



SCHEDULE OF BENEFITS / *JADUAL MANFAAT*

POM Essential Care Plan / *Pelan POM Essential Care*

	BENEFITS/MANFAAT-MANFAAT	PLAN/ PELAN PLATINUM	PLAN/ PELAN GOLD	PLAN/ PELAN SILVER
1)	Daily Hospital Income (up to maximum 120 days)/ <i>Pendapatan Hospital Harian (maksimum sehingga 120 hari)</i>	RM300 Per Day/ <i>Sehari</i>	RM200 Per Day/ <i>Sehari</i>	RM100 Per Day/ <i>Sehari</i>
2)	Daily Intensive Care (maximum up to 30 days)/ <i>Penjagaan Intensif Harian (sehingga maksimum 30 hari)</i>	RM600 Per Day/ <i>Sehari</i>	RM400 Per Day/ <i>Sehari</i>	RM200 Per Day/ <i>Sehari</i>
3)	Pre and Post Hospitalization Treatment with 30 days prior to admission or after discharge from Hospital / <i>Rawatan Penghospitalan 30 hari Sebelum & Selepas berada di Hospital</i>	Up To/ <i>Sehingga</i> RM6,000	Up To/ <i>Sehingga</i> RM4,000	Up To/ <i>Sehingga</i> RM2,000
4)	Home Nursing following discharge from Hospital (maximum up to 30 days)/ <i>Rawatan di Rumah diikuti dari Hospital (maksimum sehingga 30 hari)</i>	Up To/ <i>Sehingga</i> RM800	Up To/ <i>Sehingga</i> RM700	Up To/ <i>Sehingga</i> RM600

Issued by / Dikeluarkan Oleh

AIG Malaysia



POM ESSENTIAL CARE

INSURANCE POLICY

SECTION 1 - THE CONTRACT

This contract is made in consideration of the application and the payment of premium as stated in the Policy Schedule. This policy, the application for it, and any attached endorsement/document constitute the entire contract. All statements and answers made by the Insured in the application, and in any questionnaire shall, in the absence of fraud, be deemed representations and not warranties.

SECTION 2 - COVERAGE

A) AMBIT OF COVER:

This policy covers the risk of Hospitalisation to the Insured Person resulting directly and independently of all other causes from bodily injuries caused by Accident or Illnesses, better described here below and subject to the terms and conditions of the policy.

C) INSURED EVENT:

This insurance only covers Hospitalisation arising out of Accident or Illnesses that occur during the Period of Insurance which, directly and independently of all other causes, result in Hospitalisation (as described in Section 3 hereunder) premium for cover which has been paid or agreed to be paid. In the case of overlapping Benefits, indemnity calculated from the highest Benefit will be that which is payable.

SECTION 3 - DEFINITIONS

The following words shall carry the meanings defined below:-

Accident/ Accidental

shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily Injury and shall include food poisoning.

Any One Disability

shall mean all of the periods of Disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the Disability for at least ninety (90) days following the latest date of discharge and subsequent Disability from the same cause shall be considered as though it were a new Disability.

Benefit(s)

means the respective benefits under this policy, more particularly described in the Schedule of Benefits.

Bodily Injury

shall mean physical bodily injury caused by an Accident occurring whilst this policy is in force.

Child/ Children

shall mean any person who has attained the age of 15 days and is an unmarried person, is financially dependent upon the Insured and is under the age of 19, or up to the age of 23 for those registered as full time students at a registered educational institution.

Company

refers to AIG Malaysia Insurance Berhad (200701037463).

Competent Age

refers to the age eligibility of the Insured to qualify for cover under this policy, and ranges from eighteen (18) years old to sixty (60) years old and renewable up to age sixty five (65) years.

Congenital Conditions

shall mean 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. They will include 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.

Covered Injury

means injury due to an Accident occurring during the Period of Insurance.

Covered Surgery

means the list of surgical procedures described in the Surgical Schedule herein.

Date of Loss

is the date when the Accident or Disability occurs.

