



AIG MALAYSIA INSURANCE BERHAD

HOME ARRIVAL PROTECTION

Policy Wordings

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HOME ARRIVAL PROTECTION

SCHEDULE OF BENEFITS

No.	BENEFITS	Aggregate Period (Up to)	Compensation (RM)
1	Daily Hospital Income - Due To Specified Infectious Disease (including if hospitalized in ICU)	14 days	100 per day
2	Accidental Death and Permanent Disablement	NA	25,000

Issued by



PART 1 – THE CONTRACT

This policy is issued to **master policy holder** for the benefit of the **certificate holder/insured person(s)** upon the terms and conditions set out within. This policy, together with the **certificate of insurance, schedule of benefits** and any **endorsements**, shall be read together to form an entire contract between the **certificate holder** and **us**. **We** agree to provide the **insured person** the insurance coverage as described in this policy provided that the **certificate holder** pays the premium when due and **we** agree to accept it subject to the terms and conditions of this policy.

The **certificate holder** is advised to read this policy wordings carefully together with the **certificate of insurance** and **schedule of benefits** to ensure that the **certificate holder** understands the terms and conditions and that the coverage meets the **certificate holder/insured person(s)'s** requirements. Please contact **us** if the **certificate holder/insured person(s)** require any further information after reading this policy.

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 **certificate holder** and/or **insured person(s)** to be eligible for coverage under this policy.

PART 2 – DEFINITIONS

We use words which have a specific meaning in this policy. The words that are used frequently are shown below and each time it is used in the policy, it is shown in bold type.

Accident/Accidental shall mean a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the **period of insurance**.

Aggregate Period shall mean the maximum number of **days** for which a **compensation** is payable as specified against the benefit in the **schedule of benefits**.

Certificate Holder shall mean the person who:

- (a) has a **Firefly travel booking** and has purchased the **Firefly travel protection policy**;
- (b) purchases this policy and pays for the premium;
- (c) is named as the **certificate holder** in the **certificate of insurance**; and
- (d) is responsible for paying the premiums due and owing under this policy.

Certificate of Insurance shall mean the document showing details of the **period of insurance, schedule of benefits** under this policy and the particulars of the **certificate holder** and eligible **insured persons**.

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

Claimant means the **certificate holder, insured person** or their legal representative, as applicable, making a claim against this policy.

Compensation shall mean the maximum amount payable for a benefit as specified in the **schedule of benefits**.

Date of Loss shall mean the date when the **insured person** is first diagnosed with an **injury or illness**.

Day shall mean a completed period of 24 consecutive hours.

Doctor shall mean 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 an **insured person**, the **insured person's** business partner or agent, **insured person's** employer or employee or an **insured person's immediate family member**.

Domestic Trip shall mean travel(s) undertaken by the **certificate holder/insured person(s)** within Malaysia including travels from West to East Malaysia (and vice versa) and excludes any daily commute to and from the **certificate holder/insured person(s)'s** place of employment or work.

Effective Date shall mean the later of:

- (a) the **policy start date** as specified on the **certificate of insurance** issued to the **certificate holder**,
- (b) the first date the **insured person** was covered under this policy,
- (c) the effective date as specified in the **endorsement** on which any additional cover or increased sum insured is granted to the **insured person** while they are covered under this policy, only in respect to the additional cover or increased sum insured, or
- (d) the last reinstatement date of this policy as shown in the **endorsement**.

Endorsement shall mean a written notice stating an amendment, deletion or addition made to this policy.

Firefly Travel Booking means a valid purchase of a Firefly flight ticket which departs from Malaysia and flight booking number is issued by Firefly to the **certificate holder** applicable to:

- (a) a **regional** or **domestic return trip**; or
- (b) a **domestic one-way trip**.

It does not include the purchase of a Firefly flight ticket for a **regional one-way trip**.

Firefly Travel Protection policy shall mean the travel insurance policy made available by AIG Malaysia Insurance Berhad when the **certificate holder** makes a **Firefly travel booking** online .

Hospital shall mean 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.

Hospitalization / Hospitalized shall mean the admission of the **insured person** to a **hospital** as an **in-patient** during the **period of insurance**. For the avoidance of doubt, **hospitalization** shall be evidenced by daily boarding charges imposed by a **hospital**.

Illness shall mean a sickness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state suffered by an **insured person** during the **period of insurance**.

