



PASSENGERS PROTECTION PLAN PLUS INSURANCE POLICY



Presented by:
AIG Malaysia Insurance Berhad (200701037463)
P O Box 11768,
50756 Kuala Lumpur

Customer Service:
1800 88 8811



PASSENGER PROTECTION PLAN PLUS

A)	BENEFITS FOR POLICYHOLDER	PLAN A	PLAN B	PLAN/ C	PLAN D	PLAN E	PLAN F	PLAN G
1	Accidental Death	RM60,000	RM90,000	RM120,000	RM150,000	RM180,000	RM210,000	RM240,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
2	Permanent Disablement (due to accident only)	up to RM60,000	up to RM90,000	up to RM120,000	up to RM150,000	up to RM180,000	up to RM210,000	up to RM240,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
3	Permanent Total Disablement (due to accident only)	RM75,000	RM112,500	RM150,000	RM187,500	RM225,000	RM262,500	RM300,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
4	Bereavement Benefit (due to accident only)	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
5	Accidental Medical Reimbursement	Up to RM1,000	Up to RM1,500	Up to RM2,000	Up to RM2,500	Up to RM3,000	Up to RM3,500	Up to RM4,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
6	Loss of Personal Effects (due to motor vehicle break-in)	RM100	RM200	RM300	RM500	RM750	RM1,000	RM1,200
		+ additional payout amounting to the NCD % multiplied by the sum insured						



B)	BENEFITS FOR PER DRIVER AND/OR PASSENGERS (OTHER THAN THE POLICYHOLDER)	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G
1.	Accidental Death	RM10,000	RM10,000	RM10,000	RM15,000	RM15,000	RM15,000	RM15,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
2.	Permanent Disablement (due to accident only)	up to RM10,000	up to RM10,000	up to RM10,000	up to RM15,000	up to RM15,000	up to RM15,000	up to RM15,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
3.	Permanent Total Disablement (due to accident only)	RM15,000	RM20,000	RM20,000	RM20,000	RM20,000	RM20,000	RM20,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
4.	Bereavement Benefit (due to accident only)	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000	RM2,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						
5	Accidental Medical Reimbursement	up to RM1,000	up to RM1,000	up to RM1,000	up to RM1,000	up to RM1,000	up to RM1,000	up to RM1,000
		+ additional payout amounting to the NCD % multiplied by the sum insured						

Issued by

AIG Malaysia



IMPORTANT NOTICE

Please read this policy carefully together with the **policy schedule** and any endorsements to ensure that you understand the terms and conditions and the coverage meets your requirement. If the **policyholder** needs further information after reading this policy, please contact your insurance advisor or **us**.

We will send you one policy booklet only as an effort to preserve the environment. Please keep this policy booklet in a safe place. In the event of renewal and/or change in terms and conditions of the policy, **we** will send you the renewal **policy schedule** and endorsement only.

PART 1 – CONTRACT

This policy, together with the **policy schedule**, the application and any endorsements, is evidence of the contract and shall be read together to form an entire contract between the **policyholder** and **us**. **We** agree to provide the **policyholder** the insurance cover described in this policy provided that the **policyholder** pays the applicable premiums when due and **we** agree to accept it subject to the terms and conditions of this policy.

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).

PART 2 – DEFINITIONS

We use words in this policy which have a specific meaning to this policy. These words are shown below and each time it is used in the policy, it is shown in bold font.

Accident/Accidental shall mean a sudden, unintentional, unexpected and specific event that occurs at an identifiable time and place.

Activities of daily living

Definitions attributed to the following words in the insurance cover are:

- a) dressing means the ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical or medical appliances;
- b) feeding means the ability to feed oneself food after it has been prepared and made available;
- c) mobility means the ability to move indoors from room to room on level surfaces;
- d) toileting means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate;
- e) transferring means the ability to move from a bed to an upright chair or wheelchair and vice versa; or
- f) washing means the ability to wash in the bath, or shower or wash by other means.

Authorized driver shall mean any person duly authorized by the policyholder to drive the policyholder's vehicle.

Date of loss refers to the date when the **accident** occurs.