Disability

shall mean a Sickness, Disease, Illness or the Injuries arising out of a single or continuous series of causes.

Doctor or Physician or Surgeon

shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured Person himself.

Effective Date

shall mean the date from which the insurance coverage under this policy becomes effective and shall be the date specified in the Policy Schedule.

Hospital

shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- i) has facilities for diagnosis and major surgery;
- ii) provides 24 hour a day nursing services by registered and graduate nurse(s);
- iii) is under the supervision of a Physician, and
- iv) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

Hospitalization

shall mean admission to a Hospital as a registered in-patient for a minimum period of six (6) hours for Medically Necessary treatments for a covered Disability or Covered Surgery upon recommendation of a physician. A patient shall not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of hospitalization. Hospitalization shall be evidenced by a daily Hospital Room and Board charge by the Hospital and under no circumstances shall the Company pay for more than one daily Hospital Room and Board for each day of hospitalization.

Injury

shall mean bodily injury caused solely by Accident.

Insured

refers to the person effecting the policy named in the Policy Schedule and who is of Competent Age.

Insured Person

refers to the Insured and includes his/her Spouse and Children, if a request for Spouse and Children insurance is similarly received by the Company..

Medically Necessary

shall mean a medical service which is: -

- i) consistent with the diagnosis and customary medical treatment for a covered Disability, and
- ii) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- iii) not for the convenience of Insured Person or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
- iv) not of an experimental, investigational or research nature, preventive or screening nature and
- v) for which the charges are fair and reasonable for the Disability.

Out-Patient

shall mean the Insured Person is receiving medical care or treatment without being hospitalised and includes treatment in a daycare centre.

Period of Insurance

shall mean the duration of insurance for which the Insured Person is offered to be insured (under the terms, conditions and exclusions spelt out in this policy and reflected in the insurance cover issued to him/her) and for which the Company has consented to provide insurance coverage, and consideration in the form of premium has been duly paid by the Insured, and received in full by the Company.

Policy Schedule

shall mean the document issued together with this policy detailing the particulars of the Insured, the Period of Insurance and the Benefits under the policy.

Policy Year

shall mean the one year starting from the effective date of commencement of insurance or the one year period following the renewal or renewed policy.

Pre-Existing Illness

shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- a) the Insured Person had received or is receiving treatment;
- b) medical advice, diagnosis, care or treatment has been recommended;
- c) clear and distinct symptoms are or were evident; or
- d) its existence would have been apparent to a reasonable person in the circumstances.

Reasonable and Customary Charges

shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the

extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

Riot or Civil Commotion

shall mean a gathering of citizens (organized or unorganized) to promote their views and this gathering of persons becomes violent (whether or not police and/or military respond). The gathering of persons asserting sovereign rights and operating on behalf of a sovereign state shall not be considered as Civil Unrest, Riot or Commotion. These terms do not include an individual act of violence.

One can consider civil unrest as an extended and/or sporadic period of group violence within a country, province or town.

Sickness, Disease or Illness

shall mean a physical condition marked by a pathological deviation from the normal healthy state.

Specialist

shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a Physician or Surgeon who is the Insured Person himself.

Specified Illnesses

shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polys, stones of the urinary system and biliary system;
- (c) All ears, nose (including sinuses) and throat conditions;
- (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (e) Endometriosis including disease of the Reproduction system;
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

Spouse

shall mean the legal spouse of the Insured whose name appears on the Policy Schedule.

Strike

shall mean any organised, wilful refusal by any worker or employee to continue working to register a protest or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimising the consequences of any such act.

Surgery

shall mean any of the following medical procedures:

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

Term of Insurance

monthly.

Waiting Period

shall mean the first 30 days between the beginning of an Insured Person's Disability and the Period of Insurance. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the waiting period will apply again.

