



## PRODUCT DISCLOSURE SHEET

Please read this Product Disclosure Sheet before you decide to purchase the Home Arrival Protection policy. Be sure to also read the general terms and conditions.

**Product: Home Arrival Protection policy**

**Date Issued: June 2022**

Wherever words or phrases appear in bold, the definitions with interpretation are set out in the policy wordings under section 'Part 2 - Definitions'.

### 1. What is this product about?

- (a) This product provides:
  - i. Protection in the event of disability or death caused by an **accident**.
  - ii. A daily hospital cash allowance benefit in the event of **hospitalization** upon the diagnosis of **specified infectious diseases**.
- (b) Coverage provided is worldwide and is valid for 24 hours.
- (c) The duration of the policy is 30 days commencing on the **policy start date** and ending on the 30<sup>th</sup> day from the **policy start date**, as specified in the **certificate of insurance** and it is non-renewable.
- (d) This cover can only be purchased by Firefly's customers with **Firefly travel bookings** for **return trips** or **domestic one-way trips**, who opt for the **Firefly travel protection policy**.
- (e) This policy is not available for customers with a Firefly booking for **regional one-way trips**.

### 2. What are the covers/benefits provided?

This policy provides coverage for the following benefit:

1. Daily Hospital Income Due to Specified Infectious Disease (including if **hospitalized in ICU**) up to 14 days; and
2. Accidental Death and Permanent Disablement

*Note: Please refer to the policy wordings for further details of the benefits.*

### 3. How much premium do I have to pay?

- (a) You will have to pay a premium of RM5.16 (inclusive of Service Tax) per **insured person**.

No.	BENEFITS	Compensation (RM)	Premium Before Tax (RM)	Applicable Service Tax (RM)	Premium After Tax (RM)
1	Daily Hospital Income - Due To Specified Infectious Disease (including if hospitalized in ICU)	100 per <b>day</b>	2.29	Not Applicable	2.29
2	Accidental Death and Permanent Disablement	25,000	2.71	0.16	2.87
Total premium			<b>5.00</b>		<b>5.16</b>

- (b) As the **period of insurance** is for a pre-agreed duration of 30 consecutive days, therefore the premium payable is for the whole applicable **period of insurance**.

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

Type	Amount (inclusive in the premium)
Service Tax	6% *
Commission	10%

\*Service Tax as applied in the above table.

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

#### (a) Duty of disclosure:

- (i) You must take reasonable care to disclose all material facts which you know or ought to know which could impact your risk profile and ensure that all your answers to the questions are full, complete, correct, honest and to the best of your knowledge as these information form the basis of your contract.
- (ii) You also have a duty to inform **us** of any change in the information given to **us** earlier before **we** issue the policy to you, before you renew or change any of the terms of your policy. If you don't, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not paid in full.



(b) **Eligibility:**

**Residency**

To be eligible for cover under this policy, you must be:

- (i) Malaysian citizen;
- (ii) Malaysian permanent resident; or
- (iii) Holder of a valid employment pass (of which the place of employment must be in Malaysia during the **period of insurance**) or a dependent pass granted by the relevant Government authority.

**Age**

Entry age for an **insured person** is 30 days to 80 years of age (inclusive). Your age will be based on the age as of your last birthday.

**Occupation**

Occupations other than those listed under Item 6(h) below.

(d) **Claims:**

- a. **We** must be notified as soon as it is reasonably practical and in any event within 30 **days** after the date of **accident** or **illness** which leads to a claim.
- b. **We** must be provided with all reasonable and necessary evidence required by **us** to support a claim within 90 **days** after the date of **accident** or **illness** which leads to a claim.
- c. Failure to comply with the above may result in the 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.

(e) **Free Look Period:**

If this policy does not meet your insurance requirements, you can return the policy to **us** within 15 days from the date this policy is delivered to you. You will receive a full premium refund less any medical expenses incurred by **us** as long as no claim has been made for that period.

(f) **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.

(i) **Sanctions:**

**We** 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 **us, our** 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.

**6. What are the major exclusions under this policy?**

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

- (a) **Pre-existing condition** or any complication arising from it, mental or nervous disorder, pregnancy or childbirth
- (b) Suicide or attempted suicide, any criminal or illegal act (including traffic offences) or being under the influence of alcohol or drugs
- (c) Any routine health checks, any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not **medically necessary**
- (d) Any **insured person** engaging, practicing, training or participating in any professional sports, any extreme sports or activity that presents a high level of inherent danger
- (e) Any aerial activity except as a fare paying passenger in a commercial aircraft licensed to carry passengers
- (f) HIV and/or any HIV related illness including AIDS and/or any type of venereal disease
- (g) War, invasion, and rebellion
- (h) Persons engaged in occupations with high risk or exposure to hazardous conditions. This would include but is not limited to the following occupations:
  - i. Military personnel including armed forces, naval or air force service or operations;
  - ii. Police, security personnel including any peace keeping forces
  - iii. Professional sports person when an insured person could or would earn income or remuneration from engaging in such sport;
  - iv. Pilots or crew of any air or water vessel;
  - v. Off-shore work or activities including oil rig work;
- (i) Any **illness** other than a **specified infectious diseases**;
- (j) Any **Specified illnesses**.

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

**7. Can I cancel my policy?**

**We** will provide a full refund of premium if the **Firefly travel protection policy** is cancelled due to flight rescheduling or flight cancellation by you provided there has been no claim made and the **Firefly Travel Protection policy** has not commenced.



Any cancellation save for rights exercised under Item 5(e) – ‘Free Look Period’ initiated by you is not allowed and no refund of premium will be given once this policy has been purchased.

**8. 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 including your occupational and personal pursuits which would affect the risk profile.

**9. Where can I get further information?**

Should you require additional information about medical and health insurance, please refer to the *Insuranceinfo* booklet on “Personal Accident Insurance” and “Medical & Health Insurance” available at all **our** branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my)

If you have any enquiries, please contact **us** at:

AIG Malaysia Insurance Berhad,  
Menara Worldwide,  
198 Jalan Bukit Bintang,  
55100, Kuala Lumpur,  
Malaysia.  
Telephone: 1800 88 8811  
E-mail : [AIGMYCare@aig.com](mailto:AIGMYCare@aig.com)

**10. Other types of Personal Accident and Medical and Health Insurance cover available**

Please refer to **our** website at: [www.aig.my](http://www.aig.my)

**IMPORTANT NOTE:**

**YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR ACCIDENTAL DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE POLICY THAT YOU HAVE PURCHASED. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

You should read and understand the contract terms and discuss further with **master policyholder** or **us** 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 policy wordings, the **master policyholder** or **certificate holder** may contact **us** or the agent, whichever applicable.

By accepting the policy contract, you acknowledge that the key contract terms have been adequately explained by the agent or **us** to you and that the policy contract offered is suitable for your insurance needs.

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