Injury shall mean a bodily injury which is suffered by an **insured person** during the **period of insurance** and is caused by an **accident** solely and independently of any other causes including but not limited to any **illness**, pre-existing or congenital condition.

In-patient shall mean the **insured person** is confined in a **hospital** as a registered patient for **medically necessary** treatments of a covered **illness** suffered by the **insured person** for a completed period of 24 consecutive hours and such confinement is certified as necessary by the attending **doctor**.

Immediate Family Member shall mean **insured person's spouse**, parent, parent-in-law, grandparent, child(ren), son-in-law, daughter-in-law, brother or sister, step-parent, stepdaughter, stepson, grandchild, legal guardian.

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

Insured Person(s) shall mean the person who is:

- (a) named in the **certificate of insurance** and includes the **certificate holder**;
- (b) a named person(s) forming part of the **Firefly travel booking** and is covered under the **Firefly travel protection policy** purchased by the **certificate holder**; and

(c) insured under this policy during a valid **period of insurance**.

Master Policy Holder shall mean Flyfirefly Sdn Bhd. as stated in the **master policy schedule**.

Master Policy Schedule shall mean the document issued together with this policy detailing the particulars of the **master policy holder, period of insurance** and benefits under this policy.

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

- (a) consistent with the diagnosis and customary medical treatment for a covered **illness**; and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
- (c) not for the convenience of the **insured person** or **doctor** and unable to be reasonably rendered out of **hospital** (if admitted as an **in-patient**); and
- (d) not of an experimental, investigational, research, preventive or screening in nature; and
- (e) for which charges are fair and does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar **illness** in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the **insured person's illness**.

One-Way Trip shall mean one-way **Firefly travel booking** made by the **certificate holder/insured person(s)** with no scheduled return trip made with Firefly.

Period of Insurance shall mean a duration of 30 days commencing on the **policy start date** and ending on the 30th day from the **policy start date**, as specified in the **certificate of insurance**.

Plan shall mean the benefits and corresponding **compensation** limits selected by the **certificate holder** and approved by **us** for this policy, as shown in the **certificate of insurance**.

Pre-Existing Condition shall mean any injury, illness or other condition:

- (a) for which the **insured person** has sought, has been recommended, received or is receiving treatment, medication or advice before the **effective date**;
- (b) for which the **insured person** has sought, received or is receiving diagnosis before the **effective date**;
- (c) which first manifested itself, worsened, became acute or presented signs or symptoms prior to the **effective date** and which would have caused any reasonable person to seek diagnosis, care or treatment; or
- (d) which is a **chronic condition** or cancer diagnosed before the **effective date**.

Policy Start Date shall mean the policy start date specified on the **certificate of insurance** on which the cover under this policy commences.

Premium Due Date shall mean the date on which premium is due to be paid by the **certificate holder** for this policy. In respect of the Premium for a pre-agreed duration, the premium is due in full on or before the **policy start date** for the whole pre-agreed **period of insurance**.

Regional Trip shall mean travel(s) undertaken by the **certificate holder/insured person(s)** to Singapore, Indonesia, Thailand, Philippines, Vietnam, Myanmar, Laos, Brunei, Cambodia, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan and India.

Return Trip shall mean a round-trip **Firefly travel booking** made by the **certificate holder/insured person(s)** with a scheduled departure from Malaysia and return to Malaysia.

Schedule of Benefits shall mean the document containing the benefits made available under this insurance coverage with their corresponding **compensation** and **aggregate periods**.

Specified Illness shall mean the following **illnesses** and its related complications:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- (c) All ear, nose (including sinuses) and throat conditions;

- (d) Hernias, haemorrhoids, fistulae, hydrocoele, varicocele;
- (e) Endometriosis including disease of the reproduction system; or
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

Specified Infectious Diseases shall mean any of the following infectious diseases 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) Tuberculosis
- (f) Measles
- (g) Nipah viral encephalitis
- (h) Japanese viral encephalitis
- (i) Malaria;
- (j) Plague;
- (k) Rabies;
- (l) Middle east respiratory syndrome coronavirus (MERS-CoV);
- (m) Zika virus disease; or
- (n) 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.

This also includes any **illness** or complications arising directly or indirectly due to the same **specified infectious diseases**.

Spouse shall mean someone the **insured person** is legally married to.

