AIG MALAYSIA INSURANCE BERHAD

MyGuardian Personal Accident Online Policy

Policy Wording

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ABOUT THIS POLICY

This policy wordings, 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 wordings should be read carefully together with the Policy Schedule 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.

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.

SCHEDULE OF BENEFITS

Please refer to the Schedule of Benefits provided along with this Policy for Benefits, corresponding Compensation, Aggregate Period and Waiting Period applicable to each Insured Person covered under this Policy.

Individual Benefits under section 'Benefits' should be referred to for full details of coverage.

ONGOING DUTY OF DISCLOSURE

Pursuant to Schedule 9 of the 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. Failure to do so may void this Policy or result in refusal or reduction of claims, change of terms or termination of this Policy.

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. In this circumstance, the Company reserves the right to review the cover granted including withdrawing or amending cover previously approved.

ELIGIBILITY

All requirement as specified in this section of this Policy must be continuously satisfied by the Policyholder and Insured Person(s) to be eligible for coverage under this Policy.

Age

(i) Entry age for an adult under this Policy is 18 to 75 years of age (inclusive).
(ii) Entry age for a Child under this Policy is 30 Days after birth up to 19 years of age or up to 25 years of age if the child is a full-time student at an accredited institution of higher learning.
(iii) The Policy can be renewed for each Insured Person up to the age of 100 years.

Important Note:

1. Entry age is determined based on age at the Policy Effective Date and maximum age is determined based on age at the Policy Expiry Date.
2. Based on the age of the Insured Person, Compensation for some Benefits are reduced as specified in the Schedule of Benefits.

Residency

To be eligible for cover under this Policy, the Insured Person must be 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 Policy Period) or a dependent pass granted by the relevant Government authority.

Occupation

Covered Occupation

This Policy is only offered to the following occupation classes:

(a) **Occupational Class 1** – Professionals and persons engaged in executive or non-manual, administrative or clerical duties solely in offices or similar non-hazardous places.

(b) **Occupational Class 2** – Persons engaged in duties of supervisory nature or travelling outside office for business purposes with no exposure to hazardous conditions and not involved in any manual labour.

(c) **Occupational Class 3** – Persons engaged in occasional or regular manual work not particularly hazardous in nature but involving the use of tools or light machinery.

Excluded Occupations

Persons engaged in occupations with high risk or exposure to hazardous conditions are not covered under this Policy. This would include but is not limited to the following occupations:

(a) Military personnel including the armed forces, naval or air force service or operations;
(b) Police, security personnel including any peace keeping forces;
(c) Fire service;
(d) Professional sports person when an Insured Person could or would earn income or remuneration from engaging in such sport.
(e) Pilots or crew of any air or water vessel;
(f) Off-shore work or activities including oil rig work;
(g) Loggers and sawmill workers or workers using woodworking machinery;
(h) Workers handling boilers, pressure vessels or crane operators;
(i) Workers engaged in construction of dams, bridges, tunnels or underground work;
(j) Miners and quarry workers;
(k) Work that involves heavy machinery, explosives or hazardous materials or chemicals;
(l) Fisherman, stevedores, stuntman, circus performers, jockey and racing drivers;
(m) Window cleaners and steeplejacks;
(n) Construction workers involved in heavy machinery;
(o) Any manual works at heights exceeding 24 feet; or
(p) Other occupations like those characterized above and which place the Insured Person at risk of injury necessitating specialist equipment (e.g. harness) or protective gear to keep them safe.

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.

RENEWAL

Policy Renewal

This Policy may be renewed at the option of the Policyholder subject to the terms and conditions of the Policy and payment of the premium the Company requires for the renewal. The premium for the renewal Policy must be paid on the Premium Due Date or within the Grace Period. The Policyholder's payment of the renewal premium and the Company's receipt and acceptance of such payment will constitute consent to renewal of this Policy.

The Policy is an annual Policy, therefore the renewable Policy Period will be 12 consecutive months from the Policy Start Date unless otherwise notified in writing by the Company.

Alternatively, the Company may elect to no longer renew this Policy due to underwriting reasons. In that event, the Company shall notify the Policyholder in writing at least 30 Days before their next Anniversary Date.

Grace Period

1. The Company provides a Grace Period of up to 30 consecutive Days for payment of premium to renew a Policy.
2. In event of premium being paid during the Grace Period, the Policy Start Date of the renewal Policy shall be changed to the date the premium is received by the Company.
3. Policy Coverage would not be available for the period for which no premium has been received.
4. If any Injury is sustained, or Sickness is diagnosed during the Grace Period, such Injury or Sickness shall not be covered in subsequent renewals.
5. Any premium received by the Company after the Grace Period will be a commencement of a new Policy Contract.

Important Note for section 'Policy Renewal' and 'Grace Period':

1. The Policy is automatically cancelled if the Policyholder fails to pay premium on the Premium Due Date or within the Grace Period.

Renewal Bonus

The Company will pay a Renewal Bonus for each Eligible Insured Person subject to the conditions set out below:

1. The Policy must be continuously renewed without interruption.
2. The Policy must remain Claims Free for all Insured Persons throughout the Policy Period.
3. Calculation of the Renewal Bonus will be based on the previous year's Compensation assigned to '1. Accidental Death' and '2. Permanent Disablement' Benefits.
4. The Renewal Bonus including all accumulated Renewal Bonus amounts will be forfeited from the date a claim is paid under '1. Accidental Death' or '2. Permanent Disablement' Benefits of this Policy, irrespective of the number of Insured Persons making a claim and no further Renewal Bonus will be offered under the Policy.
5. In the event of any change in the Compensation assigned to the '1. Accidental Death' and '2. Permanent Disablement' Benefits under this Policy, the Renewal Bonus will be calculated based on the new Compensation for these Benefits at the next Anniversary Date and shall continue to apply in the following renewals.

An illustration of the calculation of the Renewal Bonus is as follows:

Policy Period	Year	Anniversary Date	Compensation for '1. Accidental Death' or '2. Permanent Disablement' Benefit for the said Policy Period	Calculation of the Renewal Bonus
01.01.2020 - 31.12.2020	*0*	*NA*	RM 100,000	*NA*
01.01.2021 - 31.12.2021	*1*	*1st Anniversary Date*	RM 300,000 *(Policyholder increases Compensation to RM 300,000 effective 01.01.2021)*	*RM 20,000* *(20% of the Compensation of Year 0, i.e. RM 100,000)*

01.01.2022 - 31.12.2022	*2*	*2nd Anniversary Date*	RM 300,000	*RM 20,000 (20% of the Compensation of Year 0, i.e. RM 100,000) + RM 60,000 (20% of the Compensation of Year 1, i.e. RM 300,000)* = ***RM 80,000***

6. If a new Insured Person(s) is added to the Policy, the Renewal Bonus for the Compensation assigned to the '1. Accidental Death' and '2. Permanent Disablement' Benefits under this Policy for that particular Insured Person will only apply at the next Anniversary Date and continue to apply for the future years' Renewal Bonus calculation(s). An illustration of the calculation of the Renewal Bonus with a new Insured Person(s) added to the Policy is as follows:

