



AIG MALAYSIA INSURANCE BERHAD

Critical Illness Policy – Telemarketing Product

Policy Wordings

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SCHEDULE OF BENEFITS					
CRITICAL ILLNESS	WAITING PERIOD	PLAN 1	PLAN 2	PLAN 3	PLAN 4
		Compensation (RM)	Compensation (RM)	Compensation (RM)	Compensation (RM)
Cancer Of specified severity and does not cover very early cancers	90 days from Policy Effective Date	50,000	100,000	150,000	200,000
Heart Attack Of specified severity		50,000	100,000	150,000	200,000
Serious Coronary Artery Disease		50,000	100,000	150,000	200,000
Kidney Failure Requiring dialysis or kidney transplant		50,000	100,000	150,000	200,000
Stroke Resulting in permanent neurological deficit with persisting clinical symptoms		50,000	100,000	150,000	200,000
ADDITIONAL BENEFITS					
Non-Invasive Cancer (Carcinoma in Situ or Early-Stage Cancer)	90 days from Policy Effective Date	5,000	10,000	15,000	20,000

OPTIONAL MODULE				
OPTIONAL BENEFITS	PLAN 1	PLAN 2	PLAN 3	PLAN 4
	Compensation (RM)	Compensation (RM)	Compensation (RM)	Compensation (RM)
Daily Hospital Cash Aggregate Period : Up to 30 Days	50 Per Day	100 Per Day	150 Per Day	200 Per Day
Daily Hospital Cash for Intensive Care Unit (ICU) Aggregate Period: Up to 7 Days	100 Per Day	200 Per Day	300 Per Day	400 Per Day
Home Nursing Aggregate Period: Up to 14 days	50 Per Day	100 Per day	150 Per Day	200 Per day

Notes:

1. Waiting Period means a time period that needs to elapse from the Policy Effective Date before the Insured Person becomes entitled to claim a Benefit under this Policy.
2. A fresh Waiting Period will apply for any additional cover or increased Compensation granted to the Insured Person at renewals, only in respect to the additional cover or increased Compensation.
3. Aggregate Period means the maximum number of days for which a Compensation is payable as specified against the Benefit in the Schedule of Benefits.
4. If the Insured Person has been Diagnosed with a Cancer under the 'Critical Illness' Benefit, the Company will pay the Compensation less any amount which has already been paid or is payable on account of any claims made for 'Non-Invasive Cancer' Benefit, whether during the current or preceding Policy Period as stated in the Schedule of Benefits.
5. For 'Optional Benefits' - these Benefits are payable only if a valid claim under 'Critical Illness' Benefit is paid or payable under the Policy. This Schedule of Benefits must be read together with the Policy Schedule, Policy Wordings and any Endorsements issued to You.

ABOUT THIS POLICY

This **Policy**, together with the latest **Certificate of Insurance** for the applicable **Benefits**, the proposal form and any endorsements, forms the basis of the contract between the **Certificate Holder** and the **Company**. The **Company** agrees to provide the **Insured Person** the insurance cover for the applicable **Benefits** as listed in the **Schedule of Benefits** and described in this **Policy** provided that the **Certificate Holder** pays the **Premium** when due and the **Company** accepts it subject to the terms and conditions of this **Policy**.

This **Policy** should be read carefully together with the **Certificate of Insurance** for the applicable **Benefits** and any endorsements to ensure that the terms and conditions are fully understood, and the coverage meets the requirement of the **Certificate Holder / Insured Person(s)**. If there are any questions regarding the terms and conditions of this **Policy**, the **Certificate Holder** may contact the **Company**, or the **Master Policyholder**, whichever applicable.

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 the **Insured Person** to be eligible for coverage under this **Policy**.

SCHEDULE OF BENEFITS

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

Individual **Benefits** under section '6. Benefits' should be referred to for full details of coverage.

1. ONGOING DUTY OF DISCLOSURE

Consumer Insurance Contract

Where the **Master Policyholder** and **Certificate Holder / Insured Person(s)** have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the **Master Policyholder** and **Certificate Holder / 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 **Master Policyholder** and **Certificate Holder / 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 **Master Policyholder** and **Certificate Holder / Insured Person(s)** are also required to disclose any other matter that they know to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied. The **Master Policyholder** and **Certificate Holder / Insured Person(s)** also have a duty to inform the **Company** immediately if at any time after the contract of insurance has been entered into, varied or renewed with the **Company**, any of the information given in the Proposal Form or any other document related to this insurance is inaccurate or has changed.

Non-Consumer Insurance Contract

Where the **Master Policyholder** and **Certificate Holder / Insured Person(s)** have applied for this insurance for purposes related to their trade, business or profession, the **Master Policyholder** and **Certificate Holder / Insured Person(s)** have a duty to disclose any matter that they know to be relevant to the **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 **Master Policyholder** and **Certificate Holder / Insured Person(s)** also have a duty to inform the **Company** immediately if at any time after the contract of insurance has been entered into, varied or

renewed with the **Company**, any of the information given in the Proposal Form or any other document related to this insurance is inaccurate or has changed.

Failure to comply with the section 'Consumer Insurance Contract' and 'Non-Consumer Insurance Contract' may:

1. void this **Policy** from inception (which means treating it as invalid) and **the Company** may not return the **Premium** or recover any unpaid **Premium**;
2. result in refusal or reduction of claims that has been or will be made under the **Policy**;
3. change the terms of this **Policy**;
4. terminate this **Policy** and return any **Premium** less **the Company's** cancellation charge or recover any unpaid **Premium**;
5. entitle the **Company** to recover any shortfall in **Premium**;
6. entitle the **Company** to recover from the **Master Policyholder** and **Certificate Holder / Insured Person(s)** the total amount of any claim already paid under the **Policy** or any claim **the Company** have to pay under any relevant legislation, plus any recovery costs.

2. ELIGIBILITY

All requirement as specified in this section of this **Policy** must be continuously satisfied by the **Certificate Holder** and **Insured Person** to be eligible for coverage under this **Policy**.

Age

Eligible **Age** for persons covered under the **Policy** are as provided below if the **Insured Person** is:

1. a **Certificate Holder**:
 - (i) Entry **Age** is 18 to 60 years (inclusive).
 - (ii) The **Policy** can be renewed up to the **Age** of 65 years (inclusive).
2. a **Child**:
 - (i) Entry **Age** is 15 days after birth up to 17 years (inclusive).
 - (ii) The **Policy** can be renewed up to the **Age** of 17 years (inclusive)

Important Note:

1. Entry age and maximum age is determined based on **Age** at the **Policy Effective Date**.

Residency

To be eligible for cover under this **Policy**, the **Insured Person** must be residing in Malaysia and is:

- (i) A Malaysian citizen;
- (ii) A Malaysian permanent resident; or
- (iii) A holder of a valid employment pass (of which the place of employment must be in Malaysia during the **Policy Period**) or a dependent pass granted by the relevant government authority.

Excluded Occupation

Persons engaged in the following occupations are not covered under this **Policy**:

1. Asbestos workers, miners, tunnellers;
2. Police, armed forces, military personnel and/or similar peace-keeping groups;
3. Semi – professional and professional sports or where a periodic income is received in relation to such sports.

3. POLICY PERIOD

This **Policy** starts on the **Policy Start Date** as specified on the latest **Certificate of Insurance** for this **Policy** and ends on the earlier of:

- (a) the **Policy Expiry Date** as specified on the **Certificate of Insurance** for this **Policy**;
- (b) the date this **Policy** is cancelled; or
- (c) the date this **Policy** is automatically terminated.

4. FREE LOOK PERIOD

If the cover does not meet the **Certificate Holder** or the **Insured Person's** requirements, the **Certificate Holder** may cancel this **Policy** within 15 days from the date this **Policy** is received by the **Certificate Holder**. The **Company** will give the **Certificate Holder** a full refund of any **Premiums** paid, less any expenses incurred by the **Company** to issue the **Policy**, as long as no claim has been made for that period.

5. RENEWAL

Policy Renewal

This **Policy** may be renewed at the option of the **Certificate Holder** subject to the terms and conditions of the **Policy** and payment of the **Premium** the **Company** requires for the renewal.

Where the **Insured Person** was a **Child** who has had their 18th birthday, the **Certificate Holder** can no longer renew the **Policy** for that **Insured Person** under the expiry **Policy Category**. However, the **Insured Person** has an option to renew their **Policy** by switching to an individual **Policy** under the 'Self' **Category** where they will become the **Certificate Holder**.

The **Premium** for the renewal **Policy** must be paid on the **Premium Due Date**. The **Certificate Holder's** payment of the renewal **Premium** and the **Company's** receipt and acceptance of such payment will constitute consent to renewal of this **Policy**.

MONTHLY RENEWABLE POLICIES

The **Policy** is automatically renewed on a monthly basis subject to the terms and conditions of the **Policy** and successful collection of **Premium** by the **Company**. The **Premium** payable at renewal shall be determined based on the **Age** of the **Insured Person** at the time of such renewal.

Alternatively, the **Company** may elect to no longer renew this **Policy** due to underwriting reasons. In that event, the **Company** shall notify the **Certificate Holder** in writing at least 30 days before the **Certificate Holder's Policy** renewal date.

