATEMENT OF AGE

If at the correct age an Insured Person would not have been eligible for cover under this Policy, no Benefit shall be payable, and the Company’s liability shall be limited to the refund of the premium paid without interest.

If at the time of claim, it is noted that the Policyholder and/or Insured Person has misstated their age and due to which a lower Sum Insured is applicable, the Company will determine at its sole discretion to either continue to cover the Insured Person on the applicable terms and conditions or terminate this Policy.

14) MISREPRESENTATION OR FRAUD

Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application for this Policy, for ongoing/subsequent disclosures or in connection with a claim made, will make this Policy invalid. In this event, the Company will not refund any premiums paid and the Company will not consider making payments for any claims submitted to the Company. The Company will report the matter to the Police if deemed necessary. The Company also reserves the right to recover any amount paid to the Policyholder/Insured Person in respect to any fraudulent claims submitted.

15) POLICY CHANGES

A. Changes of the Terms or Conditions by the Company

The Company reserves the right to change the terms or conditions of this Policy by giving the Policyholder:

- (a) 30 days’ written notice of such change if it is due to underwriting reasons,
- (b) 7 days’ written notice of such change if due to an infectious disease outbreak, or
- (c) Immediate written notice of such change if it is due to any government or statutory declaration which impacts this Policy.

Important note:

If the changes in terms or conditions by the Company are acceptable to the Policyholder, then this Policy will continue with the changed terms or conditions. If the changes are not acceptable, the Policyholder may cancel this Policy under ‘Cancellation and Refund’.

1. Any changes made to this Policy shall be binding on all Insured Persons whether covered under this Policy prior to, during, or after the effective date of the changes.
2. No alteration to this Policy shall be valid unless approved in writing by the Company’s authorised representative and reflected in an Endorsement.
3. No agent or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

B. Change of Insured Person's occupation

The Policyholder must give immediate written notice to the Company of any change in the occupation of an Insured Person and agree to pay an additional premium if applicable.

No claim will be payable in respect of:

- (a) Any injury arising out of or in the course of an occupation of greater risk than the occupation disclosed in the Policyholder's application, unless the Company had agreed to the change in occupation; or
- (b) Any injury where the Company has been prejudiced by the non-disclosure of change in occupation.

C. Change of Usual Country of Residence

The Policyholder must inform the Company in writing of any change to an Insured Person's Usual Country of Residence. A change in the Usual Country of Residence will be deemed to mean the Insured Person is living or intending to live in another country for more than 12 consecutive months. Upon receipt of this information, the Company will determine at its sole discretion to either cover the Insured Person on the same terms and conditions or terminate coverage for the Insured Person under this Policy.

D. Changes in Plan

The Policyholder can change the Plan at the time of renewal only. Any change in Plan is subject to the Company's prior written approval. If the Insured Person suffers an event which could give rise to a claim prior to this change being approved in writing, the Company will adjudicate the claim for the Insured Person based on the Policy terms and conditions applicable prior to the change in Plan.

16) PERSONAL DATA USE

The Policyholder is deemed to have read, understood, and consented to the collection and subsequent processing of the Policyholder's personal information by the Company (whether obtained during the application process or administration of this Policy) in accordance with, the Company's Privacy Notice as from time to time published on the website at <https://www.aig.my/privacy-notice>. If the Policyholder submits information relating to other individuals, the Policyholder further represents and warrants that the Policyholder has the authority to provide information relating to the other individuals to the Company, that the Policyholder has informed the other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Company, and that the other individuals agree and consent that the Company may collect, use and process his/her personal information in accordance with the Privacy Notice. The Policyholder reserves the right to obtain access, request correction or withdraw their consent to the use of any of their personal information held by the Company. Such request can be made by writing to the Company at:

AIG Malaysia Insurance Berhad
Attn: Customer Care Executive
P O Box 11768,
50756 Kuala Lumpur.

Email: AonMYclaims@aig.com

Phone: 1800-88-8811

Fax: 603-21180288

17) CURRENCY

- (i) Premium: All premiums must be paid in Malaysian Ringgit.
- (ii) Claims: All payments will be made in Malaysian Ringgit. In case of payment of any claim under this Policy being made in a currency other than Malaysian Ringgit, such payment shall use the exchange rate equivalent to the rate published by Bank Negara Malaysia at the time of the payment. The Policyholder or Insured Person will bear all the administration and costs of conversion.