Disability shall mean all **injuries** and complications sustained, related or due to the same **accident**.

Doctor shall mean a medical practitioner who is currently registered, licensed and qualified to practice contemporary western medicine within the scope of expertise in the geographical area and jurisdiction where medical services are provided and is certified by the appropriate health authorities in an area of medical specialty, provided that such medical practitioner is not the:

- a) **insured person**, the **insured person's** business partner or the **insured person's** agent; and
- b) **insured person's** legal spouse, children, parent and their siblings, parent-in-law, son or daughter-in law, grandparent, grandparent-in-law, grandchildren, sibling, sibling-in-law, niece or nephew.

Effective date shall mean the date this insurance coverage starts as shown in the **policy schedule**.

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 **us** this policy as an alternative to the Malaysian courts.

Hospital shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients and which:

- a) has facilities for diagnosis and major surgery;
- b) provides 24 hours nursing services by registered and graduate nurse(s);
- c) is under the supervision of a **doctor**; and
- d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

Hospitalization shall mean admission to a **hospital** as a registered in-patient for **medically necessary** treatments for a minimum period of 24 consecutive hours upon the recommendation of a **doctor** for a covered **disability** sustained by the **policyholder**. For the avoidance of doubt, hospitalization shall be evidenced by daily boarding charges imposed by a **hospital**.

Injury shall mean bodily injury caused solely by an **accident** and does not result from an **illness**.

Insured person shall mean:

- a) the individual named as the **policyholder** that appears in the **policy schedule**; and
- b) any individual who is a **passenger** or **authorized driver**, other than the **policyholder**.

Illness shall mean a physical condition marked by a pathological deviation from the normal healthy state.

Loss shall mean **permanent** total loss of use or **permanent** total loss by physical severance (separation).

Loss of fingers or toes shall mean the complete severance of the finger or toe through or above the metacarpophalangeal joint or metatarsophalangeal joint.

Loss of hearing wherever used in this policy shall mean permanent irrecoverable loss of hearing where:

If a dB = Hearing loss at 500Hertz



If b dB = Hearing loss at 1000 Hertz

If c dB = Hearing loss at 2000 Hertz

If d dB = Hearing loss at 4000 Hertz

1/6 of (a+2b+2c+d) is 80dB

Loss of limb shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above ankle.

Loss of sight shall mean the total, absolute and irrecoverable loss of sight.

Loss of speech shall mean the **disability** in articulating any 3 of the 4 sounds which contribute to the speech (i.e. the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds) or total loss of vocal cord or damage of speech center in the brain resulting in the inability to speak.

Loss of use shall mean **permanent** limitation in function in relation to limb or organ following an **injury**.

Medically necessary shall mean a medical service provided by a **doctor** which is:

- a) consistent with the diagnosis and customary medical treatment for a covered **disability**;
- b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits;
- c) not for the convenience of the **insured person** or **doctor** and unable to be rendered out of a **hospital** (if admitted as an in-patient);
- d) not of an experimental, investigational or research nature, 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 **disability** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the **insured person's disability**.

Motor vehicle shall mean:

- a) any passenger-type automobile private vehicle and it's registration certificate is held in the name of the **policyholder**; and
- b) is the vehicle stated in the **policy schedule**; and
- c) excludes all motorcycles and vehicles used for business purposes including public conveyances.

No claim discount (NCD) shall mean the applicable discount on the premium applicable for the **motor vehicle's** insurance cover at the **date of loss**.

Passenger/s shall mean:

- a) any individual who is a **passenger** of the **motor vehicle**, other than the **policyholder**, while getting into, travelling in or getting out of a **motor vehicle** in Malaysia, Singapore and/or Brunei;
- a) who are 1 to 80 years; and
- b) limited to the number based on the seating capacity stated in the **motor vehicle's** registration card.

Permanent shall mean lasting 6 consecutive months from the **date of loss** and at the expiry of that period, be beyond any hope of improvement.

Period of insurance shall mean the duration for which the **insured person** is insured for (subject to the terms,



conditions and exclusions set out in this policy) and shall be:

- a) the period specified in the **policy schedule** for the **policyholder**;
- b) while getting into, travelling in or getting out of a **motor vehicle** during the **period of insurance** for **passengers**.