6. BENEFITS

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

SECTION A: CRITICAL ILLNESS

CRITICAL ILLNESS BENEFIT

If the **Insured Person** is **Diagnosed** to be suffering from a **Critical Illness** during the **Policy Period**, the **Company** will pay the **Insured Person** a **Compensation** as specified in the **Schedule of Benefits**.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is payable if:
 - a) the **Diagnosis** of the **Critical Illness** occurs or manifests itself as a first incidence after the applicable **Waiting Period**;
 - b) the signs or symptoms of such **Critical Illness** first manifests itself after the applicable **Waiting Period**; and
 - c) the **Insured Person** survives for at least 30 days after the **Critical Illness Diagnosis**.
2. The **Company** will only pay the **Insured Person** for one **Critical Illness Diagnosed** on them during a **Policy Period** and this **Policy** will terminate immediately upon such **Compensation** payment.
3. If the **Insured Person** has been **Diagnosed** with a **Cancer** under this **Benefit**, the **Company** will pay the **Compensation** less any amount which has already been paid or is payable on account of any claims made for the 'Non-Invasive Cancer (Carcinoma-In-Situ or Early-Stage Cancer)' **Benefit**, whether during the current or preceding **Policy Period** as stated in the **Schedule of Benefits**.

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The **Company** will not pay any claim under this **Policy** in connection with:

1. The **Insured Person** having more than one policy in force with the **Company** which is the same product and provides the same cover.
2. Any critical illness or medical condition diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Critical Illness** or which subsequently metastasised into the **Critical Illness**.

SECTION B: ADDITIONAL BENEFITS

NON-INVASIVE CANCER (CARCINOMA-IN-SITU OR EARLY-STAGE CANCER)

If the **Insured Person** is **Diagnosed** to be suffering from a **Non-Invasive Cancer** during the **Policy Period**, the **Company** will pay the **Insured Person** a **Compensation** as specified in the **Schedule of Benefits**.

Non-Invasive Cancer includes the following:

- i) **Carcinoma-In-Situ**; and
- ii) **Early-Stage Cancer**:
 - a) **Early Bladder Cancer**
 - b) **Early Chronic Lymphocytic Leukemia (CLL)**
 - c) **Early Melanoma**
 - d) **Early Prostate Cancer**
 - e) **Early Thyroid Cancer**

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This benefit is payable if:
 - a) the **Diagnosis** of the **Non-Invasive Cancers** occurs or manifests itself as a first incidence after the applicable **Waiting Period**;
 - b) the signs or symptoms of such **Non-Invasive Cancers** first manifests itself after the applicable **Waiting Period**; and
 - c) the **Insured Person** survives for at least 30 days after the **Non-Invasive Cancer Diagnosis**.
2. The **Company** will only pay the **Insured Person** once for a **Non-Invasive Cancer Diagnosed** in their lifetime. This **Benefit** will terminate immediately upon such **Compensation** payment and will not be available on subsequent renewals of this **Policy**.
3. The **Policy** may be renewed subject to the **Company** imposing additional conditions that the **Company** may deem as necessary.
4. In the event the **Insured Person** is subsequently **Diagnosed** with any **Cancer** under the [Section A: 'Critical Illness Benefit'](#), any **Compensation** paid under this **Benefit** shall be reduced from any amount payable for **Cancer** under the [Section A: 'Critical Illness Benefit'](#).

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The **Company** will not pay any claim under this **Policy** in connection with:

1. The **Insured Person** having more than one policy in force with the **Company** which is the same product and provides the same cover.
2. Any critical illness or medical condition diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Non-Invasive Cancer** or which subsequently metastasised into the **Non-Invasive Cancer**.
3. Any type of cancer which is not listed in the definition of **Non-Invasive Cancer**.

SECTION C: OPTIONAL BENEFITS (Only Payable due to Section A – Critical Illness)

DAILY HOSPITAL CASH

If the **Insured Person** is **Hospitalised** as an **Inpatient** due to a **Diagnosed Critical Illness**, the **Company** will pay a **Compensation** as shown in the **Schedule of Benefits** for each **Day** the **Insured Person** spends as an **Inpatient** provided the **Hospitalisations** commence within 180 days following the date of the **Insured Person's Diagnosis** irrespective of whether the **Policy** expires or is terminated.

This **Policy** will only pay for a claim either under this **Benefit** or under **Benefit** 'Daily Hospital Cash for Intensive Care Unit (ICU)' (if available under this **Policy**) but not both.

Compensation under this **Benefit** shall be paid only up to the **Aggregate Period** as shown in the **Schedule of Benefits**.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This **Benefit** is payable only if a valid claim under the [Section A 'Critical Illness Benefit'](#) is paid or payable under this **Policy** to the **Insured Person**.
2. This **Benefit** is payable for one **Critical Illness** per **Hospitalisation** period, regardless of the number of critical illnesses diagnosed or suffered by the **Insured Person** during the same **Hospitalisation** period.

3. Any **Hospitalisation** shall be evidenced by the **Insured Person's Hospital** discharge summary, **Hospital** billing statement and related medical report(s).
4. Subsequent periods of **Hospitalisation** for the same **Critical Illness** are considered to be part of the same claim provided that all **Hospitalisations** occur within 180 days following the date of the **Insured Person's Diagnosis**.

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The **Company** will not pay any claim under this **Benefit** in connection with:

1. Any injury or sickness, other than a **Critical Illness**.
2. Any **Hospitalisation** in an **Intensive Care Unit**.

DAILY HOSPITAL CASH FOR INTENSIVE CARE UNIT(ICU)

If the **Insured Person** is **Hospitalised** as an **Inpatient** in the **Intensive Care Unit** due to a **Diagnosed Critical Illness**, the **Company** will pay the **Compensation** for this **Benefit** as specified in the **Schedule of Benefits** for each **Day** the **Insured Person** spends as an **Inpatient** in the **Intensive Care Unit** provided that all **Hospitalisations** in the **Intensive Care Unit** commence within 180 days following the date of the **Insured Person's Diagnosis** irrespective of whether the **Policy** expires or is terminated.

This **Policy** will only pay for a claim either under this **Benefit** or under **Benefit** 'Daily Hospital Cash' (if available under this **Policy**) but not both.

Compensation under this **Benefit** shall be paid up to the **Aggregate Period** as shown in the **Schedule of Benefits**

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

1. This **Benefit** is payable only if a valid claim under [Section A: 'Critical Illness Benefit'](#) is paid or payable under this **Policy** to the **Insured Person**.
2. This **Benefit** is payable for one **Critical Illness** per **Hospitalisation** period, regardless of the number of critical illnesses diagnosed or suffered by the **Insured Person** during the same **Hospitalisation** period.
3. Any **Hospitalisation** shall be evidenced by the **Insured Person's Hospital** discharge summary, **Hospital** billing statement and related medical report(s).
4. Subsequent periods of **Hospitalisation** for the same **Critical Illness** are considered to be part of the same claim provided that all **Hospitalisations** occur within 180 days following the date of the **Insured Person's Diagnosis**.

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The **Company** will not pay any claim under this **Benefit** in connection with:

1. Any injury or sickness, other than a **Critical Illness**.

HOME NURSING

If the **Insured Person** is **Hospitalised** as a result of a **Diagnosed Critical Illness** and upon discharge, the attending **Doctor** certifies in writing that the **Insured Person** is unable to perform at least 3 out of 6 **Activities of Daily Living** and requires to

engage the services of a **Nurse** to care for the **Insured Person** at their **Home** post-hospitalisation, the **Company** will pay **Compensation** for each **Day** the **Nurse** visits up to the maximum number of **Days** as specified in the **Schedule of Benefits** provided that:

1. the **Hospitalisation** is for a minimum period of 2 consecutive **Days**;
2. the first visit by the **Nurse** occurs within 7 days following the date of the **Insured Person's** discharge from the **Hospital**; and
3. all visits have occurred within 180 days from the date of the **Insured Person's Diagnosis** irrespective of whether the **Policy** expires or is terminated.

Compensation under this **Benefit** shall continue up to the **Aggregate Period** or until such nursing care is no longer **Medically Necessary** as determined by a **Doctor** for the **Insured Person**, whichever occurs first.

SPECIFIC DEFINITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY DEFINITIONS APPLYING TO ALL SECTIONS

Nurse means a person who is legally certified with a nursing qualification and registered with the relevant statutory nursing council to provide nursing services within the scope of their licensing and training in the geographical area of practice. The attending **Nurse** cannot be the **Insured Person**, the **Insured Person's** business partner or agent, **Insured Person's** employer or employee or **Insured Person's Spouse**, parent, grandparent, sibling, child, grandchild, uncle or aunt.

SPECIFIC CONDITIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY CONDITIONS APPLYING TO ALL SECTIONS

This **Benefit** is payable:

1. If a valid claim under [Section A: 'Critical Illness Benefit'](#) is paid or payable under this **Policy** to the **Insured Person**;
2. Once per **Policy**, regardless of successive **Hospitalisation** periods for the same **Critical Illness Diagnosed**;
3. After evidence of the **Insured Person's Hospital** discharge summary or **Hospital** billing statement and medical report(s) are shown to the **Company**;
4. If the **Company** is provided with:
 - i) the **Insured Person's** attending **Doctor's** report stating that the **Insured Person** is unable to perform at least 3 out of 6 **Activities of Daily Living** for a continuous and uninterrupted period of time; and
 - ii) the receipts from the nursing care service provider for the expenses incurred; and
5. Either until
 - i) the **Doctor** certifies that the **Insured Person** does not require nursing care;
 - ii) when the maximum **Compensation** as specified in the **Schedule of Benefits** has been paid; or
 - iii) 180 days have lapsed from the date of the **Insured Person's Diagnosis**whichever occurs first.

