



AIG MALAYSIA INSURANCE BERHAD

Event Ticket Protection

Policy Wording



SCHEDULE OF BENEFITS

Please refer to the Schedule of Benefits provided below for the Benefits and corresponding Compensation applicable to the Insured Person covered under this Policy. Individual Benefits under 'Part 4 - Benefits' should be referred to for full details of coverage.

The benefits payable under eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact AIG Malaysia Insurance Bhd or PIDM (visit www.pidm.gov.my).

Schedule of Benefits		
No	Benefits	Compensation (RM)
1	Event Ticket Protection	100% of the actual Ticket Price
2	Serious Injury Hospital Cash	RM 200

PART 1 - ABOUT THIS POLICY

This Policy is issued to the Policyholder upon the terms and conditions set out within. This policy wording, together with the Policy Schedule, Schedule of Benefits, and any Endorsements forms the basis of the contract between the Policyholder and the Insurance Company. The Insurance Company agrees to provide the Insured Person the insurance coverage as described in this Policy provided that the Policyholder /Insured Person pays the Premium when due and the Insurance Company agrees to accept it subject to the terms and conditions of this Policy.

This Policy must be read together with the Schedule of Benefits and any Endorsements to ensure that the terms and conditions are fully understood, and that the coverage meets the requirements of the Policyholder and Insured Person.

Please contact the Insurance Company or the insurance agent if the Policyholder/ Insured Person requires any further information after reading this Policy.

All terms and conditions of this Policy must be continuously satisfied by the Policyholder and Insured Person to be eligible for coverage under this Policy.

A copy of this Policy in Bahasa Malaysia will be made available on request. For all intents and purposes, if there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions of the Policy, it is agreed that the English version prevails.

ONGOING DUTY OF DISCLOSURE

A. CONSUMER INSURANCE CONTRACT

Where the Policyholder and Insured Person(s) have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the Policyholder and Insured Person(s) have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. the Policyholder and Insured Person(s) should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in the cancellation of the contract of insurance, refusal or reduction of claim(s), change of terms or termination of the contract of insurance in accordance with Schedule 9 of the Financial Services Act 2013. The Policyholder and Insured Person(s) are also required to disclose any other matters that they know to be relevant to the Insurance Company's decision in accepting the risks and determining the rates



and terms to be applied. The Policyholder and Insured Person(s) also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into or varied with the Insurance Company, any of the information given in the Proposal Form or any other document related to this insurance is inaccurate or has changed.

B. NON-CONSUMER INSURANCE CONTRACT

Where the Policyholder and Insured Person(s) have applied for this insurance for purposes related to their trade, business or profession, the Policyholder and Insured Person(s) have a duty to disclose any matter that they know to be relevant to the Insurance Company's decision 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, otherwise it may result in the cancellation of their contract of insurance, refusal or reduction of claim(s), change of term(s) or termination of the contract of insurance. The Policyholder and Insured Person(s) also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into or varied with the Insurance Company, any of the information given in the Proposal Form or any other document related to this insurance is inaccurate or has changed.

PART 2 - ELIGIBILITY

A. COVERAGE

For an Insured Person to be eligible for cover under this Policy, they must:

- i. hold a valid Ticket issued by the Policyholder; and
- ii. have opted for this Policy or have been declared for cover under this Policy to the Insurance Company.

B. AGE

Entry age for the Insured Person under this Policy is 6 to 75 years of age (inclusive).

Notes: all ages refer to the age as of the Insured Person's last birthday.

PART 3 - GENERAL POLICY DEFINITIONS

Certain words in this Policy have a specific meaning. They have this specific meaning wherever they appear in this Policy and are shown by using capital letters. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice versa. The following definitions are applicable to this Policy as a whole.

The following definitions apply to all sections of this Policy where applicable:

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 Period of Insurance.
2. **Benefit** means the benefits listed in the Schedule of Benefits and which are subject to the terms and conditions as stated under this Policy.
3. **Burglary** means the taking of the Insured Person's property by a person or persons who illegally entered their residence using force or violence of which there shall be visible signs of entry.