Surgery shall mean any of the following medical procedures:

- (a) To incise, excise or electro-cauterize any organ or body part, except for dental services;
- (b) To repair, revise, or reconstruct any organ or body part;
- (c) To reduce by manipulating a fracture or dislocation; or
- (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

This excludes any dental or oral surgeries.

We, us or **our** shall mean AIG Malaysia Insurance Berhad (795492-W).

PART 3 - BENEFITS

This policy provides the benefits listed below in the event of **hospitalization** occurring during the period of coverage. The **schedule of benefits** sets out the benefits that correspond to the **plan** purchased by the **certificate holder** and **we** will pay benefits subject to the limits specified in the **certificate of insurance**.

BENEFIT: DAILY HOSPITAL INCOME - DUE TO SPECIFIED INFECTIOUS DISEASE (INCLUDING ICU HOSPITALIZATION)

If the **insured person** is diagnosed with an **illness** which is a **specified infectious disease** and consequently **hospitalized**, **we** will pay the **compensation** as specified in the **schedule of benefits** for each **day** the **insured person** spends as an **in-patient**.

This benefit is also payable for any **hospitalization** in an **intensive care unit**.

Compensation under this benefit shall continue up to the **aggregate period** or until the **insured person** is discharged from the **hospital** as an **in-patient**, whichever occurs first.

This benefit is payable:

- a) Only if the **hospitalization** commences during a valid **period of insurance**.
- b) For one **specified infectious disease** only regardless of the number of **specified infectious diseases** diagnosed during the same **hospitalization** period.
- c) After evidence of **insured person's hospital** discharge summary or **hospital** billing statement and medical report(s) are provided to **us**.
- d) For subsequent periods of **hospitalisation** for the same **specified infectious disease** which are considered to be part of the same claim and subject to the same **aggregate period**, provided that:
 - i) each subsequent **hospitalisation** occurs while this policy is in force and the person who is the subject of the claim is an **insured person**.
 - ii) the time between the different **hospitalisation** periods does not exceed 14 consecutive **days**.

BENEFIT: ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If the **insured person** suffers 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**, **we** 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 shown 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%
9	Permanent total loss of Speech	75%
10	Permanent total loss of hearing in: (a) Both ears	75%
	(b) One ear	15%
11	Permanent total loss of four fingers and thumb of either hand	70%
12	Permanent total loss of four fingers of either hand	40%
13	Permanent total loss of one thumb of either hand (a) Both joints	30%
	(b) One joint	15%
14	Permanent total loss of any one finger of either hand (a) Three joints	10%
	(b) Two joints	7%
	(c) One joint	5%
15	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%
16	Permanent disablement not otherwise provided for under Events 9 to 15 inclusive.	Such percentage of the compensation payable, which we have absolute discretion in determining and in our opinion is consistent with the compensation provided under Events 9 to 15 inclusive. The maximum amount payable under Event 16 is 75% of the applicable Compensation as shown in the Schedule of Benefits.

Exposure

If an **injury** or **accidental** death occurs as a direct result of unexpected exposure to the natural elements following an **accident**, **we** will pay the **compensation** as specified in the Table of Events above.

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(s)** were travelling at the time of the **accident**, **we** will presume that the **insured person(s)** 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 **us** upon demand.

Additional definitions for the purpose of this benefit:

1. **Big Toe** means the first digit of the **foot**
2. **Finger** means a digit of a **hand**.
3. **Foot** means the entire foot below the ankle.
4. **Hand** means the entire hand below the wrist
5. **Limb** means the entire limb between the shoulder and the wrist or between the hip and the ankle.
6. **Paraplegia** means the entire paralysis of both legs and part or whole of the lower half of the body.
7. **Permanent** means lasting 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.
8. **Quadriplegia** means the entire paralysis of both legs and both arms.
9. **Thumb** means the first digit of a **hand**.
10. **Toe** means a digit of the **foot**.
11. **Total Disablement** means an **injury** suffered by an **insured person** resulting in a disablement that consequentially leads to a total inability to perform, by oneself, at least 3 or more **activities of daily living**.
12. **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
 - i) **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
 - i) **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.

This benefit is payable only once for the same part of the body. For an example, if an **insured person** suffers an **injury** under Event 11 for their right **hand**, **we** will not pay out under Events 12 to 14 for the same **injury**.

The maximum **compensation** payable under this benefit in an **insured person's** lifetime, regardless of the number of Events suffered, is 100%.