Policy Period	Year (for the respective Insured Person)	No. of Insured Person	Compensation for '1. Accidental Death' or '2. Permanent Disablement' Benefit for the said Policy Period	Calculation of the Renewal Bonus
01.01.2020 - 31.12.2020	*0*	Policyholder	RM 100,000	*NA*
01.01.2021 - 31.12.2021	*1*	Policyholder	RM 300,000 *(Policyholder increases Compensation to RM 300,000 effective 01.01. 2021)*	*RM 20,000 (20% of the Compensation of Year 0 of Policyholder, i.e. RM 100,000)*
	0	*Addition of 1 Insured Person (e.g. Spouse) on 01.01.2021*	RM300,000	*NA*
01.01.2022 - 31.12.2022	*2*	Policyholder	RM 300,000	*RM 20,000 (20% of the Compensation of Year 0 of Policyholder, i.e. RM 100,000) + RM 60,000 (20% of the Compensation of Year 1 of Policyholder, i.e. RM 300,000)* **= *RM 80,000***

	1	*Spouse*	RM 300,000	*RM 60,000 (20% of the Compensation of Year 0 of Spouse, i.e. RM 300,000)*

7. The Renewal Bonus accumulated after 5 consecutive years will continue for subsequent renewal policy periods for existing Insured Persons as long as the Policy is continuously renewed without interruption and remains Claims Free.

SPECIFIC DEFINITIONS APPLICABLE TO RENEWAL BONUS

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

1. **Claims Free** means that no claims were payable under '1. Accidental Death' and '2. Permanent Disablement' Benefits for any Insured Persons during the Policy Period.

2. **Eligible Insured Person** means an Insured Person who is a Policyholder, Spouse or Child.

GENERAL POLICY DEFINITIONS

Wherever the following words or phrases appear in this Policy and begin in uppercase, the definitions with interpretation as set out below will apply. 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 herein will be relevant to the selected Plan shown in the Schedule of Benefits.

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 Policy Period.

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. **Aggregate Period** means the maximum number of consecutive Days for which a Compensation is payable as specified against the Benefit in the Schedule of Benefits.

4. **Anniversary Date** means 12 consecutive months following the Policy Start Date and each 12 consecutive months thereafter.

5. **Benefit** means the benefits listed in the Schedule of Benefits and which are subject to the terms and conditions as stated under this Policy.

6. **Big Toe** means the first digit of a Foot.

7. **Category** refers to the persons who are insured under this Policy. The Categories are:
   (a) Individual – covers the Policyholder;
   (b) Couple – covers Policyholder and a Spouse;
   (c) Individual and Children - covers Policyholder and Children; or
   (d) Family - covers Policyholder, a Spouse and Children;
   as provided in the Policy Schedule.

8. **Chronic Condition** means a condition that is expected to persist for the remainder of the Insured Person's natural life.

9. **Child(ren)** means:
   (a) dependent children including legally adopted and stepchildren of the named Insured Person under this Policy;
   (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 named Insured Person.

10. **Claimant** means the Policyholder, Insured Person or their legal representative, as applicable, making a claim against this Policy.

11. **Company** means AIG Malaysia Insurance Berhad.

12. **Compensation** means the maximum amount payable for a Benefit as specified in the Schedule of Benefits.

13. **Day** means a completed period of 24 hours.

14. **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 Spouse, parent, grandparent sibling, Child, grandchild, uncle or aunt.

15. **Endorsement** means a written notice stating an amendment, deletion or addition made to this Policy.

16. **Finger** means a digit of a Hand.

17. **Foot** means the entire foot below the ankle.

18. **Gainfully Employed** means Insured Person receiving a regular income from any employment which requires a minimum of 20 work hours a week during the last 26 consecutive weeks.

19. **Grace Period** means a maximum of 30 consecutive Days immediately following the Premium Due Date.

20. **Hand** means the entire hand below the wrist.

21. **Home** means the Insured Person's usual place of residence at the time of the Accident in Malaysia.

22. **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; and
    (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.

23. **Hospitalization/Hospitalized** means the admission of the Insured Person to a Hospital as an In-patient during the Policy Period.

24. **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.

25. **Injury** means a bodily injury which is sustained by an Insured Person during the Policy Period and is caused by an Accident solely and independently of any other causes including any Sickness (except sickness directly resulting from medical or surgical treatment rendered necessary by such Injury), pre-existing or congenital condition. 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. General Policy Exclusion 14 continues to apply.
    (c) Any Injury directly resulting from animal or insect bites. This excludes any claims in connection with any Infectious Diseases.

26. **In-patient** means the Insured Person is confined in a Hospital for a continuous period as a registered patient for medically necessary treatments for at least 1 Day and such confinement is certified as necessary by the attending Doctor.

27. **Insured Person** means the person(s) named in the Policy Schedule and insured under this Policy **during** a valid Policy Period. This shall include their unnamed Children when a Category covering Children is selected by the Policyholder and shown in the Policy Schedule.

28. **Limb** means the entire limb between the shoulder and the wrist or between the hip and the ankle.

29. **Loss of Independent Existence** means the Permanent inability to perform at least 3 out of the 6 Activities of Daily Living.

30. **Overseas** means outside any territorial limits of the country in which this Policy is issued in.

31. **Parent(s)** means the legal parent whether biological, step or adopted.

32. **Paraplegia** means the entire paralysis of both legs and part or whole of the lower half of the body.

33. **Permanent** means lasting for at least 12 consecutive months and at the end of that time is certified by a Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

34. **Plan** means the Benefits and corresponding Compensation limits selected by the Policyholder and approved by the Company for this Policy, as shown in the Policy Schedule.

35. **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).

36. **Policyholder** means the person who is named as the Policyholder in the Policy Schedule. Also, the Policyholder owns this Policy, is responsible for premium payments and has the right to exercise all privileges under this Policy.
37. **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 Compensation is granted to the Insured Person while they are covered under this Policy, only in respect to the additional cover or increased Compensation.

38. **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'.

39. **Policy Period** means the period an Insured Person is covered for under this Policy and shall commence on the Policy Start Date and such period will end on the Policy Expiry Date as specified in the Policy Schedule.

40. **Policy Schedule** means the document showing details of the Policy Period 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.

41. **Policy Start Date** means the date specified on the Policy Schedule on which the cover under this Policy commences.

42. **Pre-Existing Condition** is any injury, sickness or other condition:

(a) for which Insured Person has sought or received treatment, medication, advice or diagnosis in the 2 years before the Policy Effective Date;
(b) which first manifested itself, worsened, became acute or presented signs or symptoms in the 2 years prior to the Policy Effective Date and which would have caused any reasonable person to seek diagnosis, care or treatment; or
(c) which is a Chronic Condition or cancer diagnosed before the Policy Effective Date.

43. **Premium Due Date** means the date on which premium for this Policy is due to be paid by the Policyholder on or before the Policy Start Date and any subsequent Anniversary Date for this Policy.

44. **Quadriplegia** means the entire paralysis of both legs and both arms.

45. **Renewal Bonus** means an additional 20% increase of the Compensation assigned to '1. Accidental Death' and '2. Permanent Disablement' Benefits on every Anniversary Date up to a maximum of 5 consecutive years subject to the terms and conditions under section 'Renewal Bonus'.

46. **Schedule of Benefits** means the document containing the applicable Benefits and their corresponding Compensation, Aggregate Period and Waiting Period.