SPECIFIC EXCLUSIONS FOR THIS BENEFIT – IN ADDITION TO THE GENERAL POLICY EXCLUSIONS APPLYING TO ALL SECTIONS

The **Company** will not pay any claim under this **Policy** in connection with:

1. Any injury or sickness, other than a **Critical Illness**.
2. Any visits which occurred after 180 days following the date of the **Insured Person's Critical Illness Diagnosis**.

7. GENERAL POLICY DEFINITIONS

Wherever the following words or phrases appear in this **Policy** and begin in uppercase and in **bold**, the definitions with interpretation as set out below will apply. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice versa. Please note that this **Policy** has been designed to offer multiple **Plans** and therefore not all the Definitions listed herein will be relevant to the selected **Plan** shown in the **Schedule of Benefits**.

Accident

It means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Policy Period.

Activities of Daily Living

It means the following activities which an **Insured Person** can undertake on their own (whether aided or unaided):

- a) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Feeding - the ability to feed oneself once food has been prepared and made available;
- d) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e) Mobility - the ability to move indoors from room to room on level surfaces; and
- f) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

For the above definition, inability to perform any of the activity must be confirmed and be given a clear prognosis for by a **Doctor**.

Age

It means the **Insured Person's** age as on their last birthday.

Aggregate Period

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

Assessment Period

It is the period during which the **Company** will assess a condition before deciding whether or not the condition qualifies as being **Permanent**. The assessment period will be for the minimum period time frame as stated in the relevant definitions in 'Appendix A' of this **Policy** and will not be longer than twelve (12) months (provided all required evidence has been submitted).

Benefit

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

Category

This refers to the person who is insured under this **Policy**. The **Categories** are as listed below and stated in the **Certificate of Insurance**:

- a) Self : covers the **Certificate Holder**
- b) Parent – Child : covers the **Certificate Holder’s Child**

Carcinoma-In-Situ

It is the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. ‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

The **Diagnosis** of the **Carcinoma-In-Situ** must always be supported by a histopathological report. Furthermore, the **Diagnosis** of **Carcinoma-In-Situ** must always be positively **Diagnosed** upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. A clinical diagnosis would not suffice.

The following conditions are specifically excluded from coverage:

- a) Cervical Dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions.
- b) Prostatic Intraepithelial Neoplasia (PIN).
- c) Vulvar Intraepithelial Neoplasia (VIN).
- d) All tumours in the presence of Human Immunodeficiency Virus (HIV) infection

Certificate Holder

Refers to a person who:

- i. is at least 18 years of **Age** ;
- ii. is employed by, affiliated to or associated with the **Master Policyholder**;
- iii. is named as the **Certificate Holder** in the **Certificate of Insurance**;
- iv. may or may not be insured under this **Policy**;
- v. owns this **Policy**;
- vi. is responsible for **Premium** payments; and
- vii. has the right to exercise all privileges under this **Policy**.

Certificate of Insurance

Refers to the document showing details of the **Policy Period**, the particulars of the **Certificate Holder** and the **Insured Person**, the **Plan**, the **Category** and includes the **Schedule of Benefits** which should be read with this **Policy**.

Child/Children

A **Certificate Holder’s** child who is either:

- a) A natural child of the **Certificate Holder**;
- b) Legally adopted by the **Certificate Holder**; or
- c) A legal stepchild of the **Certificate Holder** following marriage to the **Child’s** biological **Parent**,

and who is aged between 15 days old and 17 years old (inclusive).

Chronic Medical Condition

A medical condition that is diagnosed or treated or is expected to persist for the remainder of the **Insured Person’s** natural life.

Claimant

The person(s) legally entitled to claim the **Benefit(s)** under this **Policy**. This may be the **Certificate Holder, Insured Person** or their legal representative, as applicable, making a claim against this **Policy**.

Company

Company refers to AIG Malaysia Insurance Berhad.

Compensation

The amount payable for a **Benefit** under this **Policy** as specified in the **Schedule of Benefits**.

Congenital Conditions

It refers to any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. This includes hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the **Insured Person** was continuously covered under this **Policy**.

Critical Illness

It is any of the following illnesses or medical conditions first and unequivocally **Diagnosed** by a **Doctor** during the **Policy Period** and where required by the **Company**, will be confirmed by a **Doctor** chosen by **Us**, and they are individually defined in Appendix A of this **Policy**:

- 1) **Cancer – of Specified Severity and does not cover very early cancers**
- 2) **Heart Attack - of specified severity**
- 3) **Serious Coronary Artery Disease**
- 4) **Kidney Failure – requiring dialysis or kidney transplant**
- 5) **Stroke - resulting in Permanent Neurological Deficit with persisting clinical symptoms**

Day

It is a completed period of 24 hours.

Diagnosis / Diagnosed

It is the definitive first diagnosis of a **Critical Illness** on the **Insured Person** made by a **Doctor** based upon such specific evidence, as referred to in the definition of the particular **Critical Illness** concerned, or in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the **Company**.

Such **Diagnosis** must be supported by the **Company** who may base their opinion on the medical evidence which the **Insured Person** submitted and / or any additional evidence that they may require. In the event of any dispute or disagreement regarding the appropriateness or correctness of the **Diagnosis**, the **Company** will have the right to call for the **Insured Person's** examination, or the evidence used in arriving at such **Diagnosis**, by an independent acknowledged expert in the field of medicine concerned selected by **Us** and the opinion of such expert as to such **Diagnosis** shall be binding to both the **Insured Person** and the **Company**.

Doctor

A legally registered and qualified medical practitioner with a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialised accreditation and training. Such **Doctor** must specialise in the area of medicine appropriate to the **Critical Illness Diagnosed** on the **Insured Person**.

The **Company** have the right to confirm all **Diagnosis** made by a **Doctor** with the **Company's Doctor**. The **Doctor** cannot be the **Insured Person**, the **Insured Person's** business partner or agent, **Insured Person's** employer or employee or **Insured Person's Spouse**, parent, grandparent, sibling, child, grandchild, uncle or aunt.

Home

It is **Insured Person's** usual place of residence in Malaysia.

Hospital

Any institution lawfully operated for the care and treatment of sick or injured persons:

- (a) with organised 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.

Hospitalisation/Hospitalised

Hospitalisation/Hospitalised means the admission of the **Insured Person** to a **Hospital** as an **Inpatient** after the date of **Diagnosis** of the **Critical Illness**.

Injury

Injury means a bodily injury which is sustained by an **Insured Person** during the **Policy Period** and is caused by an **Accident** solely and independently of any other causes including any sickness (except sickness directly resulting from medical or surgical treatment rendered necessary by such **Injury**), pre-existing or congenital condition.

Inpatient

Inpatient means when an **Insured Person** is confined in a **Hospital** for a continuous period as a registered patient for **Medically Necessary** treatments for at least one **Day** and such confinement is certified as necessary by the attending **Doctor**.

Insured Person

Insured Person means the person named in the **Certificate of Insurance** as per the corresponding **Category** specified and insured under this **Policy** during a valid **Policy Period**.

Intensive Care Unit (ICU)

Intensive Care Unit (ICU) means 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**.

Irreversible

Irreversible means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

Master Policyholder

Master Policyholder shall mean the legal entity named as master policyholder in the **Master Policy Schedule**.

Master Policy Schedule

Master Policy Schedule shall mean the document issued together with this **Policy** detailing the particulars of the **Master Policyholder, Policy Period** and **Benefits** under this **Policy**.

Medically Necessary

Medically Necessary means a medical service provided by a **Doctor** which is:

- a) consistent with the diagnosis and customary medical treatment for the covered illness;
- b) in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits for the covered illness;
- c) not for the convenience of the **Insured Person** or **Doctor** and unable to be reasonably rendered out of **Hospital** (if admitted as an inpatient);
- d) not of an experimental, investigational, research, preventive or screening in nature;

and for which charges are fair and do 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** covered illness.

Monthly Renewable Policy

It is a policy:

- a) Where the **Certificate Holder** pays **Premium** on a monthly basis prior to the **Policy Start Date**;
- b) Where coverage under the policy is for 1 calendar month following the **Policy Start Date** and continues for each calendar month for which **Premium** is received by the **Company** ; and
- c) Which is renewable on a monthly basis.

Non-Invasive Cancer

It means a definite **Diagnosis** of the following:

- i) **Carcinoma-In-Situ** of the following sites: Breast, uterus, ovary, fallopian tube, vulva, vagina, cervix uteri, colon, rectum, penis, testis, lung, liver, bladder, stomach or nasopharynx. The **Diagnosis** of **Carcinoma-In-Situ** must be positively established by microscopic examination of fixed tissues; or
- ii) **Early-Stage Cancer:**
 - a) **Early Bladder Cancer** means Papillary microcarcinoma of the Bladder.
 - b) **Early Chronic Lymphocytic Leukemia (CLL)** means Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.
 - c) **Early Melanoma** means invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3. Non-invasive melanoma histologically described as "in-situ" is excluded.
 - d) **Early Prostate Cancer** means Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or Prostate cancers described using another equivalent classification.
 - e) **Early Thyroid Cancer** means Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter.