This policy will automatically terminate for an **insured person** when the maximum **compensation** of 100% is paid under this benefit for that **insured person**.

We will not pay any claim in connection with an event that is not listed in the Table of Events above.

PART 4 - GENERAL POLICY EXCLUSIONS

The following exclusions apply to all parts of this policy. Where there is conflict between specific exclusions under the benefit sections and [General Policy Exclusions](#), the specific exclusion will prevail.

We shall not pay under this policy any claim in connection with:

1. Persons engaged in occupations with high risk or exposure to hazardous conditions. 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) Professional sports person when an **insured person** could or would earn income or remuneration from engaging in such sport;
 - d) Pilots or crew of any air or water vessel; or
 - e) Off-shore work or activities including oil rig work.
2. activities related to:
 - (a) 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;
 - (b) 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;
 - (c) racing of any kind except foot racing, any type of stunts, reliability trials and speed or duration testing. Training or practicing in relation to these activities is also not covered; or
 - (d) hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter 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 any mountaineering involving climbing harnesses, belay or rappel devices ropes and guides, any activity or trekking above 3000 meters, big wave surfing, winter activities like lugging, bobsleighting, ski or snow board jumping or stunts, bicycle, motor, air or sea craft speed trials or stunts, canoeing/kayaking and white and black water rafting in grade 4 or higher rapids, cliff jumping, horse jumping, horse polo or any aerobatics and stunts, 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;

3. any deliberate provocation of the **insured person** against another person that results in an **injury**;
4. **injuries** that are intentionally self-inflicted, suicide or attempted suicide whether sane or insane, deliberate or reckless exposure to danger;
5. **pre-existing condition** or any complication arising from it;
6. any **injury** arising directly or indirectly due to osteoporosis;
7. congenital anomalies and conditions arising out of or resulting therefrom or physical impairment;
8. any **illness** other than a **specified infectious diseases**
9. any **specified illnesses**;
10. any effects or influence of drugs and alcohol in an **insured person**, unless administered by a **doctor** and taken in accordance with the directions of a **doctor**;
11. 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;
12. mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance or snoring disorders, anxiety, stress or depression;
13. cosmetic or plastic **surgery** (unless they are direct consequences of an **accident**, and required and recommended by the **doctor**); or any elective **surgery**;
14. pregnancy, miscarriage, abortion, childbirth, sterilization, contraception as well as treatment for infertility or birth control treatments or any complications;
15. erectile dysfunction and tests or treatment related to impotence or sterilization, or circumcision or expenses incurred for sex change;
16. alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment, or hormone replacement therapy;
17. any eye examination, refractive **surgery** (such as Radial Keratotomy or Lasik), dental treatment or oral **surgery** unless they are direct consequences of an **accident**;
18. donation of any body organ including costs of acquisition and donation;
19. failure to follow medical advice given by a **doctor**;
20. any hospitalization for:
 - i) any routine health checks;
 - ii) any diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
 - iii) any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not **medically necessary**;
 - iv) receiving treatment not incidental to the treatment or diagnosis of an **injury** or **illness**;
 - v) treating an **injury** or **illness** for which such treatments are provided free; or
 - vi) weight reduction or gain.
21. care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the **insured person** and any **injury** or **illness** arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;
22. an **insured person** committing or attempting to commit any criminal or illegal act (including traffic offences);
23. any **injury** sustained whilst the **insured person** is riding on a motorcycle without a safety helmet either as a rider or pillion-rider;

24. where payment would violate a government prohibition, regulation or law;
25. any act of war (whether war be declared or not), invasion, act of foreign enemies, hostilities or war like activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends, civil war, mutiny, rebellion, revolution, insurrection, military, protests, or usurpation of power;
26. 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.

PART 5 – GENERAL POLICY PROVISIONS

1. Eligibility:

- i. Age to qualify for cover: Entry age for an adult under this policy is 30 days to 80 years of age (inclusive). All ages refer to the age as of the **insured person's** last birthday.
- ii. Occupation: Occupations other than those listed under '[Part 4 – General Policy Exclusions](#)', [Item 1'](#).
- iii. Residency – To be eligible for cover under this policy, the **certificate holder and/or insured person** must be a:
 - a. Malaysian citizen;
 - b. Malaysian permanent resident; or
 - c. Holder of a valid employment pass (of which the place of employment must be in Malaysia during the **period of insurance**) or a dependent pass granted by the relevant Government authority.