47. **Sickness** means an illness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state suffered by an Insured Person during the Policy Period. For the avoidance of doubt, Sickness includes but not limited to Infectious Disease, heatstroke, decompression sickness, hypothermia and mountain sickness.

48. **Specified Infectious Diseases** means any of the following infectious diseases first contracted in Malaysia and listed under the First Schedule of the Prevention and Control of Infectious Disease Act 1988:

    (a) Hand, foot and mouth disease (HFMD);
    (b) Dengue fever / Dengue hemorrhagic fever (DHF);
    (c) Avian influenza or 'bird flu' due to influenza A viral strains H5N1, H9N2, H7N7, H7N9;
    (d) Ebola virus disease;
    (e) Malaria;
    (f) Plague;
    (g) Rabies;
    (h) Middle east respiratory syndrome coronavirus (MERS-CoV);
    (i) Zika virus disease;
    (j) Coronavirus disease 2019 (COVID-19),

    and upon diagnosis by a Doctor, requires immediate notification to a 'medical officer of health' as specified under Section 10(2) of the Prevention and Control of Infectious Disease Act 1988.

49. **Spouse** means someone the Insured Person is legally married to and who is named in the Policy Schedule.

50. **Thumb** means the first digit of a Hand.

51. **Toe** means a digit of the Foot.

52. **Total Disablement** means:
    (a) in respect to an Insured Person who is Gainfully Employed aged less than 65 years and not a Child means resulting in a disablement which 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; or
    (b) in respect to all other Insured Persons, means disablement that results in Loss of Independent Existence.

53. **Total Loss** means:
    (a) In the case of a Limb
        (i) Permanent physical severance of the Limb; or
        (ii) Permanent total and irrecoverable loss of use of the Limb.
    (b) In the case of a loss of Thumb, Finger or Toe
        (i) Loss by Permanent physical severance of the entire Thumb, Finger or Toe; or
        (ii) Permanent, total and irrecoverable loss of use of a complete Thumb, Finger or Toe.
    (c) In the case of loss of sight
        (i) Permanent, total and irrecoverable physical loss of one or both eyes; or
        (ii) Permanent, total and irrecoverable loss of the sight of one or both eyes.
    (d) In the case of loss of speech
        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.
    (e) In the case of loss of hearing
        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.

54. **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 Policy Period.

55. **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.

56. **Waiting Period** means a time period that needs to elapse before the Insured Person becomes entitled to claim a Benefit and during which no Compensation is payable. The Waiting Period is specified against the Benefit in the Schedule of Benefits.

BENEFITS

Please note that this Policy has been designed to offer multiple Plans and optional Benefits. The Policyholder or Insured Person must refer to the Schedule of Benefits for applicable Benefits as not all the Benefits listed below will apply to the Policy.

1. ACCIDENTAL DEATH

If an 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 Compensation specified in the Schedule of Benefits, including a Renewal Bonus (if applicable).

EXPOSURE

If an Accidental death occurs as a direct result of unexpected exposure to natural elements following an Accident, the Company will pay the Compensation as specified in the Schedule of Benefits, including a Renewal Bonus (if applicable).

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.

SPECIFIC DEFINITIONS APPLICABLE TO '1. ACCIDENTAL DEATH' BENEFIT

In addition to the definition of Injury as provided under General Policy Definitions, for the purpose of this Benefit, Injury extends to include Accidental food poisoning.

SPECIFIC CONDITIONS APPLICABLE TO '1. ACCIDENTAL DEATH' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The Policy will automatically terminate for the Insured Person when Compensation is paid under this Benefit.

2. Any Compensation payable under this Benefit shall be reduced by any amount paid or payable under '2. Permanent Disablement' Benefit during an Insured Person's lifetime.

3. The Company will pay a reduced Compensation for a Child as specified in the Schedule of Benefits, if covered under the Policy.

4. This Benefit is not applicable for the Policyholder or Spouse's Parent(s) who is covered under the Policy.

2. PERMANENT DISABLEMENT

If an 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 Compensation specified in the Table of Events, including a Renewal Bonus (if applicable).

TABLE OF EVENTS

Events **Injury resulting in:**		**Percentage of Compensation payable per Insured Person as specified in the Schedule of Benefits**
1	Permanent Total Disablement	100%
2	Permanent Quadriplegia	100%
3	Permanent Paraplegia	100%
4	Permanent Total Loss of sight of both eyes	100%
5	Permanent Total Loss of sight of one eye	100%
6	Permanent Total Loss of two or more Limbs	100%
7	Permanent Total Loss of one Limb	100%
8	Permanent Total Loss of Speech	75%
9	Permanent Total Loss of hearing in: (a) Both ears	75%
	(b) One ear	15%
10	Permanent Total Loss of four Fingers and Thumb of either Hand	70%
11	Permanent Total Loss of four Fingers of either Hand	40%
12	Permanent Total Loss of one Thumb of either Hand (a) Both joints	30%
	(b) One joint	15%
13	Permanent Total Loss of any one Finger of either Hand	
	(a) Three joints	10%
	(b) Two joints	7%
	(c) One joint	5%
14	Permanent Total Loss of Toes of either Foot (a) All Toes – one Foot	15%
	(b) Big Toe – both joints	5%
	(c) Big Toe – one joint	3%
	(d) Other than the Big Toe, each Toe	1%

15	Permanent disablement not otherwise provided for under Events 9 to 14 inclusive.	The Company will assess the percentage of the Compensation payable and shall have absolute discretion in determining such percentage, consistent with the Compensation provided under Events 9 to 14 inclusive. The maximum amount payable under Event 15 is 75% of the applicable Compensation as specified in the Schedule of Benefits.

SPECIFIC CONDITIONS APPLICABLE TO '2. PERMANENT DISABLEMENT' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

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 10 for their right Hand, the Company will not pay out under Events 11 to 13 for the same Injury.

2. The maximum Compensation payable under this Benefit in an Insured Person's lifetime regardless of the number of Events suffered, is 100%.

3. This Policy will automatically terminate for the Insured Person involved when the maximum Compensation of 100% is paid to them under this Benefit.

4. In the event the Insured Person suffers Accidental death in respect of the same Injury within 365 Days from the date of Accident, any Compensation payable under this Benefit shall be reduced from any amount paid or payable under '1. Accidental Death'.

5. The Company will pay a reduced Compensation for a Child as specified in the Schedule of Benefits, if covered under the Policy.

3. MEDICAL EXPENSES DUE TO AN INJURY

If an Insured Person sustains an Injury, the Company will reimburse the Medical Expenses incurred to treat an Injury sustained by the Insured Person within 365 Days from the date of the Accident, up to the maximum Compensation payable for any one Accident as shown in the Schedule of Benefits.

SPECIFIC DEFINITIONS APPLICABLE TO '3. MEDICAL EXPENSES DUE TO AN INJURY' BENEFIT

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

1. **Medical Expenses,** for the purpose of this Benefit, 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, 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 includes treatment by a physiotherapist provided with referral by the attending Doctor but does not include costs

incurred for treatments provided by alternative and traditional medical practitioners, traditional Chinese medicine practitioner or chiropractor.