SECTION 4 - TERMINATION OF COVER

The insurance cover afforded under each policy shall terminate automatically on the earliest of the following dates: -

- (a) When the Insured reaches 66 years of age;
- (b) On the date when the Insured ceases receiving cover whether by cancellation, death or whatever reason;
- (c) In the event of any fraud in the procurement of this insurance or in deriving any Benefits hereunder;
- (d) Immediately after admission of 100% liability for an admitted claim from the Insured by the Company;
- (e) Any premium remaining unpaid after the due date.

Coverage for each Insured Person under the respective policy shall terminate: -

- (a) When the Insured Person reaches 66;
- (b) on the date when the Insured Person ceases the coverage whether by death, cancellation or whatever reason.

Under the Family Plan, coverage for the insured Child shall terminate when the Child reaches 18 years old or 23 years old if enrolled as a full-time student.

Termination of this policy shall be without prejudice to any claim filed under any policy arising prior to such termination.

SECTION 5 - EXCLUSIONS

This Benefits under this policy will not be payable under the following circumstances:

1. the Insured Person is below the age of 15 days or aged 66 and above;
2. members of the armed forces, police, security guards, firemen, professional sportsmen, miners, racing drivers or riders, stuntmen, bodyguards, ship crew, offshore workers, divers, loggers, tunnellers and asbestos industry workers;
3. any Pre-Existing Illness;
4. Specified Illnesses occurring during the first 120 days of continuous cover;
5. any medical or physical conditions arising within the first 30 days of the Insured Person's cover or reinstatement date whichever is later except for Accidental injuries;
6. plastic/cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
7. dental conditions including dental treatment or oral surgery except as necessitated by Accidental injuries to sound natural teeth occurring wholly during the Period of Insurance;
8. private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law;
9. any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
10. pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization;
11. Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain;
12. suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
13. war or any act of war, declared or undeclared, criminal or terrorist activities, direct participation in Strikes, Riots and Civil Commotion or insurrection;
14. ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
15. expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
16. investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
17. care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
18. psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
19. costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
20. Disability arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
21. private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes'
22. expenses incurred for sex changes;.
23. this policy does not cover any serious physical Injury, Sickness or Disease resulting directly or indirectly from, attributed to, or accelerated by: -
 - (a) the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
 - (b) the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - (c) the release of pathogenic or poisonous biological or chemical materials.

For the purposes of this exclusion, serious physical injury means:

- (a) physical injury that involves a substantial risk of death; or
- (b) protracted and obvious physical disfigurement; or
- (c) protracted loss of or impairment of the function of a bodily member or organ.

24. The Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation.

SECTION 6 - SPECIAL CONDITION

- 1) The premium due hereunder shall be payable monthly or annually as the case may be. No claim shall be admissible whilst the premiums are in arrears.
- 2) Any fraud, misstatement or concealment in respect of this insurance or any claim hereunder shall render this policy null and void and Benefit due hereunder shall be or become forfeited.
- 3) The due observance of this policy thereof shall be binding upon the Insured, and shall serve as condition precedent to the admission of any claim lodged under this policy.
- 4) The process of claim including settlement will be handled directly between the Company and the Insured whose sole discharge will constitute full and final discharge of the claim lodged.

SECTION 7 - GENERAL POLICY PROVISIONS

1. **ENTIRE CONTRACT-CHANGES IN POLICY:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance.
2. **ALTERATIONS:** The Company reserves the right to amend the terms and provisions of this policy by giving a 30 days prior notice in writing by ordinary post to the Insured's last known address in the Company's records, and such amendment will be applicable from the next renewal of this policy. Any amendment to this policy shall be binding on all persons whether insured under this policy prior to, during or after the effective date of amendment. No alteration to this policy shall be valid unless authorised by the Company and such approval is endorsed thereon.
3. **PERIOD OF COVER AND RENEWAL:** This policy shall become effective as of the date stated in the Policy Schedule. The policy anniversary shall be one year after the Effective Date and annually thereafter. On each such anniversary, this policy is renewable at the premium rates in effect at that time as notified by the Company. This policy will be renewable at the option of the Insured subject to the terms, conditions herein. The renewal premiums payable is not guaranteed and the Company reserves the right to revise the premium rate applicable at the time of renewal. Such changes, if any shall be applicable to all Insured Persons irrespective of their claim experience according to the Company's risk assessment.