4. **Business** means a trade, profession or occupation including those conducted on a full-time, part-time or occasional basis, or any other legal activity in which one is engaged for money or other compensation.
5. **Confirmation of Cover** means the document showing details of Ticket reference number, Event date and Benefits under this Policy.
6. **Child(ren)** means the Insured Person's biological, step or legally adopted child(ren).
7. **Chronic Condition** means a condition that is expected to persist for the remainder of the Insured Person's natural life.
8. **Claimant** means the Insured Person or their legal representative, as applicable, making a claim against this Policy.
9. **Compensation** means the maximum amount payable for a Benefit as specified in the Schedule of Benefits.
10. **Day** means a completed period of 24 hours.
11. **Doctor** means a legally registered and qualified medical practitioner with a medical degree in western medicine and authorized by the medical licensing authority in Malaysia or in the country which treatment is being sought, 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 an Relative.
12. **Event** means a legally organized Event taking place within Malaysia for which the Policyholder maintains the ticketing system, with a specific date, time and venue, for which the Insured Person requires a Ticket to attend as a spectator.
13. **Endorsement** means a written notice stating an amendment, deletion or addition made to this Policy.
14. **Financial Market Ombudsman Services (FMOS)** refers to an independent body that provides a free and efficient avenue to help resolve financial disputes between the Policyholder/ Insured Person and the Insurance Company under this Policy as an alternative to the Malaysian courts.
15. **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;
 - 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.
16. **Hospitalisation/Hospitalised** means the admission of the Insured Person to a Hospital as an In-patient during the Period of Insurance. For the avoidance of doubt, Hospitalisation shall be evidenced by daily boarding charges imposed by a Hospital.
17. **Incident(s)** means an unforeseen and involuntary event which results in the Insured Person being unable to attend the covered Event.



18. **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.
19. **Insurance Company** means AIG Malaysia Insurance Berhad (200701037463).
20. **Insured Person** means the person who:
- has a valid Ticket for an Event; and
 - has opted for this Policy or has been declared for cover under this Policy to the Insurance Company.
21. **In-patient** means the Insured Person is confined in a Hospital for a continuous period as a registered patient for Medically Necessary treatments of a covered Injury for at least 24 consecutive hours and such confinement is certified as necessary by the attending Doctor.
22. **Injury** means an identifiable physical injury which is sustained by the Insured Person during the Period of Insurance and is caused by an Accident solely and independently of any other causes including any Sickness, pre-existing or congenital condition. Injury includes:
- Accidental drowning;
 - 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 Exclusion 17 continues to apply.
 - Any Injury directly resulting from animal or insect bites. This excludes any claims in connection with any Infectious Diseases.
23. **Medically Necessary** means a medical service provided on a Doctor's recommendation/advice which is:
- consistent with the diagnosis and customary medical treatment for a covered Injury; and
 - in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
 - 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
 - not of an experimental, investigational, research, preventive or screening in nature; and
 - 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 Injury in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the Insured Person's Injury.
24. **Natural Catastrophe(s)** means fire, hurricane, typhoon or cyclone, flood, earthquake, tsunami, volcanic action or eruption, and / or any other natural disaster officially declared by a government agency.
25. **Period of Insurance** means the Event date as shown in the Confirmation of Cover. During the Period of Insurance, all covers shall commence within 14 days prior to the date of the Event and shall end upon the successful scanning of the unique barcode or at the time when the Event begins, whichever comes earlier.
26. **Policy** refers to this insurance contract which consists of the policy wording, Schedule of Benefits and endorsement that the Insurance Company may issue to the Insured Person that will form part of this Policy.
27. **Policyholder** means the company named as policyholder in the Confirmation of Cover.



28. **Pre-Existing Condition** is any injury, sickness or other conditions:
- for which Insured Person has sought or received treatment, medication, advice or diagnosis before the Policy Effective Date;
 - which first manifested itself, worsened, became acute or presented signs or symptoms prior to the Policy Effective Date which would have caused a reasonable person to seek diagnosis, care or treatment; or
 - which is a Chronic Condition or cancer diagnosed before the Policy Effective Date.
29. **Premium** means the amount as shown on the Product Disclosure Sheet that is payable in respect of the Policy by the Insured Person.
30. **Premium Due Date** means the date on which premium for this Policy is due to be paid as agreed between the Insurance Company and the Policyholder.
31. **Relative** means the Insured Person's Spouse, parent, step-parent, parent-in-law, grandparent, Child(ren), son-in-law, daughter-in-law, brother or sister, brother-in-law, sister-in-law, grandchild, uncle, aunt, niece, nephew and first cousin.
32. **Residence** means the place in which the Insured Person primarily resides for the majority of the time and where their personal belongings are usually kept.
33. **Schedule of Benefits** means the table containing the applicable Benefits and their corresponding Compensation.
34. **Serious injury** or **Sickness** means Injury or Sickness which requires treatment by a Doctor and which results in the Insured Person being certified by the Doctor as unfit to attend the Event for which the Insured Person has a Ticket.
35. **Sickness** means an illness, disease or other physical conditions characterized by a pathological deviation from the normal healthy state. For the avoidance of doubt, Sickness includes but is not limited to Infectious Disease, heatstroke, decompression sickness, hypothermia and mountain sickness.
36. **Spouse** means someone who is legally married to the Insured Person.
37. **Ticket** means the document issued by the Policyholder that allows the Insured Person to enter the Event venue and attend a specific Event. The Ticket must mention the Event date, time, venue and reference number.
38. **Ticket Price** means the actual amount paid by the Insured Person for the Ticket excluding any service, handling fees and taxes prior to the start of the covered Event as stated in the Ticket or purchase receipt.
39. **War** means declared or undeclared hostile action between two or more nations or states.