18) DISCHARGE OF LIABILITY

The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the Policy and the receipt of the Policyholder or Insured Person for any Sum Insured payable herein shall in all cases be effectual discharge of liability of the Company.

19) CONTRACT RIGHTS OF 3RD PARTIES

A person or any entity who is not a party to this Policy shall have no right to enforce any terms or conditions of this Policy.

20) TO WHOM INDEMNITY IS PAYABLE

All indemnities of this Policy are payable to the Policyholder or at Policyholder's written request to the Insured Person except for Benefits under Section 2 where indemnities may be payable directly to AIGTP or the healthcare provider (where applicable) and Section 3 where the indemnities may be paid directly to the service provider or AIGTP, or to whom the Insured Person is legally liable to (where applicable). Any Valid Claims paid under this Policy will be deemed as full and shall effectively discharge the Company from any further liability to indemnify, or pay the benefits concerned.

21) INTEREST ON AMOUNTS PAYABLE UNDER THIS POLICY

The Company will not pay interest on any amount paid under this Policy.

22) RIGHTS OF ASSIGNMENT

The Policyholder cannot assign or transfer the rights under this Policy to another person or entity.

23) RIGHTS OF OWNERSHIP

The Policyholder shall have the right to exercise every option, benefit or privilege conferred by the provisions of the Policy. Every transaction relating to the Policy shall be between the Company and the Policyholder and shall be valid without notice to or with the consent of the Insured Person.

24) SANCTION

The Company shall not be deemed to provide cover and 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 the Company, the Company's 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.

25) PORTFOLIO WITHDRAWAL CONDITION

The Company reserves the right to cancel the portfolio as a whole if the Company decides to discontinue underwriting this product. Cancellation of the portfolio as a whole shall be given by 30 days written notice to the Policyholder and the Company will run off all the policies to expiry of the Period of Insurance within the portfolio.

26) POLICY RENEWAL

This Policy may be renewed with the consent of the Company from term to term provided payment of the agreed premium is made to the Company prior to the expiry of this Policy, as provided in the "Premium Payment Warranty" clause or within the Grace Period.

The Company reserves the right to decline the renewal, or amend premium rates, benefits and terms and conditions of this Policy at the end of any Period of Insurance.

Important Note for section 'Policy Renewal':

The Policy is automatically cancelled if premium is not paid by the Policyholder within the period stated in the "Premium Payment Warranty" clause or within the Grace Period.

11. CANCELLATION & REFUND

1) CANCELLATION RIGHT OF COMPANY

The Company can cancel this Policy:

1. by giving 30 days' prior written notice to the Policyholder's last known address or via email.

2. immediately if the Policyholder fails to make the premium payment within the period stated in the “Premium Payment Warranty” clause. No Benefits will be payable for any claim that occurs during a period for which premium was not received.
3. by giving 7 days’ prior written notice to the Policyholder in the event of War in Usual Country of Residence.

On cancellation of the Policy:

- (a) If no claim has been made, the Company will refund the pro-rated premium for the remaining Period of Insurance to the Policyholder.
- (b) If a claim has been paid by the Company in the current Period of Insurance, no return premium will be paid.
- (c) If an incident has occurred that could give rise to a claim under this Policy, then no return premium will be considered until the Company and the Policyholder finalizes the claim and subsequently, if the claim is paid, no return premium will be paid to the Policyholder.

2) CANCELLATION RIGHT OF THE POLICYHOLDER

Provided there is no claim made on the Policy, the Policyholder can cancel this Policy by giving 30 days’ prior written notice to the Company. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is the earlier.

On cancellation of the Policy by the Policyholder, the Company will refund the pro-rated premium for the remaining during the Period of Insurance to the Policyholder.