This policy is renewable at the option of the Insured until the occurrence of any of the following:

- (a) non payment of premium or premium was not paid on time;
 - (b) fraud or misrepresentation of material fact in the application for this insurance;
 - (c) the policy is cancelled at the request of the Insured;
 - (d) total claims of the policy have reached the lifetime limit specified and/or upon on the death of the Insured Person;
 - (e) the Insured Person ceases to qualify as a dependant based on the definition of the policy;
 - (f) the Insured Person attains the coverage age limit specified;
 - (g) termination of coverage for all policies in a certain market and the Company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition.
4. **AGE LIMITS FOR PERSONS INSURED UNDER THIS POLICY:** Entry age of the Insured Person shall be between the ages of eighteen (18) years to sixty (60) and this policy can be renewable up to age sixty five (65) years. Under the Family Plan (if applicable), the coverage under this policy shall be extended to unmarried Child(ren) between the age of fifteen (15) days and eighteen (18) years, and shall be this is extended to twenty three (23) years where the Children are fulltime students.
 5. **MIS-STATEMENT OF SEX:** Where the sex of the Insured Person has been misstated, the following rules shall apply:
 - i) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this policy shall be prorated based on the correct premium which should have been charged for the year;
 - ii) any excess premium paid as a result thereof, shall be refunded without interest.
 6. **MIS-STATEMENT OF AGE:** If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result such misstatement of age shall be refunded without interest. If at the correct age the Insured Person would not have been eligible for cover under this policy, no Benefit shall be payable.
 7. **MIS-REPRESENTATION / FRAUD:** If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any

claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this policy shall be void.

8. **CHANGE IN RISK:** The Insured Person shall give immediate notice in writing to the Company of any material change in the Insured Person's occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.
9. **CURRENCY OF PAYMENT:** All payments under this policy shall be made in the legal currency of Malaysia. Should any payment be requested by the Insured to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the rate published by the Malaysian Central Bank on the date of the claim settlement.
10. **CLAIM PROCEDURES:**
 - a) The Insured shall within 30 days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicine and services rendered. Failure to furnish such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
 - b) The Insured Person shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured Person to do so. For convenience, a notification format is attached to this policy.
11. **LIMITATION OF CLAIMS:** No claim benefits shall be payable under this policy if the claim is presented to the Company beyond a period of one (1) year from the date of commencement of Hospitalisation.
12. **INCOMPLETE CLAIMS:** All claims must be submitted to the Company within 30 days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.
13. **PROOF OF HOSPITALISATION:** Affirmative proof of hospitalisation, surgery or treatment as an out-patient in such forms as the Company may prescribe must be completed and furnished at the expense of the Insured Person within thirty (30) days after the date of being discharged from the Hospital or receiving treatment together with the Hospital's official statement of accounts and receipts.
14. **MEDICAL EXAMINATION:** The Company at its own expense shall have the right to require additional proof and request medical examination of the Insured Person as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in a case of death provided it is not forbidden by law.
15. **CERTIFICATION, INFORMATION AND EVIDENCE:** All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Insured Person in such a form that the Company may require. In any event, all notices which the Company shall require the Insured to give must be in writing and addressed to the Company. An Insured Person shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary by the Company.
16. **OVERSEAS TREATMENT:** If the Insured Person seeks treatment overseas, Benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this policy and all Benefits will be payable based on the official exchange rate ruling on the last day of the period of Hospitalization and shall exclude the cost of transport to the place of treatment, PROVIDED that:
 - (i) the Insured Person traveling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a medical emergency;
 - (ii) the Insured Person upon recommendation of a Doctor, Physician or Surgeon and has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.Overseas treatment of a Sickness, Disease or Illness which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.
17. **CONDITION PRECEDENT TO LIABILITY:** The due observance and the fulfillment of the terms, provisions and conditions of this policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to any liability of the Company.
18. **TO WHOM INDEMNITY IS PAYABLE:** All indemnities of this policy will be payable to the Insured. Any indemnity accruing at his or her death shall be paid to the last named nominee(s) under this policy. In the absence of nomination (by virtue of non-election or invalidity), payment will be made to the estate of the Insured. The receipt of any Benefits under this policy by the Insured (or by his legal or authorised representative) alone shall be an effective discharge of all obligations and liabilities of the Company.
19. **OWNERSHIP OF POLICY:** Unless otherwise expressly provided for by Endorsement in the policy, the Company shall be entitled to treat the Insured as the absolute owner of the policy. The Company shall not be bound to recognise any equitable or other claim to or interest in the policy, and the receipt of the policy or a Benefit by the Insured (or by his legal or authorised representative) alone shall be an effective discharge of all obligations and liabilities of the Company.