The **Diagnosis** of **Non-Invasive Cancers** must be established by histological evidence and be confirmed by a **Doctor** in the relevant field.

Ombudsman for Financial Services (OFS)

This is an independent body that provides a free and efficient avenue to help resolve financial disputes between the **Master Policyholder / Certificate Holder / Insured Person** and the **Company** under this **Policy** as an alternative to the Malaysian courts.

Overseas

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

Parent or Legal Guardian

Anybody who:

- a) is a biological mother or father of a **Child**;
- b) has legally adopted a **Child**; or
- c) is a legal step-parent of a **Child** following marriage to the **Child's** biological **Parent**.

Permanent

Permanent means lasting for at least 12 consecutive months after **Diagnosis** and at the end of that time is certified by a **Doctor** as being beyond hope of improvement and expected to last throughout the lifetime of the **Insured Person**.

Permanent Neurological Deficit

Symptoms of dysfunction in the nervous system that are **Diagnosed** to be present on clinical examination by a neurologist **Doctor** and expected to last throughout the life of the **Insured Person**.

Symptoms that are covered include:

- a) numbness;
- b) hyperaesthesia (increased sensitivity);
- c) paralysis;
- d) localised weakness;
- e) dysarthria (difficulty with speech);
- f) aphasia (inability to speak);
- g) dysphagia (difficulty in swallowing);
- h) visual impairment;
- i) difficulty in walking;
- j) lack of co-ordination;
- k) tremor;
- l) seizures;
- m) dementia;
- n) delirium; and
- o) coma.

The following are not covered:

1. An abnormality seen on brain or other scans without definite related clinical symptoms;
2. Neurological signs occurring without symptomatic abnormality; and
3. Symptoms of psychological or psychiatric origin.

Plan(s)

It refers to the **Benefits** and corresponding **Compensation** limits selected by the **Certificate Holder** and approved by the **Company** for this **Policy**, as shown in the **Certificate of Insurance**.

Policy

Refers to this insurance contract which consists of the policy wordings, the latest **Certificate of Insurance** and any other documents the **Company** may issue to the **Certificate Holder** or **Insured Person** that will form part of this **Policy** (e.g. endorsements).

Policy Effective Date

It refers to the later of:

- a) the **Policy Start Date** as specified on the first **Certificate of Insurance** issued to the **Certificate Holder**,
- b) the first date an **Insured Person** was covered under this **Policy**, or
- c) the effective date any additional cover or increased **Compensation** is granted to the **Insured Person** while they are covered under this **Policy**, only in respect to the additional cover or increased **Compensation**.

Policy Expiry Date

It is the earlier of:

- (a) the expiry date as specified on the **Certificate of Insurance** for this **Policy**;
- (b) the date this **Policy** is cancelled; or
- (c) the date this **Policy** is automatically terminated as provided under section '[10. Automatic Termination of Policy](#)'.

Policy Period

The period an **Insured Person** is covered for under this **Policy** and shall commence on the **Policy Start Date** and such period will end on the **Policy Expiry Date** as specified in the **Certificate of Insurance**.

Policy Start Date

It is the commencement date of this insurance **Policy** and is as specified in the **Certificate of Insurance**.

Premium

It is the payment due to be paid to the **Company** by the **Certificate Holder** for this insurance **Policy** on the **Premium Due Date**.

Premium Due Date

- i. First **Premium** - The first **Premium** is due on the next working day following the day the **Certificate Holder** agrees to purchase this **Policy**.
- ii. Monthly Renewal **Premium** - Monthly renewal **Premiums** are due on the first working day of each month.

Pre-Existing Condition

Any Illness,

- (a) for which the **Insured Person** has sought, has been recommended, received or is receiving treatment, medication or advice before the **Policy Effective Date**;
- (b) for which the **Insured Person** has sought, received or is receiving diagnosis before the **Policy Effective Date**;
- (c) which first manifested itself, worsened, became acute or presented signs or symptoms prior to the **Policy 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 **Policy Effective Date**.

Schedule of Benefits

It is the document containing the applicable **Benefits** and their corresponding **Compensation** and **Aggregate Period**.

Spouse

Someone the **Insured Person** is legally married to.

Waiting Period

It is a time period that needs to elapse from the **Policy Effective Date** before the **Insured Person** becomes entitled to claim a **Benefit** under this **Policy**. The applicable waiting period is as stated in the **Schedule of Benefits**. The **Waiting Period** does not apply to **Critical Illness** caused by an **Accident** as defined.

We, Us, Our or Company

It means AIG Malaysia Insurance Berhad.

You, Your or Insured Person

The person named in the **Certificate of Insurance** and who is insured under this **Policy** during a valid **Policy Period**.

8. GENERAL POLICY CONDITIONS

1) CONDITION PRECEDENT TO LIABILITY

The **Insured Person** must follow the terms, provisions and conditions of this **Policy** in order to qualify for any payment under this **Policy**. The **Insured Person's** failure to do so will invalidate all claims made under this **Policy**.

2) COVER SELECTION

This **Policy** provides the **Insured Person** with cover for **Benefits** under the **Plan** as set out in the **Certificate of Insurance** which is selected by the **Certificate Holder** during the application process and approved by the **Company**.

3) 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.

4) GOVERNING LAW

This **Policy** and all rights, obligations and liabilities arising under this **Policy** shall be construed, determined and enforced in accordance with the laws of Malaysia and the Malaysian courts shall have exclusive jurisdiction over this **Policy**.

5) DISPUTE RESOLUTION

Any dispute or difference which may arise between the **Certificate Holder/Insured Person** and the **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 **Certificate Holder / Insured Person** may refer the matter to the **Ombudsman for Financial Services**. All disputes or differences which may arise between the **Certificate Holder/Insured Person** and the **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 **Certificate Holder / Insured Person(s)**.

6) GEOGRAPHICAL LIMITS & TERRITORIAL LIMITS

This **Policy** covers an **Insured Person**:

- a) in Malaysia for 24 hours and 7 days a week, unless otherwise stated or endorsed under this **Policy**.
- b) whilst **Overseas** subject to '8. General Policy Conditions, Item 7 – Overseas Hospitalisation and Treatment' and '8. General Policy Conditions, Item 21– Sanction'.

7) OVERSEAS HOSPITALISATION AND TREATMENT

The **Company** will only cover the **Insured Person's** overseas treatment if the **Overseas** travel is not for the purpose of seeking medical treatment.

The following are excluded:

- (a) Non-emergency **Hospitalisation** or treatments i.e., where the treatment can reasonably be postponed until return to Malaysia; or
- (b) **Overseas Hospitalisation** or treatments of a **Critical Illness Diagnosed** in Malaysia where treatment can reasonably be postponed until return to Malaysia.

8) DUPLICATION OF COVER

No person shall be insured under more than one **Policy** issued by the **Company** under this product. In the event the person is insured under more than one such **Policy**, the **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 **Company** shall refund any duplicated **Premium** payment(s) 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 **Company** will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum **Compensation** as specified in the **Certificate of Insurance**. This condition is only applicable to **Benefits** whereby payment is on a reimbursement basis.

10) LIMITATION OF TIME

No action at law or in equity shall be brought to recover on the **Policy** prior to the expiration of 90 days from the date the **Company** receives complete documents on the claim filed in accordance with the requirements of this **Policy**.

11) PREMIUM

A. CASH BEFORE COVER

Monthly Renewable Policy -

The **Premium** is payable monthly. The **Premium** for this **Policy** will be paid to the **Company** by the **Certificate Holder** on each **Premium Due Date**. The **Premium** payable and the **Company's** billing arrangement is as specified by the **Company** and agreed to by the **Master Policyholder** and **Certificate Holder** during the application process.

This condition applies as each and every **Premium** payment becomes due and cannot be disregarded by the **Certificate Holder** because the **Company** has previously accepted a **Premium** payment for the **Certificate Holder's** insurance cover.

The **Company** will cancel this **Policy** if the **Certificate Holder** fails to make the **Premium** payment in the time and manner required by the **Company**. No benefits will be payable for any claim that occurs during a period for which **Premium** was not received.

B. CHANGES TO PREMIUM PAYABLE

1. **Premium** rates are not guaranteed, and the **Premium** payable at renewal shall be determined based on the **Age** of the **Insured Person** at the renewal date.
2. The **Company** may vary **Premium** payments for the **Policy** due to underwriting reasons. In such instance the **Company** will notify the **Certificate Holder** of such **Premium** variation in writing at least 30 days before the change is to take place. The new **Premium** amount payable will take effect from the next **Premium Due Date**.
3. If the changes to the **Premium** made by the **Company** are acceptable, the **Certificate Holder** may choose to continue with the existing **Plan** and renew their **Policy** at the new **Premium** amount applicable.
4. 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**.
5. The **Policy** is automatically cancelled if **Premium** is not paid by the **Certificate Holder** on the **Premium Due Date**.

12) 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.