2. In addition to the definition of **Injury** under General Policy Definitions, for the purpose of this Benefit **Injury** extends to include Accidental food poisoning.

SPECIFIC CONDITIONS APPLICABLE TO '3. MEDICAL EXPENSES DUE TO AN INJURY' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is only payable if the first medical treatment sought for the Injury is within 30 Days from the date of the Accident.

2. The Benefit is payable only after Medical Expenses' supporting documents, including attending Doctor's reports and referral letters, are provided to the Company along with original Medical Expenses bills and receipts.

3. If the Insured Person is entitled to a refund of all or part of the Medical Expenses stated 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 Compensation as shown on the Schedule of Benefits.

4. Any Hospitalization accommodation for the Insured Person is restricted up to the cost of a single standard private room.

SPECIFIC EXCLUSIONS APPLICABLE TO '3. MEDICAL EXPENSES DUE TO AN INJURY' BENEFIT

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

1. Any medical transportation services;

2. Any Medical Expenses involving:

   (a) a routine health check;

   (b) diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;

   (c) any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not medically necessary; and

   (d) dental or oral care.

4. DAILY HOSPITALIZATION INCOME DUE TO AN INJURY

If an Insured Person sustains an Injury and is Hospitalized within 30 Days from the date of the Accident, the Company will pay the Compensation as stated in the Schedule of Benefits for each Day the Insured Person spends as an In-patient.

Compensation under this Benefit shall continue up to the Aggregate Period per claim or until the Insured Person is discharged from the Hospital as an In-patient, whichever occurs first.

SPECIFIC CONDITIONS APPLICABLE TO '4. DAILY HOSPITALIZATION DUE TO AN INJURY' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is payable for only one Injury per Accident, regardless of the number of injuries sustained.

2. Any Hospitalization of an Insured Person shall be evidenced by Insured Person's Hospital discharge summary or Hospital billing statement and medical report(s).

3. Subsequent periods of Hospitalization for the same Injury are considered to be part of the same claim, provided that:

   (a) each subsequent Hospitalization occurs while this Policy is in force and the person who is the subject of the claim is an Insured Person.

   (b) the time between the different Hospitalization periods does not exceed 90 consecutive Days.

   (C) If the Insured Person is Hospitalized for the same Injury after 90 consecutive Days from their last period of Hospitalization, it will be treated as a new claim with a new Aggregate Period applying with a maximum of 3 claims permissible for the same Injury.

5. MEDICAL CONCIERGE

AIG Travel Assistance Malaysia (ATAM) operates a network of service centres that will provide 24/7 access worldwide to appropriate medical facilities and emergency transportation services.

The services ATAM can provide include the following:

- **Arrangement of Appointments With Doctor -** ATAM will assist the Insured Person in arranging for appointments with medical service providers, if medically necessary.

- **Arrangement of Hospital admission -** If the medical condition of the Insured Person is of such gravity that Hospitalization is needed, ATAM will assist the Insured Person to arrange for Hospital admission.

- **Medical Monitoring -** If the Insured Person is Hospitalized, ATAM's medical advisors will monitor the case from initial admission until discharge by maintaining close contact with the Insured Person's attending Doctor, and family. The medical advisors also help determine if adequate care is available locally and if necessary, facilitate the evacuation of the Insured Person to the nearest appropriate medical facility.

- **Home Nursing Care referrals –** ATAM will provide a list of home nursing care available near the Insured Person's Home.

The Insured Person may contact AIG Travel Assistance Malaysia on +603-2772 5655.

Important Note:

1. This Benefit provides for assistance services only and does not provide cover for medical expenses or any other expenses unless they are covered elsewhere in this Policy. ATAM can arrange for services for the Insured Person as stated above but the Insured Person will be liable to pay any external costs incurred (e.g. medical expenses, surgery costs etc.) directly if, and to the extent that, cover for such costs is not provided in another section of this Policy.
2. ATAM will try to get the Insured Person medical attention but cannot guarantee that appropriate medical facilities will always be available. The service is only provided to assess and monitor the Insured Person's medical condition remotely and cannot take over the running of the Insured Person's medical treatment.
3. Please note that where the Insured Person's claim is not covered under the Policy, the provision of such assistance services will not in itself be an admission of liability of the Insured Person's claim.

6. ACCIDENTAL DEATH AND PERMANENT DISABLEMENT ON A COMMON CARRIER

If an Insured Person sustains an Injury when boarding, travelling in or exiting a Common Carrier as a fare paying passenger 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 Compensation specified in the Table of Events.

TABLE OF EVENTS

Events Injury resulting in:		Percentage of Compensation payable per Insured Person as specified in the Schedule of Benefits
1	Accidental death	100%
2	Permanent Total Disablement	100%
3	Permanent Quadriplegia	100%
4	Permanent Paraplegia	100%
5	Permanent Total Loss of sight of both eyes	100%
6	Permanent Total Loss of sight of one eye	100%
7	Permanent Total Loss of two or more Limbs	100%
8	Permanent Total Loss of one Limb	100%

EXPOSURE

If an Accidental death occurs as a direct result of unexposed exposure to natural elements following an Injury when boarding, travelling in or exiting a Common Carrier as a fare paying passenger, the Company will pay the Compensation 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 as a result of the Injury when boarding, travelling in or exiting a Common Carrier as a fare paying passenger. 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.

SPECIFIC DEFINITIONS APPLICABLE TO '6. ACCIDENTAL DEATH AND PERMANENT DISABLEMENT ON A COMMON CARRIER' BENEFIT

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

1. **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 mean 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.

SPECIFIC CONDITIONS APPLICABLE TO '6. ACCIDENTAL DEATH AND PERMANENT DISABLEMENT ON A COMMON CARRIER' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The maximum Compensation payable under this Benefit in an Insured Person's lifetime, regardless of the number of Events suffered, shall not exceed 100% of the Compensation specified in the Policy Schedule.
2. The Policy will automatically terminate for the Insured Person when any Event under this Benefit becomes payable.
3. If an Insured Person's Parent covered under the Policy sustains an Injury when boarding, travelling in or exiting a Common Carrier as a fare paying passenger, the Company will only pay Compensation for Injury that directly results in one of Events 2 – 8 listed in the Table of Events above.

7. FUNERAL EXPENSES

If an Insured Person sustains an Injury that directly results in Accidental death within 365 Days from the date of an Accident, the Company will pay Compensation as specified in the Schedule of Benefits.

SPECIFIC CONDITIONS APPLICABLE TO '7. FUNERAL EXPENSES' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. For this Benefit to be payable, there must be a valid claim payable under the '1. Accidental Death' Benefit.

8. CHILD SUPPORT ASSISTANCE

If an 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 Compensation to each of the Insured Person's surviving Child(ren) for such Event as specified in the Table of Events.

TABLE OF EVENTS

Events - Injury resulting in:		Percentage of Compensation payable per Insured Person as specified in the Schedule of Benefits
1	Accidental death	100% for each Child, up to a maximum of 3 Children
2	Permanent Total Disablement	
3	Permanent Quadriplegia	
4	Permanent Paraplegia	
5	Permanent Total Loss of sight of both eyes	
6	Permanent Total Loss of sight of one eye	
7	Permanent Total Loss of two or more Limbs	
8	Permanent Total Loss of one Limb	

SPECIFIC CONDITIONS APPLICABLE TO '8. CHILD SUPPORT ASSISTANCE' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. For this Benefit to be payable, Insured Person must be:
   (a) either the Policyholder or Spouse (when a Category covering Spouse is selected by the Policyholder); and
   (b) the Parent of the Child(ren) entitled to receive this Benefit.
2. This Benefit is payable only once per eligible Child regardless of the number of Insured Persons involved in the same Accident.