- 20. RECEIPTS:** The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the policy and the receipt of the Insured for any compensation payable herein shall in all cases be effectual discharge of liability of the Company.
- 21. RIGHTS OF NOMINEE:** Consent of nominee shall not be a pre-requisite to terminate or to cancel this policy or to a change of nominee or for that matter for any changes in this policy.
- 22. NOTICE:** Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this policy or any endorsement thereon, will be held valid unless the same is signed or initialed by an authorised representative of the Company.
- 23. CANCELLATION:** This policy may be cancelled by the Insured at any time by giving a written notice to the Company; and provided that no claims have been made during the current Policy Year, the Insured shall be entitled to a refund of the premium as follows:-

Period Not exceeding:	Refund of Annual Premium
15 Days	90% (applicable to renewal only)
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

The Company reserves its right to rescind coverage where an Insured is within the category of excluded persons as expressed in Section 5 – policy Exclusion, sub-sections (1) and (2) of the policy. In such cases, the Company will refund the premium in full.

The Company may by notice in writing to the Insured under registered letter to his last known address give seven (7) days notice of their intention to terminate the policy and refund a proportion of the premium corresponding to the unexpired period of insurance.

- 24. REINSTATEMENT:** If any premium is in default beyond the premium due date, the policy may be reinstated with the consent of the Company within ninety (90) days after the due date of the premium in default subject to a written application for reinstatement; or production of evidence of insurability satisfactory to the Company. If the Company agrees to reinstate the policy, the respective policy shall be reinstated on the 1st day of the month following the receipt of the premium by the Company.

The subsequent acceptance of a premium by the Company in consequent thereto shall, subject to the above, reinstate the policy to cover any losses resulting from Injury or Disability thereafter sustained. Benefits will not, however, be payable for any Injury or Disability which occurs during the interval the policy has lapsed.

- 25. WAITING PERIOD:** Eligibility for Benefits under this policy starts 30 days after the Insured Person has been included in the policy, except for a covered Accident occurring after the Effective Date of coverage.
- 26. COOLING-OFF PERIOD:** If this policy shall have been issued and for any reason whatsoever the Insured shall decide not to take up the policy, the Insured may return the policy to the Company for cancellation provided such request for cancellation is delivered by the Insured to the Company within fifteen (15) days from the date of delivery of policy. The Insured is entitled to the return of the full premium paid less deduction of any medical expenses incurred by the Company pursuant to the issuance of the policy.
- 27. SUBROGATION:** If the Company shall become liable for any payment under this policy, the Company shall be subrogated to the extent of such payment to all the rights and remedies of the Insured Person against any party and shall be entitled at its own expense to sue in the name of the Insured Person. The Insured Person shall give or cause to be given to the Company all such assistance in his/her power as the Company shall require to secure the rights and remedies and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively to bring suit in the name of the Insured Person.
- 28. CONTRIBUTION:** If an Insured Person is covered by any other insurance covering any Disability insured by this policy, the Company's share of reimbursement of medical cost shall be proportionate to the sum total of the insurances available that is responding to the claim.