12. AUTOMATIC TERMINATION OF POLICY

This Policy will automatically terminate for an Insured Person on the date:

- (i) this Policy is cancelled for reasons stated under section ‘[Cancellation & Refund](#)’;
- (ii) the Policyholder requests that an Insured Person be removed from this Policy;
- (iii) where the Insured Person, ceases to be an employee as declared by the Policyholder;
- (iv) of an Insured Person’s death, from any cause;
- (v) the Insured Person ceases to satisfy any of the requirements as specified under section ‘[Eligibility](#)’;
- (vi) the Insured Person is paid the maximum Sum Insured for certain Benefits where such termination of the Policy is specified under the Specific Conditions of that Benefit; or
- (vii) any fraud or misrepresentation to the Company discovered as mentioned under section ‘[General Policy Conditions - Misrepresentation or Fraud](#)’.

13. CLAIMS PROCEDURE

1. Steps To Make A Claim

Step 1: The Policyholder must notify the Company immediately after the event which could give rise to a claim under ‘[Claim Notification](#)’.

- (i) Call the Company at 1800 88 8811; or
- (ii) Complete and submit a claim online via [this link](#).

Step 2: The Policyholder must prepare the relevant basic supporting documents according to the nature of claim.

The Company may request for additional documents depending on nature and circumstances of the claim in which case the Company will contact the Claimant.

2. Compliance

The Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow a Doctor's advice and use such appliances or remedies as may be prescribed in the event of an Injury when making a claim.

3. Claim Notification

- (a) The Company must be notified as soon as it is reasonably practical and in any event within 30 days after the date of Accident which leads to a claim.
- (b) Failure to comply with (a) above may result in the Company's rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the Company is unable to investigate it fully or may result in the Insured Person not receiving the full amount claimed if the amount payable changes as a result of the delay.

4. Burden of Proof

If the Company alleges that by reason of any of the exclusions listed, an event is not covered by this Policy, the burden of proving the contrary shall be on the Claimant.

5. Claims Evidence / Information

- a) The Company must be provided with all reasonable and necessary evidence required by the Company to support a claim within 90 days after the date of Accident which leads to a claim. Information provided to the Company to support a claim includes but is not limited to original reports, invoices and receipts, medical certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the information supplied is insufficient, the Company will confirm the additional information required.
- b) If the Company does not receive the information it requires within the time period advised, the Company may reject the claim or withhold payment in the likelihood of a valid claim until the information it requires has been received.
- c) Where medical certificates or reports are required, the Company will only accept original medical certificates or reports issued by the attending Doctor. For avoidance of doubt, medical certificates or reports issued by

other practitioners, including traditional medical practitioners, traditional Chinese medicine practitioner or chiropractors will not be accepted except as provided under '6. Alternative Medical Treatments' Benefit.

- d) The Company may refuse to refund any expense for which the Claimant cannot provide original receipts and invoices.
- e) The Company may require the Insured Person undergo a medical examination by a Doctor appointed by the Company before the initial or additional Sum Insured can be paid at the Claimant's own expense.
- f) The Company may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

6. Settlement of Claim

- (a) A claim will be paid in accordance with the Policy terms and conditions. It can only be made once the Company has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the Policy. A claim will generally be paid immediately unless the claim is for events like Permanent Total Disablement or for any periodic payment which will be paid according to the terms set out in the Policy.
- (b) The Sum Insured for each Benefit is payable as specified on the Schedule of Benefits. Any claim payment that the Company makes under this Policy will not exceed the limit shown in the Schedule of Benefits for the claim event. The Sum Insured under each Benefit is included only for the events specified in the Policy Schedule.
- (c) Unless otherwise specified in this Policy, all payments or reimbursements are payable to the Policyholder or at Policyholder's written request to the Insured Person.
- (d) In the course of the Company's claims process, the Claimant is to render full cooperation to the Company and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

7. Subrogation

In the event that a third party is held liable for all or part of any claim paid under this Policy, the Company may exercise its legal right to pursue the third party to recover its outlay. The Claimant, upon the Company's request, will agree to and permit the Company to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The Company will pay the costs and expenses involved in exercising its right against the third party.

8. Rights to recovery

If the Company makes a payment and subsequently is made aware that the claim is not payable, the Company has the right to recover the amount paid from the Policyholder and/or Insured Person.

14. 24 HOURS WORLDWIDE ASSISTANCE SERVICES

AIG Travel Protect (AIGTP) Emergency Assistance

Twenty-four (24) hour worldwide pre-trip and emergency assistance is provided by **AIG Travel Protect (AIGTP)**.