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

14) POLICY CHANGES

A. CHANGES OF THE TERMS OR CONDITIONS BY THE COMPANY

The **Company** reserves the right to change the terms or conditions of this **Policy** by giving the **Certificate Holder**:

1. 30 days' written notice of such change if it is due to underwriting reasons,

2. 7 days' written notice of such change if due to an infectious disease outbreak, or
3. Immediate written notice of such change if it is due to any government or statutory declaration which impacts this **Policy**.

Important note:

1. If the changes in terms or conditions by the **Company** are acceptable to the **Certificate Holder**, then this **Policy** will continue. If the changes are not acceptable, the **Insured Person** may cancel this **Policy** under section '9. Cancellation and Refund'.
2. No alteration to this **Policy** shall be valid unless approved in writing by the **Company's** authorised 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** will give immediate written notice to the **Company** of any change in the occupation of an **Insured Person** which falls under an excluded occupation as specified under section '2: Eligibility'.

No claim will be payable in respect of

- (a) Any **Critical Illness** or **Non-Invasive Cancer** arising out of or in the course of an occupation of greater risk than the occupation disclosed in **Certificate Holder's** application, unless the **Company** had agreed to the change in occupation; or
- (b) Any **Critical Illness** or **Non-Invasive Cancer** where the **Company** has been prejudiced by the non-disclosure of change in occupation.

C. CHANGE OF USUAL COUNTRY OF RESIDENCE

The **Certificate Holder** must inform the **Company** in writing of any change to an **Insured Person's** country of residence. A change in their country of residence will be deemed to mean the **Insured Person** is living or intending to live in another country for more than 180 consecutive days. Upon receipt of this information, the **Company** will determine at its sole discretion to either cover the **Insured Person** on the same terms and conditions or terminate this **Policy**.

D. CHANGES IN PLAN

1. Monthly Renewable Policy –

The **Certificate Holder** can change the **Plan** or optional **Benefits** only at the time of monthly renewals, provided:

- a) the **Policy** must have been continuously renewed for the preceding 12 consecutive months from the request for change of **Plan** or optional **Benefits** is received without interruption.
- b) that no claim has been paid under 'Non-Invasive Cancer Benefit (Carcinoma-In-Situ or Early-Stage Cancer)' **Benefit** of **Section B** of this **Policy**; and
- c) the **Insured Person** is below the age of 60 years at time of renewal.

Such change in **Plan** or optional **Benefits** can only be done once in a 12-month period.

Any change in **Plan** is subject to the **Company's** prior written approval. If the **Insured Person** suffers an event which could give rise to a claim prior to this change being approved in writing, the **Company** will adjudicate the claim for the **Insured Person** based on the **Policy** terms and conditions applicable prior to the change in **Plan**.

15) MEDICAL EXAMINATION AND TREATMENT

The **Company** shall have the right and opportunity to examine the **Insured Person** when and as often as it may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy at the **Company's** expense in case of death where it is not forbidden by law. The **Insured Person** shall as soon as possible after the occurrence of any **Diagnosis** of a **Critical Illness** or **Non-Invasive Cancer** whichever is appropriate, obtain and follow the advice of a duly

qualified **Doctor** and the **Company** shall not be liable for any consequences arising by reason of the **Insured Person's** failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

16) PERSONAL DATA USE

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

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

Email: AIGMYCare@aig.com

Phone: 1800-88-8811

Fax: 603-21180288

17) CURRENCY

- (i) **Premium:** All **Premiums** must be paid in Malaysian Ringgit.
- (ii) **Claims:** All payments will be made in Malaysian Ringgit. Settlement in foreign currencies will only be made if the **Certificate Holder** or **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 **Certificate Holder** will bear all the administration and costs of conversion.

18) CONTRACT RIGHTS OF 3RD PARTIES

A person or any entity who is not a party to this **Policy** shall have no right to enforce any terms or conditions of this **Policy**.

19) NOMINATION

All **Benefits** payable following the 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 the **Company** 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, the **Company** will be guided by Paragraph 8 and Paragraph 9 of Schedule 10 of the Financial Services Act 2013 when paying policy monies upon death of an **Insured Person**.

The **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 the **Company** 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

20) RIGHTS OF ASSIGNMENT

The **Certificate Holder** cannot assign or transfer the rights under this **Policy** to another person or entity.

21) SANCTION

The **Company** shall not be deemed to provide cover and shall not be liable to pay any claim or provide any **Benefit** hereunder to the extent that the provision of such cover, payment of such claim or provision of such **Benefit** would expose the **Company**, the **Company's** parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

22) NOTICES TO THE CERTIFICATE HOLDER

The **Company** provides formal written notices to the **Certificate Holder** either by post or by electronic means using the last updated contact information provided to the **Company**. The **Company** will not be responsible for any consequences arising from **Certificate Holder's** failure to notify the **Company** of any change of contact information.

9. CANCELLATION & REFUND

CANCELLATION RIGHT OF COMPANY

The **Company** can cancel this **Policy**:

1. by giving 30 days' prior written notice to the **Certificate Holder's** last known address or via email.
2. immediately if the **Certificate Holder** 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.
3. by giving 7 days' prior written notice to the **Certificate Holder** in the event of war in Malaysia.

On cancellation of the **Policy**:

- (a) If no claim has been made, for **Monthly Renewable Policy** - unless otherwise advised by the **Company** and the **Certificate Holder** agrees, the **Company** will continue to provide cover under this **Policy** for the remaining **Policy Period** for which **Premium** had been received and this **Policy** shall terminate upon the expiry of such period.
- (b) If a claim has been paid by the **Company** in the current **Policy Period**, no return **Premium** will be paid.
- (c) If an incident has occurred that could give rise to a claim under this **Policy**, then no return **Premium** will be considered until the **Company** and the **Certificate Holder** finalise the claim and subsequently, if the claim is paid, no return **Premium** will be paid to the **Certificate Holder**.

CANCELLATION RIGHT OF THE CERTIFICATE HOLDER

Provided there is no claim made on the **Policy**, the **Certificate Holder** can cancel this **Policy** by giving 30 days' prior written notice to the **Company** or via email at the address provided below. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is the earlier.

On cancellation of the **Policy** by the **Certificate Holder**, for:

Monthly Renewable Policy - unless otherwise advised by the **Company** and the **Certificate Holder** agrees, the **Company** will continue to provide cover under this **Policy** for the remaining **Policy Period** for which **Premium** had been received and this **Policy** shall terminate upon the expiry of such period.

Contact Information:

AIG Malaysia Insurance Berhad
Level 17, Menara Worldwide
198 Jalan Bukit Bintang
55100 Kuala Lumpur
Email: AIGMYCare@aig.com

10. AUTOMATIC TERMINATION OF POLICY

This **Policy** will automatically terminate for the **Insured Person** on the date:

- a) this **Policy** is cancelled for reasons stated under section '9. Cancellation & Refund';
- b) of the **Insured Person's** death, from any cause;
- c) the **Insured Person** ceases to satisfy any of the requirements as specified under section '2. Eligibility';
- d) the **Insured Person** is paid the maximum **Compensation** for certain **Benefits** where such termination of the **Policy** is specified under the Specific Conditions of that **Benefit**; or
- e) any fraud or misrepresentation to the **Company** discovered as mentioned under section '8. General Policy Conditions – Item 13. Misrepresentation or Fraud'.

11. GENERAL POLICY EXCLUSIONS

The following exclusions apply to all sections of this Policy.

The **Company** shall not pay under this **Policy** any claim in connection with the following:

1. Any **Critical Illness** except when caused by an **Accident** as defined, and **Non-Invasive Cancer** which first manifested within the **Waiting Period** as specified in the Schedule of Benefits.
2. When the **Insured Person** dies within 30 days of being **Diagnosed** with a **Critical Illness** or **Non-Invasive Cancer**. This is applicable for all **Benefits** under this **Policy**, except for the **Benefit** 'Funeral Expenses', if applicable.
3. Any **Pre-Existing Condition** or any complications arising from it.
4. Any cancer diagnosed prior to the **Policy Effective Date** in the same body or organ site as the **Cancer** or any cancer which subsequently metastasized into the **Cancer**.
5. Any sickness, illness or disease which is not specified as a **Critical Illness** or **Non-Invasive Cancer** in this **Policy**.

6. When the **Insured Person** is diagnosed with a critical illness that is not covered under this **Policy** or they are **Diagnosed** with a **Critical Illness** or **Non-Invasive Cancer**, but the **Diagnosis** does not meet our definition of **Critical Illness** or **Non-Invasive Cancer**.
7. Any **Critical Illness** or **Non-Invasive Cancer** resulting directly from alcohol or drug abuse.
8. Any **Critical Illness** or **Non-Invasive Cancer** due to a self-inflicted injury, suicide or attempted suicide whether sane or insane, deliberate or reckless exposure to danger.
9. Any **Critical Illness** or **Non-Invasive Cancer** contributed or aggravated or prolonged by childbirth or pregnancy before cover started under this **Policy**.
10. When the **Insured Person**, the **Certificate Holder** or their legal representatives do not give the **Company** medical or other evidence that the **Company** requires to confirm an **Insured Person's** claim.
11. When the **Company** finds the **Insured Person** or the **Certificate Holder** has given inaccurate, incomplete or false information on the application which would have affected the **Company's** decision to offer this **Cover**, or would have led the **Company** to offer it with different conditions.
12. An **Insured Person's**:
 - a) failure to follow medical advice given by a **Doctor**;
 - b) **Congenital Conditions**;
 - c) Physical impairment; and
 - d) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.
13. Any donation of any of the **Insured Person's** organs.
14. 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. This exclusion does not apply to the Appendix A – Critical Illness Definitions, 'HIV Infection Due to Blood Transfusion' and 'Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection'.
15. Any infectious disease (if applicable under this **Policy**) declared as an epidemic or pandemic by the World Health Organisation (WHO) or the relevant government authority of Malaysia.