29. **PORTFOLIO WITHDRAWAL CONDITION:** The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by thirty (30) days written notice to the Insured and the Company will run off all policies to expiry of the period of cover within the portfolio.
30. **TAKE-OVER POLICIES (Applicable Only If Specified In The Policy Schedule)**
If this policy shall have commenced immediately upon termination of a preceding policy and if an Insured Person shall have been afflicted with a medical Disability prior or at the time this policy started (and benefits under the preceding policy would have been available to him), such Insured Person shall continue to be covered for the existing Disability, but not to exceed the limits of the previous policy or limits of this policy whichever shall be lesser on condition the Company has secured a copy of the preceding policy.
31. **UPGRADED POLICIES (Applicable Only If Specified In The Policy Schedule)**
If the eligible benefits to any Insured Person under the terms of this policy be increased while it is in force or at the time of Renewal or replacement and if such Insured Person shall have been afflicted with a Disability prior or at the time the benefits were increased, the limits of benefits payable in respect of such Disability shall not exceed the limit of benefits prior to the date the Benefits were upgraded.
32. **CONVERSION POLICIES (Applicable Only If Specified In The Policy Schedule)**
If the eligible benefits provided under this policy shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Insured Person shall have been afflicted with a Disability prior or at the time the benefits were converted the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the eligible benefits were converted.
33. **GEOGRAPHICAL TERRITORY:** All Benefits provided in this policy are applicable worldwide for twenty-four (24) hours a day.
34. **GOVERNING LAW:** This policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.
35. **LEGAL PROCEEDINGS:** No action at law or in equity shall be brought to recover on this policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.
36. **ARBITRATION:** All differences arising out of this policy shall be referred to an arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an arbitrator each who shall proceed to hear the differences together with an umpire to be appointed by both arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from the date of such disclaimer.
37. **ASSIGNMENT:** No assignment of interest under this policy shall be binding upon the Company.
38. **RESIDENCE OVERSEAS:** No benefit whatsoever shall be payable for any medical treatment due to Sickness, Disease or Illness received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.
39. **CONSENT TO USE OF PERSONAL DATA:** By submitting the application for coverage, the Insured is hereby deemed to have consented to the collection of his/her personal information by the Company (whether through the telephone or otherwise obtained) and such information may be held, used, or disclosed by the Company or any selected third party for the purposes of processing this policy and providing subsequent services for this or other financial products and services, direct marketing, and data matching, and to communicate with the Insured for such purposes. The Insured reserves its rights to obtain access, request correction or withdraw its consent to the use of any of its personal information held by the Company.
40. **SANCTION:** the Company is not liable to make any payments for liability under any coverage sections of this policy or make any payments under any extension for any loss or claim arising in, or where the Insured Person or any beneficiary under the policy is a citizen or instrumentality of the government of, any country/countries against which any laws and/or regulations governing this policy and/or the Company, its parent company or its ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting the Company from providing insurance coverage or transacting business with or otherwise offering economic benefits to the Insured Person or any other beneficiary under the policy.
- It is further understood and agreed that no benefits or payments will be made to any beneficiary/ beneficiaries who is/are declared unable to receive economic benefits under the laws and/or regulations governing this policy and/or the Company, its parent company or its ultimate holding entity.

SECTION 8 - BENEFITS

Benefits are payable as explained below.

1. Daily Hospital Income (up to maximum 120 days)

In the event the Insured Person is hospitalized due to a covered Disability, the Company shall pay for Daily Hospital Income benefit as stated in the Schedule of Benefits provided such Hospitalization is made under the recommendation of the attending Doctor, Physician or Surgeon. Payment for such benefit shall not exceed an aggregate total of one hundred twenty (120) days of Hospitalization in a licensed Hospital as the result of any one Hospitalization.