Policyholder shall mean an individual named in the **policy schedule** as the **policyholder**, to whom this policy has been issued to.

Policy schedule shall mean a document which is issued to the **policyholder**. This schedule acts as a written proof of insurance coverage.

Schedule of benefits shall mean the benefits made available under this insurance coverage.

Permanent total disablement shall mean the **permanent** inability to perform at least 3 **activities of daily living**.

We, us or our shall refer to AIG Malaysia Insurance Berhad (200701037463).

PART 3 - BENEFITS

We will pay for the benefits described below in the event of death or a **disability** due to an **accident** occurring during the **period of insurance**. **We** will pay the limits shown in the **schedule of benefits** that correspond to the plan stated in the **policy schedule**.

All claims in respect of the **policyholder** will be based on item A of the **schedule of benefit**. All claims in respect of a **passenger** will be based on item B of the **schedule of benefit**.

1. Accidental Death, Permanent Total Disablement and Permanent Disability

If the **insured person** sustains a **disability** within 1 year from the **date of loss** which results in any one of the losses specified in the Compensation Table below, **we** will pay the respective percentage of sum insured specified in the **schedule of benefits**.

COMPENSATION TABLE		
CONDITIONS		% payable
A	Accidental Death	100%
B	Permanent Total Disablement	100%
C	Permanent Disability	
	(i) Permanent insanity	100%
	(ii) Permanent loss limbs - two or more limbs	100%
	(iii) Permanent loss limb – one limb	100%
	(iv) Permanent loss of sight in both eyes	100%
	(v) Permanent loss of sight in one eye	100%
	(vi) Permanent loss of the lens of one eye	50%
	(vii) Permanent loss of hearing: • both ears	75%



	one ear of at least 80 decibels in all frequencies	25%
(viii)	Permanent loss of the ability to speak	50%
(ix)	Permanent loss of a thumb: - both joints - one joint	30% 15%
(x)	Permanent loss of a finger: - three joints - two joints - one joint	10% 7.5% 5%
(xi)	Permanent loss of toes: - all of one foot - big toe - one or both joints - other than big toe, each toe	15% 5% 2%
(xii)	Permanent facial scarring: - longer than 10cm - longer than 5 cm	10% 5%
(xiii)	Shortening of leg by at least 5cm	7.5%

If the **insured person** sustains a **disability** not stated in the above Compensation Table, but nevertheless suffers a **permanent disability**, the extent of the **permanent disability** will be assessed by **us** by considering the severity of the **disability** in conjunction with the stated percentages for the specific types of **disability** mentioned in the above Compensation Table. The benefit payable (if any) is at **our** sole discretion.

If the **insured person** has an existing physical or medical condition, **we** may ask for an independent medical examination by a **doctor** to assess the difference between the **insured person's** condition before and after the **accident** and relate it, in terms of severity, to those **permanent disability** specifically mentioned in the Compensation Table above. Payment (if any) however will be made solely at **our** discretion.

Disappearance benefit

If the **policyholder** disappears and the body is not found within 1 year after the date of disappearance, sinking or wrecking of any conveyance in which the **policyholder** was riding in at the time of such disappearance, sinking or wrecking, it will be presumed that death has taken place and the benefit under item 1 on the **schedule of benefits** will be paid.

Compensation limits:

- when more than 1 form of **permanent disability** results from 1 **accident**, the percentages are added together, but **we** will not pay more than 100% of the sum insured shown under the Permanent Disablement benefit in the **schedule of benefits**;
- if **we** have paid 100% of sum insured for item A1, A2 or A3 shown in the **schedule of benefits**, the policy will automatically terminate after such payment;
- if a claim is payable for loss of, or **loss of use**, of a whole part of the body, a claim for any component of that part cannot be made;
- the admission of a claim under any of the benefits in the Compensation Table will exhaust that particular benefit in respect of the **insured person**;
- any payment made for Disappearance benefit will be collected back by **us** from the **policyholder**, nominee or **policyholder's** estate, if **we** are made aware that the person for which the claim is made in respect for this benefit is alive.