In the event of an announcement or notification of an epidemic or pandemic by the health authority or government of Malaysia only, the notification shall take precedence and shall be deemed that an epidemic or pandemic has been announced.

The cover for the epidemic or pandemic infectious disease shall cease from the date of such announcement or notification. This cover shall be restored when the World Health Organisation (WHO) or the relevant government authority of Malaysia announces or notifies that it is no longer an epidemic or pandemic.
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. A benefit for **Terminal Illness** if:
 - a) the **Doctor** is unable to confirm if the **Terminal Illness** will lead to death within 12 months;

b) A **Terminal illness** occurs in the presence of HIV infection.

18. Any sickness or injuries arising from 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 specialised 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, power-boat racing, yacht race, winter activities like lugging, bobsleighbing, ski or snow board jumping or stunts, off-piste skiing, boxing, martial arts, bicycle, motor, air or sea craft speed trials or stunts, canoeing/kayaking and white and black water rafting in grade 4 or higher rapids, jet skiing, cliff jumping, horse racing or 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.

19. Any deliberate provocation of the **Insured Person** against another person that results in an injury.

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

21. Where payment would violate a government prohibition, regulation or law.

22. 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, usurpation of power or taking part in a riot or civil commotion.

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. Any injury arising directly or indirectly due to osteoporosis.

12. CLAIMS CONDITIONS

STEPS TO MAKE A CLAIM

1. **Step 1:** The **Certificate Holder** or **Insured Person** must notify the **Company** immediately after the event which could give rise to a claim under '[Claim Notification](#)'.
 - (i) Call the Company at 1800 88 8811; or
 - (ii) Complete the [Critical Illness Health Claims Form](#) along with the relevant Medical Report Form and email it to MYPAClaims@aig.com.
2. **Step 2:** The **Certificate Holder** or **Insured Person** must prepare the relevant basic supporting documents according to the nature of claim as specified in the link below:
<https://www.aig.my/claims/personal-claims/personal-accident-claims>
3. **Step 3:** The **Certificate Holder** or **Insured Person** must submit the claims evidence to the **Company** within 90 days after the event which could give rise to a claim under '[Claims Evidence/ Information](#)' to:

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

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

COMPLIANCE

The **Company** shall not be liable for any consequences arising by reason of the **Insured Person's** failure to obtain or follow a consultant **Doctor's** advice and use such appliances or remedies as may be prescribed in the event of an **Injury, Critical Illness, Non-Invasive Cancer**, and related additional **Benefits** when claiming **Compensation**.

CLAIM NOTIFICATION

- (a) The **Company** must be notified as soon as it is reasonably practical and in any event within 30 days after the date of the **Diagnosis** of a **Critical Illness** or **Non-Invasive Cancer** which leads to a claim.
- (b) Failure to comply with (a) above may result in the **Company's** rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the **Company** is unable to investigate it fully, or may result in the **Insured Person** not receiving the full amount claimed if the amount payable changes as a result of the delay.
- (c) In the event the **Insured Person** is a **Child**, all dealings in relation to any claim will be between the **Insured Person's Parent** and the **Company**.

BURDEN OF PROOF

If the **Company** alleges that by reason of any of the exclusions listed, an event is not covered by this **Policy**, the **Company** shall communicate to the **Claimant** the exclusion based on which the claim is repudiated. The burden of proving the contrary shall be on the **Claimant**.

CLAIMS EVIDENCE / INFORMATION

- (a) The **Company** must be provided with all reasonable and necessary evidence required by the **Company** to support a claim. Information provided to the **Company** to support a claim includes but is not limited to original reports, invoices and receipts, medical certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the information supplied is insufficient, the **Company** will confirm the additional information required.
- (b) If the **Company** does not receive the information it requires within the time period advised, the **Company** may reject the claim or withhold payment until the information it requires has been received.
- (c) Where medical certificates or reports are required, the **Company** will only accept original medical certificates or reports issued by the attending consultant **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.

- (d) The **Company** may refuse to refund any expense for which the **Claimant** cannot provide original receipts or invoices.
- (e) The **Company** may require the **Insured Person** undergo a medical examination by a consultant **Doctor** appointed by the **Company** before the initial or additional **Compensation** can be paid.
- (f) The **Company** may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

SETTLEMENT OF CLAIM

- (a) **Compensation** will be paid in accordance with the **Policy** terms and conditions. It can only be made once the **Company** has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the **Policy**. **Compensation** will generally be paid immediately unless there are specific terms set out in the **Benefit**.
- (b) The **Compensation** for each **Benefit** is payable as specified on the **Certificate of Insurance**. Any **Compensation** that the **Company** makes under this **Policy** will not exceed the limit shown in the **Certificate of Insurance** for the claim event. **Compensation** under each **Benefit** is included only for the events specified in the **Certificate of Insurance**.
- (c) Unless otherwise specified in this **Policy**, payments or reimbursements will be made at the **Company's** sole discretion to the **Claimant** or directly to a service provider. If the **Insured Person** is a **Child**, the **Compensation** will be paid to their **Parent(s)**.
- (d) In the course of the **Company's** claims process, the **Claimant** is to render full cooperation to the **Company** and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

SUBROGATION

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

RIGHTS TO RECOVERY

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

13. COMPLAINTS PROCEDURE

- (a) If there is any occasion when the **Company's** service does not meet the **Certificate Holder's** expectations, the **Certificate Holder** may contact the **Company** using the appropriate contact details below, providing the **Policy/Claim** Number and the name of the **Certificate Holder** to help the **Company** 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 the decision of the **Company** may refer to the Ombudsman for Financial Services (OFS) giving details of the dispute, the name of the insurance company and the policy number. The contact details of the OFS are as follows:

Ombudsman for Financial Services
Level 14, Main Block
Menara Takaful Malaysia
No 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Phone: 603-2272 2811
Fax: 603-2272 1577

- (c) Any **Certificate Holder** who is not satisfied with the conduct of the **Company** may write to BNMLINK giving details of the complaint, the name of the insurance company and the policy number or the claim number. The contact details of BNMLINK are as follows:

Director
Laman Informasi Nasihat dan Khidmat (LINK)
Bank Negara Malaysia
Blok D, Jalan Dato' Onn
50480 Kuala Lumpur
Phone: 1-300-88-5465 (1300-88-LINK)
Fax: 603-2174 1515.

APPENDIX A – CRITICAL ILLNESS DEFINITIONS

The following are definitions of terms used in the definition of **Critical Illness**, unless otherwise stated.

1. CANCER – OF SPECIFIED SEVERITY AND DOES NOT COVER VERY EARLY CANCERS

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (i) All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma-in-situ
 - having borderline malignancy
 - having malignant potential
- (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (v) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (vi) All cancers in the presence of HIV
- (vii) Any skin cancer other than malignant melanoma.

2. HEART ATTACK – OF SPECIFIED SEVERITY

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- (i) A history of typical chest pain;
- (i) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and
- (ii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:

- occurrence of an acute coronary syndrome including but not limited to unstable angina.
- a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

3. SERIOUS CORONARY ARTERY DISEASE

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of 60% in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

4. KIDNEY FAILURE – REQUIRING DIALYSIS OR KIDNEY TRANSPLANT

End-stage kidney failure presenting as chronic **Irreversible** failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

5. STROKE – RESULTING IN PERMANENT NEUROLOGICAL DEFICIT WITH PERSISTING CLINICAL SYMPTOMS

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolisation from an extra cranial source resulting in **Permanent Neurological Deficit** with persisting clinical symptoms. The **Diagnosis** must be based on changes seen in a CT scan or MRI and certified by a neurologist **Doctor**. A minimum **Assessment Period** of 3 months applies.

For the above definition, the following are not covered:

- (i) Transient ischemic attack.
- (ii) Cerebral symptoms due to migraine
- (iii) Traumatic injury to brain tissue or blood vessels
- (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

PRIVACY NOTICE

Last Updated: September 2015

AIG Malaysia Insurance Berhad (“AIG Malaysia”) together with other affiliates and subsidiary companies of American International Group, Inc. (“AIG”) (collectively called “AIG Affiliates”) are committed to protecting the privacy of the individuals we encounter in conducting our business. “Personal Data” is information that identifies and relates to you or other individuals (such as your dependants). This Privacy Notice is designed to provide notice of and assist you in understanding why and how AIG Malaysia collects and uses your Personal Data, to whom such data is disclosed and to whom data access requests can be addressed.