PART 4 - BENEFITS

EVENT TICKET PROTECTION

If an Insured Person is unable to attend the Event for which they have a valid Ticket due to any of the Incident(s) listed below, the Insurance Company will reimburse the actual Ticket Price.

1. Serious Injury or Sickness and/or compulsory quarantine of the Insured Person and/or their Relative(s) occurring within 14 days prior to the covered Event, which will require their presence.
2. Death of the Insured Person and/or their Relative(s) occurring within 14 days prior to the covered Event, which will require their presence.
3. Serious damage to the Insured Person's Residence from a house fire, Burglary and/or any Natural Catastrophe occurring within 14 days prior to the covered Event, which will require their presence at the Residence.
4. A sudden and unexpected Business trip that is required by the Insured Person's employer occurring within 72 hours prior to the covered Event, which results in them being unable to attend the Event.
5. A sudden and unforeseen school, college or university examination occurring within 24 hours prior to the covered Event, which results in them being unable to attend the Event.
6. Interruption of the Insured Person's travel to the covered Event occurring within 72 hours prior to the Event due to major road accident(s), mechanical breakdown, equipment failure and/or structural defect of the ground transport vehicle the Insured Person is travelling in, which results in them being unable to attend the Event.
7. The Insured Person is served with a court order or a subpoena, occurring within 14 days prior to the covered Event, which will require their presence in court.
8. Natural Catastrophe occurring within 14 days prior to the covered Event, preventing the Insured Person from attending the covered Event.

SPECIFIC CONDITIONS APPLICABLE TO 'EVENT TICKET PROTECTION' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the benefit is only payable if the following specific conditions apply:

1. The Incident(s) occur within the specified period prior to the Event;
2. The Insured Person provides evidence or supporting document(s) that the Incident(s) occurred.

SPECIFIC EXCLUSIONS APPLICABLE TO 'EVENT TICKET PROTECTION' BENEFIT

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

1. A direct or indirect cancellation or postponement of the Event is made by the organizer for any reason; or
2. The ground transport vehicle is chartered or arranged as part of a tour.



SERIOUS INJURY HOSPITAL CASH

If an Insured Person is Hospitalized for a minimum period of 3 consecutive Days as a result of sustaining an Injury within 14 days prior to the covered Event and upon discharge from the Hospital, the Doctor prescribes post-hospitalization recuperation, the Insurance Company will pay Compensation as shown in the Schedule of Benefits.

SPECIFIC CONDITIONS APPLICABLE TO 'SERIOUS INJURY HOSPITAL CASH' BENEFIT

In addition to the conditions set out in the General Policy Conditions, the benefit is only payable if the following specific conditions apply:

- 1) This Benefit is only payable if the Insured Person sustains an Injury and a valid claim for "Event Ticket Protection" is paid or payable under this Policy to the Insured Person.
- 2) For this Benefit to be payable, the Insured Person must be confined in a Hospital as an In-patient 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 upon the Insured Person's discharge from the Hospital with a Doctor's report prescribing post-hospitalization recuperation.
- 5) There will only be one payment for this Benefit regardless of successive Hospitalization periods for the same Injury.

PART 5 - 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.

The Insurance Company shall not pay under this Policy for any claim arising from, resulting in or in connection with:

1. Any loss or injury sustained by an Insured Person outside of the period during which cover is provided under the Period of Insurance.
2. The Ticket(s) being re-sold to a third party.
3. Any Sickness.
4. The 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.