2. **Bereavement Benefit (due to accident only)**

When the **insured person** sustains a **disability** which results in death within 1 year from the **date of loss**, we will pay the amount specified in the **schedule of benefits**.

3. **Accidental Medical Reimbursement**

If the **insured person** sustains a **disability**, we will reimburse the medical expenses incurred within 1 year from the **date of loss** as a result of the **disability**, subject to the amount specified in the **schedule of benefits**.

Medical expenses which are **medically necessary** shall include the cost incurred for **hospital** accommodation and meals, nursing care during **hospitalization**, medicine, **hospital** supplies, laboratory examinations and tests, physiotherapy, **surgery**, anaesthetic, operating theatre, consultation, local road ambulance services, diagnostic tests, medical reports fees, **hospital** registration/administration charges and associated taxes.

4. **Loss of Personal Effects (due to motor vehicle break-in)**

If the **policyholder's motor vehicle** is broken into causing a permanent loss of the **policyholder's** personal belongings, we will pay the lump sum amount specified in the **schedule of benefit** subject to the following conditions:

- a) there is visible and forceful evidence of break-in into the **motor vehicle**;
- b) occurs while the **policyholder** is in the **motor vehicle**;
- c) the loss must be reported to the relevant police authority and a police report lodged within 24 hours from such loss;
- d) limited up to 2 incidents per policy year;
- e) indemnity payable is only applicable to the **motor vehicle** where the break-in has occurred.

PART 4 – EXCLUSIONS

The following exclusions shall apply to all sections of this policy. **We** will not pay for any claim resulting from or expenses incurred for:

1. The **policyholder** engaging in activities related to:
 - (a) flying unless as a fare-paying passenger in a licensed private or commercial aircraft certificated for the transportation of passengers;
 - (b) racing involving motorized vehicles;
 - (c) a sport in a professional capacity or when an income or remuneration could or would be earned from engaging in such sport.
2. The following occupations in respect of the **policyholder**:
 - (a) armed forces, police and peacekeeping forces while on duty; armed occupations;
 - (b) ship or air crew, professional sportsmen/women.
3. Injuries that are intentionally self-inflicted, suicide or attempt to commit suicide, deliberate or reckless exposure to danger;
4. Taking drugs;
 - (a) other than according to the manufacturer's instructions or taken as prescribed by a registered medical practitioner;
 - (b) for the treatment of drug addiction;
5. Psychotic, mental and nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
6. Pregnancy, child birth, infertility or birth control treatments or complication arising therefrom;
7. External prosthetics appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, contact lenses and glasses.
8. Violation of law;



9. Any payment that would violate any government prohibitions or regulations;
10. Any act of war, act of foreign enemy, civil war, invasion, revolution, insurrection, use of military power or usurpation of government or military power. War shall mean war, whether declared or not, any war like activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends;

It is the **insured person's** responsibility to prove that the loss did not in any way arise under or through any of the exclusions set in this policy.

PART 5 – SPECIAL CONDITIONS

1. The monetary limit (including **NCD**) for a claim for the **policyholder** is limited to a maximum insurable sum of RM 750,000.00 in relation to Accidental Death, Permanent Total Disablement or Permanent Disability benefit covered under all the Passenger Protection Plan Plus and/or Auto Passenger Protection Plan policies purchased.
2. The sum insured payable under this policy for all benefits are increased by the percentage of **NCD** entitlement of the **motor vehicle** which was involved in the **accident**, at the time immediately prior to the **accident**.