9. PARENT SUPPORT ASSISTANCE

If an Insured Person sustains an Injury resulting in Accidental death within 365 Days from the date of the Accident, the Company will pay Compensation as specified in the Schedule of Benefits to the surviving Parent, up to a maximum of 2 surviving Parents per Insured Person.

SPECIFIC CONDITIONS APPLICABLE TO '9. PARENT SUPPORT ASSISTANCE' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. For this Benefit to be payable:
   (a) there must be a valid claim payable under the '1. Accidental Death' Benefit; and
   (b) Insured Person must be:
      (i) either the Policyholder or Spouse (when a Category covering Spouse is selected by the Policyholder); and

(ii) Gainfully Employed at the time of the Accident.

2. This Benefit is payable to surviving Parent(s) at the time of claims payment.

3. This Benefit is payable only to a maximum of 2 surviving Parents per Insured Person.

10. FRACTURES

If an Insured Person sustains an Injury which results in a Compound or Complete Fracture certified by a Doctor, the Company will pay up to the Compensation as specified in the Table of Events below.

TABLE OF EVENTS

Table of Events		
Event	**Injury resulting in a Compound or Complete Fracture of:**	**Percentage of Compensation as specified in the Schedule of Benefits payable per Insured Person**
A	Hip, Pelvis or Neck	100%
B	Skull, Shoulder Blade, Upper Leg or Sternum	60%
C	Collarbone, Upper Arm or Kneecap	30%
D	Forearm, Lower Leg or Jaw	20%
E	Wrist, Cheekbone or Foot	10%
The percentage of Compensation reflected in the Table of Events above is payable for each Event under Events A to E regardless of the number of Fractures suffered on each Bone Site.		
Maximum Compensation payable in any one Accident or any one Policy Period		100%

SPECIFIC DEFINITIONS APPLICABLE TO '10. FRACTURES' BENEFIT

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

1. **Bone Site** means the bone(s) or body part as listed in Events A to E in the Table of Events.

2. **Complete Fracture** means a Fracture in which the bone is broken completely across with no connection left between the bone pieces.

3. **Compound Fracture** means a Fracture where the bone breaks through the skin. This is also known as an open Fracture.

4. **Fracture** means a complete or incomplete break in the continuity of a bone and is diagnosed by a Doctor through radiological evidence and diagnostic techniques.

5. **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.

6. **Upper Leg** means the thigh bone or femur bone, i.e. the part of leg above the knee, but does not include the kneecap.

7. **Lower Leg** means tibia and fibula bones, but does not include the kneecap.

8. **Kneecap** means the patella bone.

9. **Upper Arm** means humerus bone.

10. **Forearm** means the radius and the ulna bones.

11. **Wrist** means carpal and metacarpal bones but does not include the Thumb and Fingers.

12. For the purpose of this benefit, **Foot** means calcaneus, talus, navicular, cuboid, cuneiform and metatarsal bones, but does not include the Big Toe and Toes.

SPECIFIC CONDITIONS APPLICABLE TO '10. FRACTURES' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The diagnosis of a listed Event from the Table of Events above by a Doctor must be made within 30 days from the date of Accident.

2. The Company will only pay for one Fracture in respect to each Bone Site, even if it is fractured in several areas of the same Bone Site.

SPECIFIC EXCLUSIONS APPLICABLE TO '10. FRACTURES' BENEFIT

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

1. Any Fracture caused by osteoporosis or any Pathological Fracture. If osteoporosis or Pathological Fracture is first diagnosed by a Doctor during the Policy Period, the Company will pay Compensation for the initial Fracture after diagnosis; however, all subsequent Fractures will not be covered by this Policy.

2. Any Fractures classed as hairline, stress or fatigue Fractures.

3. Any Fractures involving body parts or bone sites not listed in the Table of Events above.

11. SURGICAL CASH ALLOWANCE

If an Insured Person sustains an Injury which directly results in a medically necessary Surgery recommended by the attending Doctor requiring a minimum Hospitalization period of 3 consecutive Days within 365 Days from the date of the Accident, the Company will pay Compensation as specified in the Schedule of Benefits.

SPECIFIC DEFINITIONS APPLICABLE TO '11. SURGICAL CASH ALLOWANCE' BENEFIT

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

1. **Surgery** means any of the following medical procedures:
   (a) To incise, excise or electro cauterize any organ or body part
   (b) To repair, revise, or reconstruct any organ or body part
   (c) To reduce by manipulation a fracture or dislocation

SPECIFIC CONDITIONS APPLICABLE TO '11. SURGICAL CASH ALLOWANCE' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The surgical procedure undergone by an Insured Person shall be supported with a Doctor's written recommendation and evidenced by a medical report, Insured Person's Hospital discharge summary or Hospital billing statement.
2. For this Benefit to be payable, there must be a minimum Hospitalization period of 3 consecutive Days.

SPECIFIC EXCLUSIONS APPLICABLE TO '11. SURGICAL CASH ALLOWANCE' BENEFIT

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

1. Any dental or oral surgeries.

12. SERIOUS BURNS

If an Insured Person sustains an Injury resulting in Serious Burns, the Company will pay the Compensation as shown on the Schedule of Benefits.

TABLE OF EVENTS

Events - Serious Burns resulting in:		**Percentage of Compensation payable per Insured Person as specified in the Schedule of Benefits**
1	At least 27% of body surface	100%
2	At least 18% and not more than 27% of body surface	80%
3	At least 9% and not more than 18% of body surface	40%
4	At least 4.5% of body surface	20%

SPECIFIC DEFINITIONS APPLICABLE TO '12. SERIOUS BURNS' BENEFIT

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

1. **Serious Burns** means either Second Degree Burns or Third Degree Burns as diagnosed by a 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 a Doctor. An assessment of the percentage of body affected by these burns will be determined by a Doctor using the Rules of Nines System.

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 a Doctor. These burns usually require surgery or skin grafting. An assessment of the percentage of body affected by these burns will be determined by a Doctor using the Rules of Nines System.

4. **Rules of Nines System** means the internationally accepted medical tool used by Doctors to assess the total body surface area that is burned based on assigning percentages to different body areas. Doctors can estimate the body surface area on an adult that has been burned by using multiples of 9. In relation to burns suffered by Children, Doctors can assess using either Rules of Nines System or 'rules of palm'.

SPECIFIC CONDITIONS APPLICABLE TO '12. SERIOUS BURNS' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. An assessment of the percentage of body affected by burns will be determined by a Doctor using the Rules of Nines System. This must be done within 14 Days from the date of the Accident.
2. The maximum Compensation payable under this Benefit in an Insured Person's lifetime, regardless of the number of Events suffered, is 100%.

SPECIFIC EXCLUSIONS APPLICABLE TO '12. SERIOUS BURNS' BENEFIT

In addition to the exclusions set out in the General Policy Exclusions, this Policy 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.