Residence overseas: No benefit shall be payable if the **insured person** resides outside Malaysia for more than 90 consecutive **days**.

2. **Free Look period**: If the cover does not meet the **certificate holder's** requirements, the **certificate holder** may cancel this policy within 15 days from the date this policy is delivered to the **certificate holder**. **We** will give the **certificate holder** a full refund of any premiums paid less any medical expenses incurred by **us** in the issue of the policy, as long as no claim has been made for that period.
3. **Plan selection**: This policy provides the **insured person** with cover for benefits and **compensation** limits under the **plan** as set out in the **certification of insurance** as offered to the **certificate holder** during the application process and approved by **us**.
4. **Number of Policies**: Only one individual policy providing the same product underwritten by **us** is allowed. If more than one policy is held, **we** 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.
5. **Geographical Limits & Territorial Limits**: This policy covers an **insured person** in Malaysia for 24 hours and 7 Days a week, unless otherwise stated or endorsed under this policy.
6. **Service Tax**: The amount of premium payable for this policy includes an amount on account of the service tax payable by the **certificate holder**. 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.
7. **Reasonable Care**: To receive compensation under this policy, the **certificate holder** and **insured person** must at all times

take reasonable precautions and act in a prudent way to prevent and mitigate accident or loss.

8. **Currency of payment:**

- (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 **certificate holder** 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 **certificate holder** will bear all the administration and costs of conversion.

9. **Rights of ownership:** The **insured person** shall have the rights to exercise every benefit covered in this policy. Every transaction relating to the policy shall however be between the **certificate holder** and **us**.

10. **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.

11. **Rights of Assignment:** The **certificate holder** cannot assign or transfer the rights under this policy to another person or entity.

12. **Rights of nominees:** Nominees do not have any rights to make any changes to the policy.

13. **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 **we** receive complete documents on the claim filed in accordance with the requirements of this policy.

14. **Waiver of insured person's rights:** If **we** reject 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 **our** rejection, it shall be deemed that the **certificate holder** and the **insured person** have accepted **our** rejection of their claim and they have waived all their rights with respect to such a claim.

15. **Dispute resolution:** Any dispute or difference which may arise between the **certificate holder/insured person(s)** and **us** shall be referred to Asian International Arbitration Center. All arbitration proceedings must take place, within 12 months from the date of disclaimer, failing which **we** would have no obligation over the claim.

16. **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.

17. **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.

18. **Premium:** This condition applies as each and every premium payment becomes due and cannot be disregarded by the **certificate holder** because **we** have previously accepted a premium payment for their insurance cover.

(a) Premium Payable

Where the **period of insurance** is for a pre-agreed duration of more than one calendar month, the premium in respect of the **insured person** is payable for the whole applicable **period of insurance**.

The premium for this **policy** will be paid to **us** by the **certificate holder** on each **premium due date**. The premium payable and **our** billing arrangement is as specified by **us** and agreed to by the **master policy holder** and **certificate holder** during the application process.

(b) Failure of premium payment

We will cancel this policy if the **certificate holder** fails to make the premium payment in the time and manner required by **us**. **We** will provide cover under this policy for the period for which premium had been received and this policy shall terminate upon the expiry of such period. No benefits will be payable for any claim that occurs during a period for which premium was not received.

(c) Changes to Premium Payable

We may vary premium payments for the policy by the **certificate holder** due to underwriting reasons. In such instance **we** will notify the **certificate holder** of such premium variation in writing at least 30 days before the change is to take place and to also update the **certificate holder** of the new premium amount payable to maintain the Policy. Where applicable, the new premium amount payable will take effect from the next **premium due date** immediately following the 30 days' notice period given to the **certificate holder**. If the changes to the premium made by **us** are acceptable, the **certificate holder** may choose to continue with the existing **plan** at the new premium or renew their policy at the new premium amount applicable or the **certificate holder** may also opt to transfer to a new **plan** offered under this product (whichever applicable). 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.

19. **Cancellation:**

- (a) **We** will provide a full refund of premium if the Firefly Travel Protection policy is cancelled due to flight rescheduling or flight cancellation by the **certificate holder/insured person(s)** provided there has been no claim made and the insurance coverage of the Firefly Travel Protection policy has not commenced.
- (b) Any cancellation save for rights exercised under under 'Part 5 – General Policy Provisions, Item 2 – Free Look Period' initiated by the **certificate holder/insured person(s)** is not allowed and no refund of premium will be given once this policy has been purchased.