PART 6 - GENERAL CONDITIONS

1. **Duty of disclosure:** The **policyholder** must take reasonable care to ensure that all the **policyholder's** answers to the questions are full, complete, correct, honest and to the best of the **policyholder's** knowledge. The **policyholder** also has a duty to inform **us** of any change in the information given to **us** earlier before **we** issue the **policy schedule** to the **policyholder**, before the **policyholder** renew or change any of the terms of the **policyholder's** policy.
If you don't, **we** may:
 - a) declare the **policyholder's** policy void from inception (which means treating it as invalid) and **we** may not return the premium or recover any unpaid premium;
 - b) cancel this policy and return any premium less **our** cancellation charge or recover any unpaid premium;
 - c) recover any shortfall in premium;
 - d) not pay any claim that has been or will be made under the policy; or
 - e) be entitled to recover from you the total amount of any claim already paid under the policy or any claim **we** have to pay under any relevant legislation, plus any recovery costs.
2. **Age to qualify for cover:** The **policyholder** must be aged between 18 to 65 years to be eligible for cover. The policy is renewable at **our** discretion up to 75 years. All ages refers to the age as of **your** last birthday.
3. **Period of cover:** The policy starts on the **effective date**. The premium in respect of the **insured person** is payable annually. Each premium paid purchases cover for a period of 1 year. However, cover will terminate on the earlier of the following:
 - a) non-payment of premium or premium not made on time;
 - b) upon the next premium due date when the **policyholder** attains the age of 76 years;
 - c) upon an admission of a claim by the **policyholder** for 100% of the sum assured under Accidental Death, Permanent Total Disablement or the Permanent Disability benefit;
 - d) on the date this policy is cancelled in accordance with the cancellation condition as shown in Part 6 – General Conditions, item 6.
4. **Renewal:** This policy is renewable at **our** option. Premium rates are not guaranteed. **We** reserve the rights to revise the premium according to **our** applicable premium rate at the time of such renewal, irrespective of the **policyholder's** claims experience. A 30 days written notice will be provided to the policyholders prior to the change.



5. **Reinstatement:** This policy can be reinstated with **our** consent provided that the **policyholder** respectively makes an application to reinstate the policy and provide **us** with all the information **we** require within 90 days from the defaulted premium due date, subject to **our** approval upon receipt of the information and premium by **us**.

For the avoidance of doubt, **we** will not however accept any premium payment for the period the policy that has lapsed due to non-payment of premium. **We** will not pay for any claims which occur during the interval of time between lapsation date of the policy and reinstatement of the policy.

6. **Upgraded policies:** Upgrades on cover is only allowed 12 months from the **effective date** or every 12 months thereafter. Any upgrade is subject to **our** prior approval. If the **insured person** suffers from a **disability** prior to this change, **we** will pay the **policyholder** based on the limits prior to the upgrade.
7. **Cancellation:** The **policyholder** can cancel this policy by giving **us** 30 days notice in writing to The Customer Servicing Group at the email or address indicated in the Disclosure & Product Statement sheet. **We** will terminate this policy with effect from the 1st of the following calendar month and refund the premium that has been paid for the unexpired term.

For avoidance of doubt, **we** reserve **our** right to rescind coverage where it is discovered that the **insured person** was in the category of excluded persons as shown in Part 4 – Exclusion, item 2 of the policy at the point of entry into the contract. In such cases, **we** will refund the premium in full.

We can cancel this policy by giving the **policyholder** a 30 days notice to the last known address as indicated in **our** records. **We** will refund the premium that has been paid for the unexpired term.

8. **Exposure:** When by reason of any **accident** covered by this policy the **insured person** is exposed to the elements and as the result of such exposure suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this policy.
9. **Conformity with law:** All the terms and conditions of this policy are in accordance to the Malaysian laws and/or directives issued by the Malaysian insurance regulatory bodies.
10. **Sanctions:** **We** shall not be deemed to provide cover and **we** 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 **us**, **our** parent company or **our** 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.
11. **Claims procedure:** The **insured person** or someone duly authorized on their behalf must contact **us** within 30 days after any loss incurred by the **insured person** which is likely to lead to a claim. This can be done by contacting **us** or in writing to The Claims Department at the email or address indicated in the Disclosure & Product Statement sheet. Any delay must be supported by justifiable reasons for the delay and acceptance is at **our** sole discretion. **We** will not pay any claims that are notified to **us** after 1 year from the **date of loss**.

A completed claim form along with supporting evidence (original copies, where applicable) must be supplied to **us** at the **insured person's** expense within 90 days from the **date of loss**. **We** have the right to ask for a post-mortem examination and/or to undergo a blood test for HIV as a condition precedent to any processing of any claim.