13. AMBULANCE FEES

If an Insured Person sustains an Injury that requires immediate ambulance transportation to the nearest medical facility for medical attention, the Company will reimburse the actual ambulance fees up to the maximum Compensation payable as specified in the Schedule of Benefits for any one Accident.

SPECIFIC CONDITIONS APPLICABLE TO '13. AMBULANCE FEES' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is payable only for the first ambulance transfer for any one Accident.

14. ALTERNATIVE MEDICAL TREATMENTS

If an Insured Person sustains an Injury, the Company will reimburse for any Traditional Chinese Medicine or Chiropractor Treatment expenses necessarily incurred by the Insured Person for up to 365 Days from the date of the Accident, up to the maximum Compensation payable as shown in the Schedule of Benefits for any one Accident.

SPECIFIC DEFINITIONS APPLICABLE TO '14. ALTERNATIVE MEDICAL TREATMENTS' BENEFIT

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

1. **Traditional Chinese Medicine** means treatment or medicine prescribed by a Chinese Physician.

2. **Chinese Physician** means a registered herbalist, acupuncturist or bonesetter licensed under any applicable laws and acting within the scope of his/her license and training. The attending Chinese Physician shall not 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.

3. **Chiropractor Treatment** means treatment provided by a legally licensed practitioner in chiropractic medicine who is registered and can practice within the scope of their license under the laws of the country. The attending Chiropractor shall not 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.

SPECIFIC CONDITIONS APPLICABLE TO '14. ALTERNATIVE MEDICAL TREATMENTS' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is only payable if the first Traditional Chinese Medicine or Chiropractor Treatment for the Injury is sought within 30 Days from the date of the Accident.

2. The Benefit is payable only after supporting documents for such Traditional Chinese Medicine or Chiropractor Treatment, including attending Chinese Physician or chiropractor's reports and referral letters, are provided to the Company along with original treatment bills or receipts.

3. If the Insured Person is entitled to a refund of all or part of the Traditional Chinese Medicine or Chiropractor Treatment stated 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 Compensation as specified on the Schedule of Benefits.

SPECIFIC EXCLUSIONS APPLICABLE TO '14. ALTERNATIVE MEDICAL TREATMENTS' BENEFIT

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

1. Any treatment under this Benefit whilst Overseas.

2. Any treatment which is purchased as a part of a treatment package.

15. LOAN PROTECTION

If an Insured Person sustains an Injury which 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 up to the maximum Compensation specified in the Table of Events below for the said Insured Person's existing Valid Loan Commitment(s) as at the date of Accident.

The maximum amount payable is shown in the Schedule of Benefits.

TABLE OF EVENTS

Events - Injury resulting in:		Maximum Compensation payable per Insured Person
1	Accidental death	up to 100% of the Compensation as specified in the Schedule of Benefits
2	Permanent Disablement	
3	Permanent Quadriplegia	
4	Permanent Paraplegia	
5	Permanent Total Loss of sight of both eyes	
6	Permanent Total Loss of sight of one eye	
7	Permanent Total Loss of two or more Limbs	
8	Permanent Total Loss of one Limb	

SPECIFIC DEFINITIONS APPLICABLE TO '15. LOAN PROTECTION' BENEFIT

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

1. **Loan** means the sum of money lent or jointly lent at an interest or otherwise, to the Insured Person or Insured Persons by any registered bank or financial institution licensed to operate in Malaysia or relevant Government authority as identified by a valid and enforceable Loan agreement. This excludes overdrafts and outstanding credit card payments.

2. **Valid Loan Commitment(s)** means the amount which is the outstanding balance required to settle an Insured Person's Loan.

SPECIFIC CONDITIONS APPLICABLE TO '15. LOAN PROTECTION' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is not applicable for the Policyholder or Spouse's Parent(s) who is covered under the Policy.

2. This Benefit is payable only upon producing the following documents to the Company:
   (a) Statement or letter from the Insured Person's bank or financial institution licensed to operate in Malaysia or relevant Government authority stating their Valid Loan Commitment(s).

(b) Any other supporting documents as may be required by the Company to validate the authenticity of the Loan and Valid Loan Commitment(s).

3. This Benefit is only payable once during an Insured Person's lifetime or upon Accidental death (whichever is applicable). If the Loan is jointly taken by more than one Insured Person, the Company will only pay this Benefit once for such joint Loan.

4. The maximum Compensation payable for all Events that can be claimed under the Table of Events listed above, following any one Accident, will not exceed 100% of the Compensation as specified in the Schedule of Benefits.

5. When the maximum 100% Compensation is paid under this Benefit for Insured Person's Valid Loan Commitments, the Company is completely discharged of all liabilities in respect of this Benefit.

SPECIFIC EXCLUSIONS APPLICABLE TO '15. LOAN PROTECTION' BENEFIT

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

1. Any Loan repayments that exceeds the maximum Compensation specified in the Schedule of Benefits.

2. Any outstanding loans that were taken from unlicensed creditors or moneylenders.

3. Any loan jointly taken by the Insured Person and other persons who are not insured under this Policy.

4. Any administration fees or costs related to the outstanding Loans.

5. Any Loan repayments that are overdue and unpaid by the Insured Person prior to the date of Accident.

6. An event that is not listed in the Table of Events above.

16. HOME NURSING CARE

If an Insured Person sustains an Injury and is Hospitalized for a minimum period of 3 consecutive Days and upon discharge, the attending Doctor certifies in writing that the Insured Person requires to engage the services of a Nurse to care for them at their Home post-hospitalization, the Company will pay Compensation for each visit as specified in the Schedule of Benefits, up to a maximum of 30 visits by the Nurse to the Insured Person's Home for any one Accident, provided that the first visit by the Nurse occurs within 7 Days following the date of the Insured Person's discharge from the Hospital.

Compensation under this Benefit shall continue up to the Aggregate Period or until such nursing care is no longer medically necessary for the Insured Person, whichever occurs first.

SPECIFIC DEFINITIONS APPLICABLE TO '16. HOME NURSING CARE' BENEFIT

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

1. **Nurse** means a person who is legally certified with a nursing qualification and registered with the relevant statutory nursing council to provide nursing services within the scope of their licensing and training in the geographical area of practice. The attending Nurse 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.

SPECIFIC CONDITIONS APPLICABLE TO '16. HOME NURSING CARE' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. For this Benefit to be payable, there must be a valid claim payable under the '4. Daily Hospitalization Income Due To An Injury' Benefit.

2. For this Benefit to be payable, there must be a Hospitalization for a minimum period of 3 consecutive Days.

3. Hospitalization of an Insured Person shall be evidenced by Insured Person's Hospital discharge summary or Hospital billing statement and medical report.

4. This Benefit is payable either until the Doctor certifies that the Insured Person is fit and does not require nursing care or when the maximum Compensation as specified in the Schedule of Benefits has been paid, whichever occurs first.

5. For this Benefit to be payable, the Company should be provided with a Doctor's report stating that the Insured Person is unable to perform at least 2 out of 6 Activities of Daily Living for a continuous and uninterrupted period of time and the receipts from the nursing care service provider for the expenses incurred.