5. 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.
6. Any Injury arising directly or indirectly due to osteoporosis.
7. The Insured Person's suicide or attempted suicide or intentional self-inflicted injury whether sane or insane or from deliberate or reckless exposure to danger.
8. Any loss intentionally caused by the Insured Person.
9. The Insured Person committing or attempting to commit any criminal or illegal act (including traffic offences).
10. 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 or usurpation of power.
11. Any engagement or participation by the Insured Person or Policyholder in a strike, riot or civil commotion.
12. Any deliberate provocation of the Insured Person against another person that results in an Injury.
13. Any payment which would violate a government prohibition, regulation or law.
14. The 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.
15. Cosmetic, plastic surgery or elective surgery or treatment.
16. 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.
17. Any loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.

General Exclusions 3 - 6 are not applicable to Benefit 'Event Ticket Protection'.

PART 6 - 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 as set out in this Policy.



3. Reasonable Care

The Insured Person must take all reasonable steps to prevent and mitigate any accident or loss.

4. Governing Law Jurisdiction

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.

5. Dispute Resolution

Any dispute or difference which may arise between the Insured Person and the Insurance Company on any matters relating to this Policy involving amounts exceeding RM250,000 shall be referred to the Malaysian courts. Any dispute or difference where the disputed amount is less than or equal to RM250,000, the Policyholder/Insured Person may refer the matter to the Financial Market Ombudsman Services to resolve the dispute. All disputes or differences which may arise between the Policyholder/Insured Person and the Insurance Company must be referred to the Malaysian courts and / or the Ombudsman for Financial Services within a reasonable time from the date the decision of the claim is communicated to the Policyholder/Insured Person.

6. Geographical Limits & Territorial Limits

This Policy covers the Insured Person in Malaysia during the Period of Insurance, unless otherwise stated or endorsed under this Policy.

7. Service Tax

The amount of Premium payable 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

No person shall be insured under more than one Policy issued by the Insurance Company under this product for a given Period of Insurance. In the event the person is insured under more than one such Policy or has overlapping Periods of Insurance, the Insurance Company shall consider that 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. The Insurance Company shall refund any duplicated Premium payment which may have been made by or on behalf of that Insured Person.

9. Offset Clause

If the 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 Insurance 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 Insurance Company receives complete documents on the claim filed in accordance with the requirements of this Policy.

11. Premium

This condition applies as each and every Premium payment becomes due and cannot be disregarded by the Policyholder/Insured Person because the Insurance Company has previously accepted a Premium payment for their insurance cover.

- a) Premium Payable



Premium will be paid by the Insured Person to the Policyholder who will subsequently pay to the Insurance Company in compliance with 11. b) Premium Payment Warranty'.

b) Premium Payment Warranty

It is a fundamental and absolute condition of this Policy that the Premium due must be paid by the Policyholder and received by the Insurance Company within sixty (60) days from the policy start date of this Policy. If this condition is not complied with, then this Policy is automatically cancelled, and the Insurance Company shall be entitled to the pro-rata premium for the period the Insurance Company have been on risk. Where the Premium payable pursuant to this warranty is received by an authorised intermediary of the Insurance Company, the payment shall be deemed to be received by the Insurance Company for the purposes of this warranty and the onus of proving that the Premium payable was received by a person, including an insurance agent, who was not authorised to receive such Premium shall lie on the Insurance Company.

c) Failure of Premium payment

The Insurance Company will cancel this Policy if the Premium payment is not made in the time and manner required by the Insurance Company. The Insurance Company 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.

d) Changes to Premium Payable

- i) The Insurance Company may vary Premium payments for the Policy due to underwriting reasons. In such instance the Insurance Company will notify the Policyholder of such premium variation in writing at least 30 days before the change is to take place and also update the Policy of the new Premium amount payable to maintain the Policy.
- ii) If the changes to the Premium made by the Insurance Company are acceptable, the Policyholder may choose to continue with the Policy at the new Premium amount applicable.
- iii) 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.
- iv) No coverage will be provided if Premium payable in respect of this Policy is not paid by or on behalf of the Insured Person.

12. Misstatement of Age

If at the correct age the Insured Person would not have been eligible for cover under this Policy, no Benefit shall be payable, and the Insurance 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 Insured Person has misstated their age and due to which a lower Compensation is applicable, the Insurance 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.