20. **Automatic Termination:** This Policy will automatically terminate for an **insured person** on the date:

- a) the Firefly Travel Protection policy is cancelled or is deemed void;
- b) the **master policy holder** or **certificate holder** requests that an **insured person** be removed from this policy;
- c) of an **insured person's** death, from any cause;
- d) the **insured person** ceases to satisfy any of the requirements as specified under 'Part 5 – General Policy Provisions, Item 1 - Eligibility'; or
- e) any fraud or misrepresentation to **us** discovered as mentioned under section 'Part 5 - General Policy Provisions - Item 23 - Misrepresentation or Fraud'.

21. **Communication to us:** All communication to **us** shall be in writing or other means accepted by **us**.

22. **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 **our** liability shall be limited to the refund of the premium paid without interest.

If at the time of claim, it is noted that the **certificate holder** and/or **insured person** has misstated their age and due to which a lower **compensation** is applicable, **we** will determine at **our** sole discretion to either continue to cover the **insured person** on the applicable terms and conditions or terminate this policy.

23. **Misrepresentation or Fraud:** Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application for this policy or in connection with a claim made, will make this policy invalid. In this event **we** will not refund any premiums paid and **we** will not consider making payments for any claims submitted to **us**. **We** will report the matter to the police if deemed necessary. **We** also reserve the right to recover any amount paid to the **insured person** in respect to any fraudulent claims submitted.

24. **Policy changes**

a) Changes of the Terms or Conditions by the us:

We reserve the right to change the terms or conditions of this policy by giving the **certificate holder:**

- (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 **us** are acceptable to the **certificate holder**, then this policy will continue. If the changes are not acceptable, the **certificate holder** may cancel this policy under '[Part 5 - General Policy Provisions, Item 18 - Cancellation](#)'.
2. No alteration to this policy shall be valid unless approved in writing by **our** 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 **certificate holder** must give immediate written notice to **us** 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 **illness** arising out of or in the course of an occupation of greater risk than the occupation disclosed in **certificate holder's** application, unless **we** have agreed to the change in occupation; or
- (b) Any **injury** or **illness** where **we** have been prejudiced by the non-disclosure of change in occupation.

c) Change of Residence

The **certificate holder** must give immediate written notice to **us** of any change in their residential address.

25. **Portfolio withdrawal condition:** **We** reserve the right to cancel the portfolio as a whole if **we** decide to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by 30 days written notice to the **certificate holder** and **we** will run off all the policies to expiry of the period of cover within the portfolio.
26. **Sanction:** **We** shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us**, **our** parent company or **our** ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.
27. **Consent to use personal data:** You are deemed to have read understood, and consented to the collection and subsequent processing of your personal information by **us** (whether obtained during the application process or administration of this policy) in accordance with, our Privacy Notice as from time to time published on our website at <http://www.aig.my/privacy-notice>. If you submit information relating to other individuals, you further represent and warrant that you have the authority to provide information relating to the other individuals to **us**, that you have informed the other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by **us**, and that the other individuals agree and consent that we may collect, use and process his/her personal information in accordance with our Privacy Notice. The **certificate holder** reserves the right to obtain access, request correction or withdraw their consent to the use of any of their personal information held by **us**. Such request can be made by writing to **us** at:

AIG Malaysia Customer Care,
Menara Worldwide,
198, Jalan Bukit Bintang,
55100 Kuala Lumpur

Email: AIGMYCare@aig.com
Phone: 603 2118 0188
Fax: 603 2685 4896

28. **Duty of disclosure:** Pursuant to Schedule 9 of the Financial Services Act 2013, the **certificate holder** 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 **us** 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 **us**. The **certificate holder** and **insured person(s)** also have a duty to tell **us** immediately if at any time after this policy has been entered into, varied or renewed with **us**, any information given when the policy was purchased is inaccurate or has changed. In this circumstance, **we** reserve the right to review the cover granted including withdrawing or amending cover previously approved.

29. **Claims procedure:**

a) Steps to make a claim:

1. Step 1: The **certificate holder** or **insured person** must notify **us** immediately or within 30 days after the event which could give rise to a claim under 'claim notification'.
 - ii) call **us** at 1800 88 8811;
 - iii) e-mailing to FireFlyMy@aig.com; or
 - iv) write to The Claims Department, Level 16, Menara Worldwide, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia.

