

PRODUCT DISCLOSURE SHEET

Read this Product Disclosure Sheet before you decide to purchase the BSN 1 Dinamik Plan. Be sure to also read the general terms and conditions.

Product: BSN 1Dinamik Plan

Master Policyholder: Bank Simpanan Nasional

Date Issued: 01st November 2024

1. What is this product about?

- (a) This product provides compensation in the event of injuries, disability or death caused by a sudden and unforeseen accident. Coverage is worldwide and 24 hours a day.
- (b) This cover can be purchased by any individual current or savings account holders of Bank Simpanan Nasional for themselves, their spouse or children.

2. What are the covers / benefits provided?

This Policy covers:

- (a) Accidental Death And Disablement
- (b) Additional lump sum to subsidize monthly income/expenses due to Permanent Total Disablement due to Accident
- (c) Daily Hospital Income (due to Accident only)

You may extend the policy to provide the following benefit by paying additional premium:

(a) Accidental Medical Reimbursement

Note: Please refer to the schedule of benefits which is attached in your policy contract for further details of the benefits.

Duration of cover is for one month. Your coverage is renewed automatically upon payment of premium subject to the renewal condition as stated in your policy contract.

3. How much premium do I have to pay?

- (a) You may refer to the <u>premium table</u> for the relevant premium applicable to you.
- (b) Premium is payable on a monthly basis.
- (c) Please keep the proof of premium payment for any future reference.

4. Who is the insurance intermediary/agent?

Name: Bank Simpanan Nasional

Address: 117, Jalan Ampang, P.O.Box 12498, 50450 Kuala Lumpur.

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

Туре	Amount
Commission paid to the insurance intermediary/agent (Included in the premium)	25% of premium. You may refer to the <u>commission table</u> for the relevant commission applicable to you
Service Tax	8% of premium

Note: A stamp duty of RM10.00 is paid by the Master Policyholder.

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

(a) Disclosure:

- (i) You must disclose all material facts which will affect the risk profile such as your age and occupation.
- (ii) Any misrepresentation of material facts or fraud which will affect the risk profile such as your age and occupation.

(b) Renewal:

Renewal of cover is at your consent until:

*Nonpayment of premium.

*Cancellation at your request.



(c) Claims:

- (i) All claims must be notified to us within 30 days from the date of loss.
- (ii) All supporting documents proving the loss must be submitted 90 days from the date of loss.
- (iii) No claim will be admissible if notified after one year from the date of loss.
- (iv) All claims will be paid to you. In the event of death, claims will be paid to your nominee or estate.
- (v) Immediately after admission of 100% liability for an admitted claim by us
- (d) **Number of policies:** You can only be covered under one policy in respect of this insurance.

(e) Age

- (i) You or your spouse must be 18 years and above and below the age of 71 to qualify for cover.
- (ii) Your children (if applicable) must be 6 months old and above and up to the age of 18 or 25 years if they are financially dependent and are in full time education.
- (iii) Your age will be based on the age as of your last birthday.

7. What are the major exclusions under this policy?

This policy does not cover death or injury caused by or to:

- (a) Members of the armed forces and professional sportsmen.
- (b) Suicide or intentional self-inflicted injuries.
- (c) During air travel unless as a fare paying passenger.
- (d) Violation of law and any payment that would violate any government prohibition or regulation.
- (e) Drug related accident.
- (f) Mental or nervous disorders.
- (g) Condition prior to the date you signed up where (not applicable to the bereavement benefit):
 - you are receiving treatment.
 - advise, treatment or diagnosis has been recommended.
 - symptoms are evident.
 - the condition is apparent.
- (h) Acquired Immune Deficient Syndrome (AIDS), Human Immune Deficiency Virus (HIV).
- (i) Driving or riding in any type of race using a motorized vehicle.
- (j) Nuclear, chemical or biological materials.
- (k) War.

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

8. Can I cancel my policy?

- (a) You may cancel your policy by giving us 30 days written notice. Your cover will continue for the duration which the
 - premium had been received and will terminate upon expiry of such period.
- (b) We can cancel this policy by giving you 30 days written notice. Your cover will continue for the duration which the premium had been received and will terminate upon expiry of such period.

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

It is important that you inform us of any change in your life profile which would affect the risk profile.

10. Where can I get further information?

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

If you have any enquiries, please contact us at:

AIG Malaysia Insurance Berhad (200701037463) P O Box 11768

50756 Kuala Lumpur

Telephone: 1800 88 8811 / 603 2118 0188

Fax: 603 2118 0288

E-mail: <u>AIGMYCare@aig.com</u>



11. Other types of Personal Accident cover available.

Please refer to our website at: www.aig.com.my

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED.

YOU SHOULD READ AND UNDERSTAND THE CONTRACT TERMS AND DISCUSS FURTHER WITH THE COMPANY IF THERE ARE ANY TERMS THAT YOU DO NOT UNDERSTAND BEFORE ACCEPTING THE POLICY CONTRACT. IF THERE ARE ANY QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS PRODUCT DISCLOSURE SHEET, THE INSURED PERSON MAY CONTACT THE COMPANY.

BY ACCEPTING THE POLICY CONTRACT, YOU ACKNOWLEDGE THAT THE KEY CONTRACT TERMS HAVE BEEN ADEQUATELY EXPLAINED BY THE AGENT OR COMPANY TO YOU AND THAT THE POLICY CONTRACT OFFERED IS SUITABLE FOR YOUR INSURANCE NEEDS.

AIG Malaysia Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid as at 01st November 2024.