It is the **insured person's** responsibility to prove that the loss did not in any way arise under or through any of the exclusions set in this policy. If **we** ask the **insured person** to have a medical examination, **we** will pay the cost of any medical examination.

12. **Payment of claims:** All claims payment will be made to the **insured person**. In the event of the **insured person's** death, **we** shall pay the claims proceeds to the nominee(s) named by the **insured person** (if applicable) or to the **insured person's** estate. Upon payment, **we** will be fully discharged of **our** obligations under this policy.

If the **insured person** is incompetent or otherwise unable to give a valid release for the claim, **we** may make arrangements to pay claims to a trustee pursuant to Section 166 of the Insurance Act, 1996. Their receipt will discharge **our** liability under the policy. Upon payment, **we** will be fully discharged of **our**



obligations under this policy.

13. **Currency of payment:** All payments will be made in Ringgit Malaysia. Settlement in foreign currencies will only be made if the **policyholder** is not in Malaysia at the time of payment. The rate of exchange will be based on the prevailing exchange rate on the date of claim settlement as determined by Bank Negara Malaysia. The **policyholder** will bear all the administration and costs of conversion.
14. **Contribution:** If the **insured person** is covered by another policy which covers the benefit in respect of Part 3 – Benefits, item 3 of the policy, **we** will only reimburse the excess amount that is not payable by the other policies provided that the benefit is payable by this policy.
15. **Our rights to recovery:** If **we** make a payment and subsequently are made aware that the claim is not payable, **we** have the right to recover the amount paid from the **insured person**.
16. **Subrogation:** Upon making a claim payment, **we** will acquire all of the **insured person's** rights to recover against any third party that may have contributed in the loss, at **our** own cost. The **insured person** must however give **us** their full cooperation to secure these rights and provide all assistance **we** require to institute legal proceedings against the third party.
17. **Legal proceedings:** No legal proceeding against **us** is valid within 90 days from the **date of loss**.
18. **Arbitration:** Any dispute or difference which may arise between the **insured person** and **us** can be referred to the Kuala Lumpur Regional Centre for Arbitration. All arbitration proceedings must take place, within 12 months from the date of disclaimer failing which; **we** would have no obligation over the claim.
19. **Rights of ownership:** The **policyholder** shall have the rights to exercise every benefit covered in this policy. Every transaction relating to the policy shall however be between the **policyholder** and **us**. **We** will not recognize any claim made by another party who is not insured by this policy. The **policyholder** cannot assign the benefits covered in this policy for the **insured person** to another person or entity.
20. **Rights of nominees:** Nominees do not have any rights to make any changes to the policy.
21. **Changes:** **We** can change the terms and provisions of this policy by giving the **policyholder** 30 days prior notice and such amendment will be applicable from the next renewal of this policy. No changes to this policy shall be valid unless authorized by **us** and is endorsed thereon.
22. **Portfolio withdrawal condition:** **We** reserve the right to cancel the portfolio as a whole if **we** decide to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by 30 days written notice to the **policyholder** and **we** will run off all policies to expiry of the period of cover within the portfolio.
23. **Communication to us:** All communication to **us** shall be in writing or other means accepted by **us**.
24. **Consent to use personal data:** The **policyholder/insured person** is deemed to have read, understood, and consented to the collection and subsequent processing of the **policyholder/insured person's** personal information by **us** (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/insured person** submits information relating to other individuals, the **policyholder/insured person** further represents and warrants that the **policyholder/insured person** has the authority to provide information relating to the other individuals to **us**, that the **policyholder/insured person** 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 **us**, and that the other individuals agree and consent that **we** may collect, use and process his/her personal information in accordance with the Privacy Notice. The **policyholder/insured person** reserves the right to obtain access, request correction or withdraw their consent to the use of any of their personal information held by **us**. Such request can be made by writing to **us** at:

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



Email: AIGMYCare@aig.com

Phone: 1800-88-8811

Fax: 603-21180288

25. **Service Tax ("ST"):** The amount of Premium payable by you for this Policy includes an amount on account of the ST payable by you. ST 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 increases or decreases to the rate) by any competent tax authority.

26. 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 Markets Ombudsman Service (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: 603-2272 2811
Fax: 603-2272 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.