13. 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 Insurance Company will not refund any premiums paid and the Insurance Company will not consider making payments for any claims submitted to the Insurance Company. The Insurance Company will report the matter to the Police if deemed necessary. The Insurance Company also reserves the right to recover any amount paid to the Insured Person in respect to any fraudulent claims submitted.

14. Policy Changes



Changes of the terms or conditions by the Insurance Company

The Insurance 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 Insurance Company are acceptable to the Policyholder, then this Policy will continue. If the changes are not acceptable, the Policyholder may cancel this Policy under 'Cancellation'.
2. No alteration to this Policy shall be valid unless approved in writing by the Insurance 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.

15. Personal Data Use

The Insured Person is deemed to have read, understood, and consented to the collection and subsequent processing of their personal information by the Insurance Company (whether obtained during the application process or administration of this Policy) in accordance with, the Insurance Company's Privacy Notice as from time to time published on the website at <https://www.aig.my/privacy-notice>. If the Insured Person submits information relating to other individuals, the Insured Person further represents and warrants that they have the authority to provide information relating to the other individuals to the Insurance Company, that the Insured Person has informed the other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the Insurance Company, and that the other individuals agree and consent that the Insurance Company may collect, use and process his/her personal information in accordance with the Privacy Notice. The Insured Person reserves the right to obtain access, request correction or withdraw their consent to the use of any of their personal information held by AIG Malaysia. Such request can be made by writing to the Insurance Company at:

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

Email: AIGMYCare@aig.com
Phone: 1800-88-8811 / 603 2118 0188

16. 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 or to an overseas bank account will only be made if the Insured Person 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 Insured Person will bear all the applicable administration and costs of conversion or transfers.

17. 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.



18. **Nomination**

All benefits payable due to Accidental death of the Insured Person is payable to the nominee(s) elected by the Insured Person and in the event of failure of the Insured Person 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 Insurance Company and the Insured Person 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 Insurance 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 a Insured Person.

The Insured Person 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 Insurance Company at the address provided below or to insurance agent (if applicable).

AIG Malaysia Insurance Berhad
P O Box 11768,
50756 Kuala Lumpur

19. **Rights of Assignment**

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

20. **Sanction**

The Insurance 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 Insurance Company, the Insurance Company's parent Insurance 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.

21. **Financial Services Act 2013**

The Policy is issued in Malaysia and is subject to the Financial Services Act 2013 and all rules, regulations, subsidiary legislation and government orders enacted thereunder.

PART 7 - CANCELLATION

1. **Cancellation by the Insured Person/Policyholder:**

The Insured Person/Policyholder can cancel this policy by giving us 15 days' notice in writing to: AIG Malaysia Customer Care, P O Box 11768, 50756 Kuala Lumpur, Malaysia, provided there is no claim made on the Policy and the cancellation request is made prior to the Event date as specified in the Ticket.

On cancellation of the Policy by the Insured Person/Policyholder, there will be no refund of the Premium paid.

2. **Cancellation by the Insurance Company:**

The Insurance Company can cancel this Policy:

- a) by giving 15 days' prior written notice to the Insured Person/Policyholder's last addresses or via email.
- b) immediately if the Insured Person fails to make the Premium payment by the Premium Due Date. No Benefits will be payable for any claim that occurs during a period for which Premium was not received; or



- c) by giving 7 days' prior written notice to the Insured Person/Policyholder in the event of War in Malaysia.

Upon such cancellation, the Insurance Company shall provide a full refund of the Premium paid by the Policyholder/Insured Person. No refund of Premium is allowed after the commencement of the Period of Insurance.

PART 8 - AUTOMATIC TERMINATION OF POLICY

All cover under this Policy will automatically terminate for the Insured Person when:

- a) this Policy is cancelled for reasons stated under section 'Cancellation';
- b) the Policyholder requests that an Insured Person be removed from this Policy;
- c) the Insured Person dies, from any cause;
- d) no Premium is paid by or on behalf of the Insured Person in respect of this Policy;
- e) the Insured Person ceases to satisfy any of the eligibility requirements as stated under Part 2 - Eligibility;
- f) any fraud or misrepresentation to the Insurance Company is discovered as mentioned under Part 6 – General Policy Conditions, Condition 13: Misrepresentation or Fraud.