WHO TO CONTACT ABOUT YOUR PERSONAL DATA

If you have any questions about our use of your Personal Data you can contact us at:

AIG Malaysia Insurance Berhad
Attn: Customer Care Executive
Level 18, Menara Worldwide,
198 Jalan Bukit Bintang,
55100 Kuala Lumpur.
Email: AIGMYCare@aig.com
Phone: 1800-88-8811
Fax: 603-21180288

HOW WE COLLECT PERSONAL DATA

The principal ways we collect Personal Data are through application and claim forms in respect of our insurance products, by phone through telephone applications, e-mails and other communications with us, as well as from other insurers, claim investigators, medical professionals, witnesses and/or other third parties involved in our business dealings with you.

We also collect Personal Data through other means such as:

- this website (the “Site”);
- the software applications made available by us for use on or through computers and mobile devices (the “Apps”);
- our social media pages, including those linked at Social@AIG (http://www.aig.com/social-media_3171_442101.html), and other social media content, tools and applications (our “Social Media Content”).

The Site, the Apps and our Social Media Content are collectively referred to below as “AIG Electronic Services”.

PERSONAL DATA THAT WE COLLECT

Depending on your relationship with us (for example, as a consumer policyholder; non-policyholder insured or claimant; witness; commercial broker or appointed representative; or other person relating to our business), Personal Data collected about you and other individuals connected to you, may include:

- **General identification and contact information**

Your name; address; e-mail and telephone details; gender; marital status; family status; date of birth; passwords (including on our systems); educational background; physical attributes; activity records, such as driving records; photos; employment history, skills and experience; professional licenses and affiliations; relationship to the policyholder, insured or claimant; and date and cause of death, injury or disability.

- **Identification numbers issued by government bodies or agencies**

Identity card number; social security or national insurance number; passport number; employment pass or work permit number, employees’ provident fund member number; tax identification number; military identification number; or driver’s or other license number.

- **Financial information and account details**

Payment card number; bank account number and account details; credit history and credit score; assets; income; and other financial information.

- **Medical condition and health status**

Current or former physical or mental or medical condition; health status; injury or disability information; medical procedures performed; personal habits (for example, smoking or consumption of alcohol); prescription information; and medical history.

- **Other sensitive information**

In certain cases, we may receive sensitive information about your trade union membership, religious beliefs, political opinions, family medical history or genetic information (for example, if you apply for insurance through a third-party marketing partner that is a trade, religious or political organization). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud, money laundering, drug trafficking or other serious crimes. We may also obtain sensitive information if you voluntarily provide it to us (for example, if you express preferences regarding medical treatment based on your religious beliefs).

- **Telephone recordings**

Recordings of telephone calls between you and our representatives and call centers.

- **Information enabling us to provide products and services**

Location and identification of property insured (for example, property address, vehicle license plate or identification number); travel plans; age categories of individuals you wish to insure; policy and claim numbers;

coverage/peril details; cause of loss; prior accident or loss history; your status as director or partner, or other ownership or management interest in an organization; and other insurance you hold.

- **Marketing preferences and customer feedback**

You may let us know your marketing preferences, enter a contest or prize draw or other sales promotion, or respond to a voluntary customer satisfaction survey.

- **Social media information**

Your social media account ID and profile picture, and other Personal Data that you provide to us through AIG Electronic Services. If you elect to connect your social media account provided by another social media service provider to your account(s) on any of the AIG Electronic Services, Personal Data from your social media account will be shared with us, which may include Personal Data that is part of your social media account profile or your friends' profiles.

HOW WE USE PERSONAL DATA

Our overriding principle is only to collect Personal Data which we believe to be relevant and required to understand your insurance needs, to conduct our business and to provide better customer service and products.

The particular purposes for which we may collect and use Personal Data includes:

- To communicate with you and others as part of our business. To provide insurance, financial services or related products and services to you and administer, maintain, manage and operate such products and/or services including any renewals.
- To send you important information regarding changes to our policies, other terms and conditions, renewal of policies, AIG Electronic Services and other administrative information.
- To process, assess and determine any applications or requests made by you for insurance products or services.
- For any purposes in connection with any claims made under any insurance products or in respect of any services provided by AIG Malaysia or AIG Affiliates, including without limitation making, defending, analyzing, assessing, processing, determining, settling, responding to and managing such claims.
- To assess your eligibility for payment plans, and process your premium and other payments.
- To provide improved quality, training and security (for example, with respect to recorded or monitored phone calls to our contact numbers).
- To prevent, detect and investigate crime, including fraud and money laundering, and analyze and manage other commercial risks.
- To carry out market research and analysis, including satisfaction surveys.

- To provide marketing information to you (including information about other products and services offered by selected third-party partners) in accordance with preferences you have expressed, if any.
- To personalize your experience on AIG Electronic Services by presenting information and advertisements tailored to you.
- To identify you to anyone to whom you send messages through AIG Electronic Services.
- To allow you to participate in contests, prize draws and similar promotions, and to administer these activities. Some of these activities have additional terms and conditions, which could contain additional information about how we use and disclose your Personal Data, so we suggest that you read these carefully.
- To manage our infrastructure and business operations, and comply with internal policies and procedures, including those relating to auditing; finance and accounting; billing and collections; IT systems; data and website hosting; business continuity; and records, document and print management.
- To resolve complaints, and handle requests for data access or correction.
- To comply with applicable laws and regulatory obligations (including laws outside of Malaysia), such as those relating to anti-money laundering and anti-terrorism; comply with legal process; and respond to requests from public and governmental authorities (including those outside of Malaysia).
- For audit, compliance, investigation and inspection purposes.
- For matching any Personal Data held by AIG Malaysia or AIG Affiliates relating to you from time to time for any of the purposes listed in this Privacy Notice.
- To meet the requirements to make disclosure pursuant to any law binding on AIG Malaysia or any of the AIG Affiliates or for the purposes of complying with any regulations or guidelines issued by any regulatory or other authorities which have jurisdiction over AIG Malaysia or any AIG Affiliates.
- To conduct background and identity checks, such as for the purposes of verifying your identity in order to respond to your request to be provided with a duplicate policy or other documentation, any request made by you to change your address in our records, or any request by you to change your bank account or payment or other details in our records.
- To conduct credit checks on you, such as analyzing, verifying, and/or checking your credit, payment and/or status in relation to your ability to use the services.
- To carry out due diligence or other screening activities in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by AIG Malaysia.
- To determine any amount of indebtedness owing to or from you and collecting or recovering any amount owing

from you or any person who has provided security or an undertaking for such liabilities of yours.

- To enable an actual or proposed purchaser, assignee, transferee, participant or sub-participant of AIG Malaysia or any of AIG Affiliates' rights or business to evaluate the transaction intended to be the subject of reorganization, merger, sale, joint venture, assignment transfer, participation or sub-participation.
- To establish and defend legal rights; to protect AIG Malaysia's operations or those of any AIG Affiliates or insurance business partners, our rights, privacy, safety or property, and/or that of AIG Affiliates, you or others; and to pursue available remedies or limit our damages.
- To exercise any rights AIG Malaysia or AIG Affiliates may have in connection with the provision of insurance products and services to you.

INTERNATIONAL TRANSFER OF PERSONAL DATA

Due to the global nature of our business, for the purposes set out above we may transfer Personal Data internationally to parties located in other countries that have a different data protection regime than is found in Malaysia. Personal Data collected by AIG Malaysia is likely to be transferred to places outside of Malaysia (such as to AIG or AIG secure data centers, AIG Affiliates, service providers, business partners and governmental or regulatory authorities) in order to carry out the purposes, or directly related purposes, for which the Personal Data was collected.

SHARING OF PERSONAL DATA

AIG Malaysia may make Personal Data available to:

- **Our group companies.**

For a list of AIG Affiliates that may have access to and use of Personal Data, please refer to: http://www.aigcorporate.com/AIG_All_Entities.pdf. AIG Malaysia is responsible for the management and security of jointly used Personal Data. Access to Personal Data within AIG Malaysia is restricted to those individuals who have a need to access the information for our business purposes.

- **Other insurance and distribution parties**

In the course of marketing and providing insurance, and processing claims, we may make Personal Data available to third parties such as other insurers; reinsurers; insurance and reinsurance brokers and other intermediaries and agents; appointed representatives; distributors; affinity marketing partners; and financial institutions, securities firms and other business partners.

- **Our service providers**

External third-party service providers, such as medical professionals, accountants, actuaries, auditors, experts, lawyers and other outside professional advisors; travel and medical assistance providers; call center service

providers; IT systems, support and hosting service providers; printing, advertising, marketing and market research and analysis service providers; banks and financial institutions that service our accounts; third-party claim administrators; document and records management providers; claim investigators and adjusters; construction consultants; engineers; examiners; jury consultants; translators; and similar third-party vendors and outsourced service providers that assist us in carrying out business activities.

- **Recipients of your social sharing activity**

Your friends associated with your social media account, other website users and your social media account provider, in connection with your social sharing activity, such as if you connect your social media account provided by another social media service provider to your AIG Electronic Services account or log into your AIG Electronic Services account from another social media account. By connecting your AIG Electronic Services account and your other social media account you authorize us to share data with the provider of your other social media account and you understand that the use of the data we share will be governed by the other service provider's social media website's privacy policy. If you do not want your Personal Data shared with other users or with your other social media account provider, please do not connect your other social media account with your AIG Electronic Services account and do not participate in social sharing on AIG Electronic Services.