Any delay must be supported by justifiable reasons for the delay and acceptance is at **our** sole discretion. **We** will not pay any claims that are notified to **us** after 1 year from the **date of loss**.

2. Step 2: The **certificate holder** or **insured person** must complete the claim form and prepare the relevant supporting documents as per the nature of claim.
3. Step 3: The **certificate holder** or **insured person** must submit the claims evidence to **us** within 30 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: FireFlyMy@aig.com

We may request for additional documents depending on nature and circumstances of the claim in which case **we** will contact the **claimant**.

b) Compliance

We 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 **illness** when claiming compensation.

c) Claim notification

- i. **We** must be notified as soon as it is reasonably practical and in any event within 30 days after the date of **injury** or **illness** which leads to a claim.
- ii. Failure to do comply with (a) above may result in **our** 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 **we** are 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.

d) Burden of Proof

If **we** allege 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**.

e) Claims Evidence / Information

- i. **We** must be provided with all reasonable and necessary evidence required by **us** to support a claim within 90 days after the date of **injury** or **illness** which leads to a claim. Information provided to **us** to support a claim must include a completed claim form along with supporting evidence (original copies, where applicable). If the information supplied is insufficient, we will confirm the additional information required.

- ii. If **we** do not receive the information, **we** require within the time period advised, **we** may reject the claim or withhold payment in the likelihood of a valid claim until the information **we** require has been received.
- iii. Where medical certificates or reports are required, **we** will only accept medical certificates or reports (original copies, where applicable) 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.
- iv. **We** may refuse to refund any expense for which the **claimant** cannot provide original receipts and invoices where applicable.
- v. **We** may require the **insured person** undergo a medical examination by a **doctor** appointed by **us** before the initial or additional **compensation** can be paid.
- vi. **We** may, at **our** expense, ask for a post-mortem examination and/or to undergo a blood test for HIV as a condition precedent to any processing of any claim.

f) Settlement of Claim

- i. **Compensation** will be paid in accordance to the policy terms and conditions. It can only be made once **we** have received the information **we** require to investigate and verify the claim (including information supplied) and **we** are satisfied that the claim falls within the policy. **Compensation** will generally be paid immediately unless the claim is for any periodic payment which will be paid according to the terms set out in the policy.
- ii. The **compensation** for each benefit is payable as specified on the **schedule of benefits**. Any **compensation** that **we** make 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 **certificate of insurance**.
- iii. Unless otherwise specified in this policy, payments or reimbursements will be made at **our** sole discretion to the **claimant**. Such payment shall be a full and final discharge to **us**.

If the **certificate holder** is incompetent or otherwise unable to give a valid release for the claim, we may make arrangements to pay claims to a trustee pursuant to Schedule 10, subparagraph 5(1) of the Financial Services Act, 2013. Their receipt will discharge our liability under the policy. Upon payment, we will be fully discharged of our obligations under this policy.

- iv. In the course of **our** claims process, the **claimant** must render full cooperation to **us** and to **our** appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

g) Subrogation

In the event that a third party is held liable for all or part of any claim paid under this policy, **we** may exercise **our** legal right to pursue the third party to recover **our** outlay. The **claimant**, upon **our** request, must agree to and permit **us** to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. **We** will pay the costs and expenses involved in exercising **our** right against the third party.

h) Rights to recovery

If **we** make a payment and subsequently are made aware that the claim is not payable, **we** have the right to recover the amount paid from the **certificate holder** and/or **insured person**.

29. **Renewal:** No renewal and reinstatement of policies are applicable to this policy.

30. **Nomination:** All benefits payable due to **accidental death** of the **insured person** is payable to the nominee(s) elected by the **certificate holder** and in the event of failure of the **certificate holder** 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 **us** and the **certificate holder** 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 **we** 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 **certificate holder** 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 **us** at the address provided below or to insurance agent (if applicable).

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

PART 6 - COMPLAINTS PROCEDURE

(a) If there is any occasion when **our** service does not meet the **certificate holder's** expectations, the **certificate holder** may contact **us** using the appropriate contact details below, providing the policy/claim number and the name of the **certificate holder** to help **us** deal with **certificate holder'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 **certificate holder** who is not satisfied with **our** decision may refer to the Ombudsman for Financial Services (OFS) giving details of the dispute, **our** name 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 **certificate holder** who is not satisfied with **our** conduct 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.