PART 9 - CLAIMS PROCEDURES

1. Steps to Make a Claim

- a) Step 1: The Insured Person must notify the Insurance Company immediately or as soon as it is reasonably practical but no later than 7 days after the event which could give rise to a claim under 'Claim Notification'.
 - i) Call the Insurance Company at 1800 88 8811 / 603 2118 0188; or
 - ii) Complete and submit a claim online via [this link](#).
- b) Step 2: The Insured Person must prepare the following supporting document(s) based on the insured events:
 - i) GoLive Asia Booking Confirmation E-mail & E-Ticket with Ticket reference number;
 - ii) GoLive Asia proof of payment from 2C2P;
 - iii) Copy of Confirmation of Cover (COC) with Policy number; and
 - iv) Documentary evidence of the Incident(s) that occurred leading to the claim and any other relevant supporting documents.

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

2. Compliance

The Insurance 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 when claiming Compensation.

3. Claim Notification

- a) The Policyholder /Insurance Company must be notified immediately or as soon as it is reasonably practical but no later than 7 days after the date of the Accident which leads to a claim.
- b) Failure to comply with a) above may result in the Insurance 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 Insurance 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.



4. **Burden of Proof**

If the Insurance 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.

5. **Claims Evidence / Information**

- a) The Insurance Company must be provided with all reasonable and necessary evidence required by the Insurance Company to support a claim immediately or as soon as it is reasonably practical but no later than 30 days after the date of Accident which leads to a claim. Information provided to the Insurance 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 Insurance Company will confirm the additional information required.
- b) If the Insurance Company does not receive the information it requires within the time period advised, the Insurance Company may reject the claim or withhold payment until the information it requires has been received.
- c) Where medical certificates or reports are required, the Insurance Company will only accept original medical certificates or reports issued by a Doctor. For the avoidance of doubt, medical certificates or reports issued by other practitioners, including but not limited to Chinese physician, will not be accepted.
- d) The Insurance Company may refuse to refund any expense for which the Claimant cannot provide original receipts or invoices.
- e) The Insurance Company may require the Insured Person to undergo a medical examination by a Doctor appointed by the Insurance Company before the initial or additional Compensation can be paid.
- f) The Insurance Company may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

6. **Settlement of Claim**

- a) Compensation will be paid in accordance with the Policy terms and conditions. It can only be made once the Insurance 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 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 Insurance Company makes under this Policy will not exceed the limit specified in the Schedule of Benefits for the claim event. Compensation under each Benefit is included only for the events specified in the Schedule of Benefits.
- c) Payments or reimbursements will be made at the Insurance Company's sole discretion to the Claimant.
- d) In the course of the Insurance Company's claims process, the Claimant is to render full cooperation to the Insurance Company and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

7. **Subrogation**

In the event that a third party is held liable for all or part of any claim paid under this Policy, the Insurance Company may exercise its legal right to pursue the third party to recover its outlay. The Claimant or their legal representative, upon the Insurance Company's request, will agree to and permit the Insurance



Company to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The Insurance Company will pay the costs and expenses involved in exercising its right against the third party.

8. **Rights to Recovery**

If the Insurance Company makes a payment and subsequently is made aware that the claim is not payable, the Insurance Company has the right to recover the amount paid from the Insured Person.

PART 10 – COMPLAINTS PROCEDURES

- a. If there is any occasion when the Insurance Company's service does not meet the Insured Person's expectations, the Insured Person may contact the Insurance Company using the appropriate contact details below, providing the Policy/Claim Number and the name of the Insured Person to help the Insurance Company deal with Insured Person's comments quickly.

AIG Malaysia Insurance Berhad,
Complaint Handling Unit
P O Box 11768
50756 Kuala Lumpur

Phone: 1 800 88 8811 / 603 2118 0188
Fax: 603 2118 0288
Email: AIGMYComplain@aig.com

- b. Any Insured Person who is not satisfied with the decision of the Insurance Company may refer to the Financial Market Ombudsman Services (FMOS) giving details of the dispute, the name of the insurance and the policy number. The contact details of the FMOS are as follows:

Financial Market Ombudsman 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 Insured Person who is not satisfied with the conduct of the Insurance Company may write to BNMLINK giving details of the complaint, the name of the Insurance company and the policy number or the claim number. The contact details of BNMLINK are as follows:

Bank Negara Malaysia
Laman Informasi Nasihat dan Khidmat (BNMLINK)
P O Box 10922,
50929 Kuala Lumpur
Phone: 1-300-88-5465 (1300-88-LINK) / 03- 2174 1717 (Overseas)
Fax: 603-2174 1515

Physical Visits: BNMLINK will receive visitors by appointment only. The Insured Person may request for an appointment through their website or telephone.