Important contact information:

AIGTP: + 603 2772 5600 (available 24 hours worldwide for emergency travel related calls)

AIGTP operates a network of service centres that will provide 24/7 access to appropriate medical facilities and emergency transportation services.

When AIGTP is contacted for assistance, the following information should be provided:

- 1) The Insured Person's name, Policyholder name and Policy number;
- 2) The telephone number at which the Insured Person can be reached; and
- 3) The nature of the assistance.

Assistance is available for medical emergencies or requests as well as travel advice before, during and after Business Trips.

The valuable services AIGTP can provide include the following:

Medical Assistance Services	Description
24-Hour Phone Assistance	Access to assistance 24 hours a day, 365 days a year by multi-lingual assistance coordinators, experienced in the procedures of hospitals and clinics worldwide.
Medical Expertise	On hand at any time to ensure that the most appropriate medical treatment is provided, or give medical advice.
Local Hospital Payment	Arranging for hospitals or clinics to bill the Company directly where available and appropriate.
Emergency Transportation	Arrangement of emergency medical repatriation including the use of air ambulance or scheduled airline depending on the circumstances of the case and if necessary, with a fully equipped medical team in attendance for the Insured Person. On return, suitable transportation will be provided to bring an Insured Person to a hospital or home address whenever necessary.
Travel Advice Services	Description
Pre-Travel Advice	Helpful and relevant information to the Insured Person providing valuable help in preparation for the journey, including currency and banking regulations, visa details, health requirements and reciprocal health agreements.
Other Assistance Services	Description
Medical Referral	To a suitable hospital, clinic or dentist for treatment.
Legal Referral	To an embassy, consulate or other source if legal consultation is needed, including an English speaking lawyer.
Emergency Medical Supplies	To help locate and send prescribed drugs, if unavailable locally.

Emergency Message Relay	To pass on messages to family and business associates in an emergency.
Security Evacuation Assistance	Assistance is provided to travellers worldwide through a well-coordinated effort both internally as well through external, on-the-ground resources. Travellers receive a brief consultation prior to conducting an evacuation to make certain they are well-versed on what developments are happening on the ground. The coordinated effort considers all options in terms of safely evacuating the traveller from harm's way.
Security And Safety Advisories, Global Risk Analysis And Consultation Specialist	24/7 access to up-to-the-minute security and safety advisories, in-depth global risk analysis by country/city and specialists for personal consultation.
Immediate Security Support	Access to our 24-hour security professionals to assist with security

15. COMPLAINTS PROCEDURE

- (a) If there is any occasion when the Company's service does not meet the Policyholder's expectations, the Policyholder may contact the Company using the appropriate contact details below, providing the Policy/claim number and the name of the Policyholder to help the Company deal with Policyholder's comments quickly.

Complaints Handling Unit,
AIG Malaysia Insurance Berhad,
P O Box 11768,
50756 Kuala Lumpur
Phone: 1 800 88 8811
Fax: 603 2118 0288
Email: AIGMYComplain@aig.com

- (b) Any Policyholder who is not satisfied with the decision of the Company may refer to the Financial Market Ombudsman Services (FMOS) giving details of the dispute, the name of the insurance company and the policy number. The contact details of the FMOS are as follows:

Financial Market Ombudsman Services
(Formerly known as Ombudsman for Financial Services)
Level 14, Main Block
Menara Takaful Malaysia
No 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Phone: 03-2272 2811
Fax: 03 - 2272 1577
Email: www.fmos.org.my

(c) Any Policyholder who is not satisfied with the conduct of the Company may write to BNMLINK giving details of the complaint, the name of the insurance company and the policy number or the claim number. The contact details of BNMLINK are as follows:

Bank Negara Malaysia
Laman Informasi Nasihat dan Khidmat (BNMLINK)
4th Floor, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur

Phone: 1-300-88-5465 (1300-88-LINK)/ 03-21741717(Overseas)

Fax: 603-2174 1515

Email: bnm.gov.my/BNMLINK

Physical Visits: BNMLINK will receive visitors by appointment only. You may request for an appointment through their website or telephone.