- **Governmental authorities and third parties involved in court action**

We may also share Personal Data with governmental or other public authorities (including, but not limited to, workers' compensation boards, courts, law enforcement, tax authorities and criminal investigations agencies); and third-party civil legal process participants and their accountants, auditors, lawyers and other advisors and representatives as we believe to be necessary or appropriate: (a) to comply with applicable law, including laws outside Malaysia; (b) to comply with legal process; (c) to respond to requests from public and government authorities including public and government authorities outside Malaysia; (d) to enforce our terms and conditions; (e) to protect our operations or those of any of our group companies; (f) to protect our rights, privacy, safety or property, and/or that of our group companies, you or others; (g) to allow us to pursue available remedies or limit our damages; and (h) for audit, compliance, investigation and inspection purposes

- **Other Third Parties**

We may share Personal Data with payees; emergency providers (fire, police and medical emergency services); retailers; medical networks, organizations and providers; travel carriers; credit bureaus; credit reporting agencies; and other people involved in an incident that is the

subject of a claim; as well as purchasers and prospective purchasers or other parties in any actual or proposed reorganization, merger, sale, joint venture, assignment, transfer or other transaction relating to all or any portion of our business, assets or stock. To check information provided, and to detect and prevent fraudulent claims, Personal Data (including details of injuries) may be shared with other insurers when dealing with claims to detect, prevent and investigate fraud.

Personal Data may also be shared by you, on message boards, chat, profile pages and blogs, and other AIG Electronic Services to which you are able to post data and materials. Please note that any data you post or disclose through these services will become public information, and may be available to visitors and users of the AIG Electronic Services and to the general public. We urge you to be very careful when deciding to disclose your Personal Data, or any other information, when using AIG Electronic Services.

SECURITY

AIG Malaysia will take appropriate technical, physical, legal and organizational measures, which are consistent with applicable privacy and data security laws. Unfortunately, no data transmission over the Internet or data storage system can be guaranteed to be 100% secure. If you have reason to believe that your interaction with us is no longer secure (for example, if you feel that the security of any Personal Data you might have with us has been compromised), please immediately notify us. (See the “Who to Contact About Your Personal Data” section above.)

When AIG Malaysia provides Personal Data to a service provider, the service provider will be selected carefully and required to use appropriate measures to protect the confidentiality and security of the Personal Data.

RETENTION OF PERSONAL DATA

AIG Malaysia takes reasonable steps to ensure that the Personal Data we process is reliable for its intended use, and as accurate and complete as is necessary to carry out the purposes described in this Privacy Notice. AIG Malaysia will retain Personal Data for the period necessary to fulfill the purposes outlined in this Privacy Notice unless a longer retention period is required or permitted by law.

PERSONAL DATA OF OTHER INDIVIDUALS

If you provide Personal Data to AIG Malaysia regarding other individuals, you agree: (a) to inform the individual about the content of this Privacy Notice; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of Personal Data about the individual in accordance with this Privacy Notice.

MARKETING PREFERENCES

We will provide you with regular opportunities to tell us your marketing preferences, including in our communications to you. You can also contact us by e-mail at AIGMYCare@aig.com or by writing to AIG Malaysia Insurance Berhad at Level 18, Menara

Worldwide, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur to tell us your marketing preferences and to opt-out.

If you no longer want to receive marketing-related e-mails from AIG Malaysia on a going-forward basis, you may opt-out of receiving these marketing-related emails by clicking on the link to “unsubscribe” provided in each e-mail or by contacting us at the above addresses.

We aim to comply with your opt-out request(s) within a reasonable time period. Please note that if you opt-out as described above, we will not be able to remove your Personal Data from the databases of third parties with whom we have already shared your Personal Data (i.e., to those to whom we have already provided your Personal Data as of the date on which we respond to your opt-out request). Please also note that if you do opt-out of receiving marketing communications from us, we may still send you other important administrative communications from which you cannot opt-out.

ACCESS AND CORRECTION REQUESTS, QUESTIONS AND CONCERNS

In certain countries, an individual may have the right to access, correct, object to the use of, or request deletion or suppression of Personal Data on certain grounds. Please contact us as set out in the “Who to Contact About Your Personal Data” section above with any such requests or if you have any questions or concerns about how we process Personal Data. Please note that some Personal Data may be exempt from access, correction, objection, deletion or suppression rights in accordance with local privacy and data protection laws.

OTHER INFORMATION WE COLLECT THROUGH AIG ELECTRONIC SERVICES

“Other Information” is any information that does not reveal your specific identity, such as:

- Browser and electronic device information;
- App usage data;
- Information collected through cookies, pixel tags and other technologies;
- Demographic information and other information provided by you; and
- Aggregated information

We and our third-party service providers may collect Other Information in a variety of ways, including:

- Through your internet browser or electronic device: Certain information is collected by most websites, such as your IP address (i.e., your computer’s address on the internet), screen resolution, operating system type (Windows or Mac) and version, internet browser type and version, electronic device manufacturer and model, language, time of the visit and the page(s) visited, name and version of the AIG Electronic Services (such as the App) you are using. We use this information to ensure that the AIG Electronic Services function properly.

- Through your use of the Apps: when you download and use the Apps, we and our service providers may track and collect App usage data, such as the date and time the Apps on your electronic device accesses our servers and what information and files have been downloaded to the Apps based on your device number.
- Using cookies: Cookies are pieces of information stored directly on the computer you are using. Cookies allow us to recognize your computer and to collect information such as internet browser type, time spent using the AIG Electronic Services, pages visited, language preferences and relevant country website. We may use the information for security purposes, to facilitate navigation, to display information more effectively, to personalize your experience while using the AIG Electronic Services, or to gather statistical information about the usage of the AIG Electronic Services. Cookies further allow us to present to you the advertisements or offers that are most likely to appeal to you. We may also use cookies to track your responses to our advertisements and we may use cookies or other files to track your use of other websites.
- marketing partners may not be able to provide you with the applicable personalized services and content.
- From you: Some information (for example, your location or preferred means of communication) is collected when you voluntarily provide it. Unless combined with Personal Data, this information does not personally identify you.
- By aggregating information: We may aggregate and use certain information (for example, we may aggregate information to calculate the percentage of our users who have a particular telephone area code).

Please note that we may use and disclose Other Information for any purpose, except where we are required to do otherwise under applicable law. If we are required to treat Other Information as Personal Data under applicable law, then, in addition to the uses listed in the “Other Information We Collect” section above, we may use and disclose Other Information for all the purposes for which we use and disclose Personal Data.

THIRD PARTY WEBSITES

This Privacy Notice does not address, and we are not responsible for, the privacy, information or other practices of any third parties, including any third party operating any site to which this AIG Electronic Services link. The inclusion of a link on AIG Electronic Services does not imply endorsement of the linked site by us or by our group companies.

Please note that we are not responsible for the collection, usage and disclosure policies and practices (including the information security practices) of other organizations, such as Facebook®, Twitter®, Apple®, Google®, Microsoft®, RIM/Blackberry® or any other app developer, app provider, social media platform provider, operating system provider, wireless service provider or electronic device manufacturer, including any Personal Data you disclose to other organizations through or in connection with the AIG Electronic Services.

USE OF AIG ELECTRONIC SERVICES BY MINORS

AIG Electronic Services are not directed to individuals under the age of 18, and we request that these individuals do not provide Personal Data through AIG Electronic Services.

CHANGES TO THIS PRIVACY NOTICE

We review this Privacy Notice regularly and reserve the right to make changes at any time to take account of changes in our business and legal requirements. We will place updates on this Site.

Please take a look at the “LAST UPDATED” date at the top of this Privacy Notice to see when it was last revised; any change will be effective immediately upon being posted on this Site.

One of the advertisement companies that we use is Google, Inc, trading as DoubleClick. For more information on the DoubleClick cookie, or to opt out from the DoubleClick advertisement cookie please visit: <http://www.google.com/privacy/ads/>. You can refuse to accept other cookies we use by adjusting your browser settings. However, if you do not accept these cookies, you may experience some inconvenience in your use the AIG Electronic Services and some online products.

- Using pixel tags, web beacons, clear GIFs or other similar technologies: These may be used in connection with some AIG Electronic Services and HTML-formatted e-mail messages to, among other things, track the actions of users of the AIG Electronic Services and e-mail recipients, measure the success of our marketing campaigns and compile statistics about usage of the AIG Electronic Services and response rates.

We use Adobe’s Omniture analytics service, which uses cookies and web beacons to help us understand more about how our website is used by consumers so we can continue to improve it. Adobe does not have the right to use the information we provide to them beyond what is necessary to assist us. For more information on Adobe’s Omniture service, including how to Opt-Out, go to <http://www.omniture.com/privacy/policy#optout>.

- Physical Location: Subject to applicable law, we may collect information regarding the physical location of your electronic device by, for example, using satellite, mobile/cell phone tower or WiFi signals. We may use your device’s physical location to provide you with personalized location-based services and content. Subject to your marketing preferences as indicated to us or applicable law, we may also share your device’s physical location, combined with information about what advertisements you viewed and other information we collect, with our marketing partners to enable them to provide you with more personalized content and to study the effectiveness of advertising campaigns. In some instances, you may be permitted to allow or deny such uses and/or sharing of your device’s location, but if you choose to deny such uses and/or sharing, we and/or our