2. Daily Intensive Care (maximum up to 30 days)

In the event the Insured Person is hospitalized in the Intensive Care Unit due to a covered Disability, the Company shall pay an amount equals to the Daily Intensive Care benefit as stated in the Schedule of Benefits provided such Hospitalization is made under the recommendation of the attending Doctor, Physician or Surgeon. The maximum period payable shall not exceed 30 days which period shall be included in the maximum period of 120 days payable under the Daily Hospital Income benefit and shall not exceed the limit specified in the Schedule of Benefits. During the Hospitalization in the Intensive Care Unit, when Daily Intensive Care benefit is payable hereunder, no payment shall be made under the Daily Hospital Income benefit.

3. Pre & Post Hospitalisation Treatment with 30 days prior to admission or after discharge from Hospital

The Company will reimburse the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an Injury or Illness when in connection with a Disability preceding Hospitalization within the maximum number of days and amount as set forth in the Schedule of Benefits in a Hospital and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured Person does not result in Hospitalization for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be reimbursed.

The Company will reimburse the Reasonable and Customary Charges for the first time consultation by a specialist in connection with a Disability within the maximum number of days as set forth in the Schedule of Benefits preceding Hospitalization and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner.

Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured Person does not result in Hospitalization for the treatment of the medical condition diagnosed.

The Company will reimburse the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within the maximum number of days and amount as set forth in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability. This shall include medicine prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

4. Home Nursing Following Discharge From Hospital (maximum up to 30 days)

Home Nursing benefits will be payable when by reason of a covered Disability, the Insured Person requires home nursing following Hospitalization. This service must be provided by a qualified professional nurse (who is not an immediate family member of the Insured Person), who provides home nursing services to the Insured Person during the period of convalescence following a covered Disability, provided that such home nursing is recommended by the attending Doctor, Physician or Surgeon. Home Nursing must not exceed 30 days or the amount set forth in the Schedule of Benefits which ever the earliest. Only one visit per day shall be covered and the benefit is further limited to the number of days as specified in the Schedule of Benefits.

5. Coverage for Spouse and Children

Under the Family Plan (if applicable), Spouse and Children shall be covered up to 100% of the principal sum assured stated in the Schedule of Benefits for all Benefits.

For all intents and purposes, where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions, the English version shall prevail.

SURGICAL SCHEDULE

[in relation to Surgical Operation Charges and Additional Major Surgery]

The Covered Surgeries and the corresponding category assigned to each Covered Surgery are contained in the Surgical Schedule below:

NERVOUS SYSTEM	Category
Open therapeutic surgical procedures on the brain substance, excluding biopsy and diagnostic only procedures	1
Drainage of lesion of tissue of brain	1
Open therapeutic surgical procedures of the brain ventricles, excluding biopsy and diagnostic only procedures	2
Operations in the intracranial subarachnoid space	2
Open or stereotactic intracranial or intraosseous surgery to a cranial nerve	2
Extracranial surgery to a cranial nerve	4
Open intracranial surgery for a lesion involving or arising from the Meninges	2
Open surgical procedures involving the spinal cord or the spinal nerve roots	2
Surgical sympathectomy	4
ENDOCRINE SYSTEM	
Surgical procedures to the pituitary gland	2
Therapeutic open surgical procedures on the thymus or adrenal glands	2
BREAST	
Total mastectomy	2
Simple Mastectomy	4
EYE	
Enucleation of eye	4
Surgery for a penetrating eye injuries or intra-ocular tumours or intra-orbital tumours	4
Full thickness corneal transplant	4
EAR AND SINUSES	
Other operations on middle ear. Myringotomy is excluded	4
Operations on cochlea	4
Operations on vestibular apparatus	4
RESPIRATORY TRACT	
Surgical removal of a malignant tumour from the nose or nasopharynx. Cancers of the skin of the nose are excluded.	3
Excision of malignant tumour from pharynx	3
Excision of larynx	3
Open surgical procedures on the trachea, bronchi or lung (endoscopic procedures excluded)	2
Pneumonectomy, lobectomy or transplantation of Lung	1
Other open operations on mediastinum	3
MOUTH	
Extirpation of malignant lesion of tongue	3
Surgical removal of malignant tumour from the oral cavity	3
DIGESTIVE TRACT	
Endoscopic operations on colon are excluded	
Partial or total oesophagectomy	3
Other open surgical procedures to the oesophagus (endoscopic procedures excluded)	3
Repair of diaphragmatic hernia	3
Partial or total excision of stomach	3
Open surgical procedures on the ileum	4
Total excision of colon or rectum	1
Partial colectomy	3
Bypass of colon.	3
Exteriorisation of caecum	4
Other exteriorization of colon	4
Excision of anus	3
Transplantation of liver	1
Extirpation of lesion of liver	2
Open surgical procedures to the peritoneum, omentum, or mesentery of the bowel	3
Transplantation of pancreas	1
HEART	
Transplantation of heart and lung	1
Creation of a cardiac conduit	2