6. The first visit by the Nurse must occur within 7 Days following the date of the Insured Person's discharge from the Hospital.

17. HOUSEHOLD BILLS PROTECTION

If an Insured Person, who is not a Child, sustains an Injury that results in Hospitalization for a minimum period of 7 consecutive Days, the Company will pay Compensation for any one Accident as set out below to assist the Insured Person financially for household expenses:

TABLE OF EVENTS

Event	Hospitalization Period	Compensation Payable as specified in the Schedule of Benefits
1	At least 7 to 31 consecutive Days	1 payment of monthly Compensation
2	At least 32 to 62 consecutive Days	2 payments of monthly Compensation
3	At least 63 consecutive Days or more	3 payments of monthly Compensation

SPECIFIC CONDITIONS APPLICABLE TO '17. HOUSEHOLD BILLS PROTECTION' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is claimable only by one Insured Person regardless of the number of Insured Persons involved in the same Accident.

2. For this Benefit to be payable, there must be a valid claim payable under the '4. Daily Hospitalization Income Due To An Injury' Benefit.

3. For this Benefit to be payable, there must be a Hospitalization for a minimum period of 7 consecutive Days.

18. MEDICAL EXPENSES DUE TO SPECIFIED INFECTIOUS DISEASES

If an Insured Person is diagnosed with a Specified Infectious Disease during the Policy Period, the Company will reimburse the Medical Expenses incurred to treat such Specified Infectious Disease suffered by the Insured Person up to the maximum Compensation as specified in the Schedule of Benefits subject to the following:

1. The Insured Person must be Hospitalized for a minimum period of 7 consecutive Days;

2. Medical Expenses must be incurred within 30 Days following the diagnosis of the Specified Infectious Disease; and

3. This Benefit is only payable once for each Insured Person per Policy Period.

Compensation under this Benefit shall commence after completion of the Waiting Period as specified in the Schedule of Benefits.

SPECIFIC DEFINITIONS APPLICABLE TO '18. MEDICAL EXPENSES DUE TO SPECIFIED INFECTIOUS DISEASES' BENEFIT

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

1. **Medical Expenses,** for the purpose of this Benefit, 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 Specified Infectious Disease, 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.

SPECIFIC CONDITIONS APPLICABLE TO '18. MEDICAL EXPENSES DUE TO SPECIFIED INFECTIOUS DISEASES' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The Benefit is payable only after original Medical Expenses bills and receipts and further supporting documents, including attending Doctor's reports, referral letters, are provided to the Company.

2. If the Insured Person is entitled to a refund of all or part of the Medical Expenses stated 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 Compensation as shown on the Schedule of Benefits.

3. Any Hospitalization accommodation for the Insured Person is restricted up to the cost of a single standard private room.

Specific Exclusions Applicable To '18. Medical Expenses Due To Specified Infectious Diseases' Benefit

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

1. Any Sickness not caused by Specified Infectious Diseases.

2. Any medical transportation services.

3. An Insured Person having been covered under this Policy for less than 30 consecutive Days from the Policy Effective Date.

4. Any diagnosis of a Specified Infectious Disease during overseas travel or within 14 days upon return from overseas travel.

5. Any Medical Expenses for treatments, medical services or supplies incurred more than 30 days from the date of the first diagnosis of the Specified Infectious Disease even if the maximum Compensation for this Benefit has yet to be been exhausted.

6. Any Medical Expenses involving:
   (a) a routine health check;
   (b) diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
   (c) any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not medically necessary; and
   (d) dental or oral care.

19. BEREAVEMENT BENEFIT DUE TO DEATH FROM SPECIFIED INFECTIOUS DISEASES

If an Insured Person is diagnosed with a Specified Infectious Disease during the Policy Period that directly results in death within 180 days from the date of diagnosis of such Specified Infectious Disease, the Company will pay Compensation as specified in the Schedule of Benefits upon submission of relevant documents required by the Company.

This Benefit is payable only if Insured Person is diagnosed with a Specified Infectious Disease after the Waiting Period as specified in the Schedule of Benefits.

Specific Exclusions Applicable To '19. Bereavement Benefit Due To Death From Specified Infectious Diseases' Benefit

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

1. Death as a result of any Sickness other than a Specified Infectious Disease.

2. An Insured Person having been covered under this Policy for less than 30 consecutive Days from the Policy Effective Date.

3. Any diagnosis of a Specified Infectious Disease during overseas travel or within 14 days upon return from overseas travel.

4. Death which occurs after 180 days from the date of diagnosis of the Specified Infectious Disease.

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) Pre-Existing Condition or any complication arising from it;
   (b) failure to follow medical advice given by a Doctor;
   (c) pregnancy, miscarriage, abortion, childbirth, sterilization, contraception as well as treatment for infertility or birth control treatments or any complications;
   (d) congenital anomalies and conditions arising out of or resulting therefrom or physical impairment;
   (e) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.

2. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease.

3. Any Sickness, except for a Specified Infectious Disease covered under '18. Medical Expenses Due To Specified Infectious Diseases' and '19. Bereavement Benefit Due To Death From Specified Infectious Diseases' Benefits.

4. Any Injury arising directly or indirectly due to osteoporosis.

5. Any expenses incurred for:
   (a) any routine health checks;
   (b) any diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health; or
   (c) any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not medically necessary.

6. 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.

7. An Insured Person committing or attempting to commit any criminal or illegal act (including traffic offences).

8. Any act of War, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, usurpation of power, strike, riot or civil commotion.

9. 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) underwater activities which ordinarily require the use of artificial breathing apparatus. This exclusion does not apply to 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).

   (c) 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;

   (d) 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 a commercial aircraft licensed to carry passengers; or

   (e) 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 specialized 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 luging, bobsleighing, 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, horse jumping, horse polo or any aerobatics;
      (viii) hunting trips, caving or pot holing.

      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.

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

11. 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.

12. Cosmetic, plastic surgery or elective surgery or treatment.

13. Any Injury sustained whilst the Insured Person is riding on a motorcycle without a safety helmet either as a rider or pillion-rider.

14. Nuclear, biological or chemical incidents outlined below:
    (a) Any Nuclear explosion including all effects thereof or radioactive contamination caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel;
    (b) The radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof; or
    (c) a terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or the release of pathogenic or poisonous biological or chemical materials.

GENERAL POLICY CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

The Insured Person must follow the terms, provisions and conditions of this Policy in order to qualify for any payment under this Policy. The 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 under the Plan as set out in this Policy Schedule 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 and the Malaysian courts shall have exclusive jurisdiction over this policy.

5. DISPUTE RESOLUTION

Any dispute or difference which may arise between the Policyholder/Insured Person(s) and the Company shall be referred to Asian International Arbitration Center. All arbitration proceedings must take place,

within 12 months from the date of disclaimer, failing which the Company would have no obligation over the claim.

6. Geographical Limits & Territorial Limits

(a) This Policy covers an Insured Person in their Usual Country of Residence for 24 hours and 7 Days a week, unless otherwise stated or endorsed under this Policy.

(b) This Policy covers an Insured Person outside their Usual Country of Residence, on a worldwide basis subject to the section 'General Policy Conditions – Sanctions' provided that the maximum period an Insured Person is outside their Usual Country of Residence is not more than 180 consecutive Days at any one time. There may be Benefits that are restricted to Usual Country of Residence only and where this applies these restrictions will be noted under the 'Benefits' section.

7. Service Tax

The amount of premium payable by the Insured Person for this Policy includes an amount on account of the service tax payable by the Insured Person. 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

Only one individual policy providing the same product underwritten by the Company is allowed. If more than one policy is held, the Company will consider the Insured Person to be insured under the Policy with the highest compensation or, where the compensation under each policy is identical, 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 for any of the Benefits in this Policy, the Company will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum Compensation specified in the Schedule of Benefits. This condition is only applicable to Benefits whereby payment is on a reimbursement basis.

10. Limitation of Time for Bringing Suit

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 any dispute resolution/arbitration or settlement 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. CASH BEFORE COVER

The Company must receive the premium due on or before the Premium Due Date. No Benefits will be payable for any claim that occurs during a period for which premium was not received.

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 and/or Category 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 on the Premium Due Date 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 Compensation 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 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:
1. If the changes in terms or conditions by the Company are acceptable to the Insured Person, then this Policy will continue. If the changes are not acceptable, the Insured Person may cancel this Policy under 'Cancellation and Refund'.
2. No alteration to this Policy shall be valid unless approved in writing by the Company's authorized 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 or sickness arising out of or in the course of an occupation of greater risk than the occupation disclosed in Policyholder's application, unless the Company had agreed to the change in occupation; or
(b) Any injury or sickness 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 180 consecutive Days. 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 the Policy.

D. CHANGES IN PLAN AND/OR CATEGORY

The Policyholder can change the Plan and/or Category at the time of renewal only. Any change in Plan and/or Category 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 and/or Category.

E. CHANGES TO COMPENSATION

If the Insured Person attains the age of 76 years at time of renewal, the Compensation applicable to the Benefits provided under this policy reduces to 50% of the Compensation as specified in the Schedule of Benefits in the latest Policy Schedule.

16. Personal Data Use

The Policyholder is deemed to have read, understood, and consented to the collection and subsequent processing of their 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 they have 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 AIG Malaysia. Such request can be made by writing to the Company at:

AIG Malaysia Insurance Berhad
Attn: Customer Care Executive
Level 18, Menara Worldwide,
198 Jalan Bukit Bintang,
55100 Kuala Lumpur.

Email: AIGMYCare@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. 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.

18. 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.

19. Nomination

All benefits payable due to Accidental death of the Insured Person is payable to the nominee(s) elected by the Policyholder and in the event of failure of the Policyholder to nominate a nominee, to the Insured Person's estate. Compensation for all other benefits will be paid to the Insured Person. The process of claim including settlement will be handled directly between the Company and the Policyholder whose sole discharge will constitute full and final discharge of the claim lodged.

The original physical nomination form is a mandatory document required in the event of a claim. In the absence of the form the Company will be guided by Paragraph 8 and Paragraph 9 of Schedule 10 of the Financial Services Act 2013 when paying policy monies upon death of an Insured Person.

The Policyholder is encouraged to appoint a nominee to expedite processing of policy payments with minimal administrative documents. This nomination form is available for download at https://www.aig.my/content/dam/aig/apac/malaysia/documents/others/beneficiary-nomination-form.pdf and the original executed form should be submitted to the Company at the address provided below.

AIG Malaysia Insurance Berhad
Level 17, Menara Worldwide
198 Jalan Bukit Bintang
55100 Kuala Lumpur

20. Rights of Assignment

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

21. 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.

CANCELLATION & REFUND

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 by the Premium Due Date or within the Grace Period. 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 Policy Period to the Policyholder.
(b) If a claim has been paid by the Company in the current Policy Period, 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 finalize the claim and subsequently, if the claim is paid, no return premium will be paid to the Policyholder.

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 or via email at the address provided below. 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 premium as specified in the Short Period Scale below.

Short Period Scale		
No.	Policy Period in force (up to)	Refund of Annual Premium
1	One month	80%
2	Two months	70%
3	Three months	60%
4	Four months	50%
5	Five months	40%
6	Six months	30%
7	Seven months	20%
8	Eight months	10%
9	Period exceeding eight months	No refund

Contact Information:

AIG Malaysia Insurance Berhad
Level 17, Menara Worldwide
198 Jalan Bukit Bintang
55100 Kuala Lumpur

Email: AIGMYCare@aig.com

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, if categorized as Spouse or Child ceases to be a Spouse or Child;

(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 Compensation 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'.

Upon prior agreement of the Company, the remaining Insured Persons may continue with the selected family plan where more than one family member is to be insured or they have the option to transfer to a suitable Category at the Anniversary Date.

CLAIMS PROCEDURE

STEPS TO MAKE A CLAIM

1. **Step 1**: The Policyholder or Insured Person 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 the Personal Accident & Health Claims Form and email it to MYPAClaims@aig.com.

2. **Step 2**: The Policyholder or Insured Person must prepare the relevant basic supporting documents according to the nature of claim as specified in the link below:
   https://www.aig.my/claims/personal-claims/personal-accident-claims

3. **Step 3**: The Policyholder or Insured Person must submit the claims evidence to the Company within 90 days after the event which could give rise to a claim under 'Claims Evidence/ Information' to:

   AIG Malaysia Insurance Berhad (795492-W)
   Claims Department, Level 16.
   Menara Worldwide,198 Jalan Bukit Bintang,
   55100, Kuala Lumpur, Malaysia
   Email: MYPAClaims@aig.com

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

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 or Sickness when claiming Compensation.

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 or Sickness which leads to a claim.

(b) Failure to do 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.

(c) In the event the Insured Person is a Child, all dealings in relation to any claim will be between the Insured Person's Parent and the Company.

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.

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 or Sickness 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 a Doctor. For avoidance of doubt, medical certificates or reports issued by other practitioners, including alternative and traditional medical practitioners, traditional Chinese medicine practitioner or chiropractors will not be accepted except as provided under '14. 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 Compensation can be paid.

(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.

SETTLEMENT OF CLAIM

(a) Compensation will be paid in accordance to 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. Compensation 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 Compensation for each Benefit is payable as specified on the Schedule of Benefits. Any Compensation that the Company makes under this Policy will not exceed the limit shown in the Schedule of Benefits for the claim event. Compensation under each Benefit is included only for the events specified in the Policy Schedule.

(c) Unless otherwise specified in this Policy, payments or reimbursements will be made at the Company's sole discretion to the Claimant or directly to a service provider. If the Insured Person is a Child, the Compensation will be paid to their Parent(s). Such payment shall be a full and final discharge to the Company.

(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.

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.

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.

COMPLAINTS PROCEDURE

(a) If there is any occasion when the Company's service does not meet the Policyholder 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,
Service Counter,
Level 17, Menara Worldwide,
198, Jalan Bukit Bintang, 55100 Kuala Lumpur

Phone: 1 800 88 8811
Fax: 603 2685 4896
Email: AIGMYCare@aig.com

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

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

(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:

Director
Laman Informasi Nasihat dan Khidmat (LINK)
Bank Negara Malaysia
Blok D, Jalan Dato' Onn
50480 Kuala Lumpur

Phone: 1-300-88-5465 (1300-88-LINK)
Fax: 603-2174 1515.