Operations on wall of atrium –or ventricle	2
Open plastic repair or replacement of a heart valve	1
Coronary Artery bypass grafting	2
Open operations on conducting system of heart	2
Open operations on pericardium	2
ARTERIES AND VEINS	
Open operations for combined abnormality of great vessels	1
Open surgical correction of patent ductus arteriosus	1
Open surgical procedure to major blood vessels within the thorax	1
Open surgical repair or replacement of a section of the aorta	1
Open surgical reconstruction or bypass of a major blood vessel in the head and neck	2
Endarterectomy of an artery in the head or neck.	2
Open surgical repair or bypass of a branch of the aorta (vessels arising from the aorta and before they branch) and retroperitoneal blood vessels	2
Other open surgical procedures on intra-abdominal blood vessels	4
URINARY	
Endoscopic operations on bladder are excluded	
Transplantation of kidney	1
Open surgical procedures on the kidney, renal pelvis and ureter.	3
Total excision of bladder	2
Open excision of prostate	3
MALE GENITAL ORGANS	
Extirpation of scrotum	4
Extirpation of malignant lesion of scrotum or testis	3
Extirpation of malignant lesion of penis	3
FEMALE GENITAL TRACT	
Excision of malignant lesion of vulva or perineum	3
Extirpation of malignant lesion of vagina	3
Hysterectomy	4
Hysterectomy and bilateral oophorectomy	3
SKIN AND BURNS	
Debridement of 3 rd degree burns to greater than 9 percent of body surface area	2
CHEST WALL PLEURA AND DIAPHRAGM	
Open surgical procedures to the ribs and muscles of the thorax.	4
Reconstruction of chest wall	2
Repair of rupture of diaphragm	2
Other operations on diaphragm	3
ORTHOPAEDIC AND PLASTIC	
Transplantation of muscle	3
Joint reconstruction or arthrodesis surgery of joints other than the foot, hands and digits	4
Surgical procedures to remove tumours of bone other than the digits	2
Anterior spinal fusion and anterior decompression of the spinal cord.	1
Laminectomy, discectomy and other open surgery to the spinal cord and facet joints using a posterior approach.	2
Plastic repair of cranium	4
Instrumental or other open surgical correction of deformity of spine	1
Prosthetic replacement of bone	4
Total excision of a bone	4
Open surgical correction of deformity of bone	4
Open operations on intraarticular structures, including ligaments and menisci	4
Replantation of upper limb	1
Replantation of lower limb	1
Amputation of arm	4
Amputation of hand	4
Amputation of leg	2
Amputation of foot	4
MISCELLANEOUS	
Replantation of digits or other body parts requiring both vascular and nerve anastomosis. Skin grafts are excluded	4
Operations on branchial cleft	4
Clearance of pelvis	4



POM ESSENTIAL CARE

POLISI INSURANS

SEKSYEN 1 - KONTRAK

Kontrak ini dibuat atas balasan permohonan dan bayaran premium seperti yang dinyatakan di dalam Jadual Polisi. Polisi ini, permohonan untuknya, dan sebarang Endorsmen/dokumen yang terlampir menjadi asas Kontrak keseluruhan. Semua kenyataan dan jawapan yang diberi oleh Orang Yang Menerima Perlindungan dalam Permohonan, dan didalam mana-mana soal-jawab atau pindaan akan, jika tidak terdapat sebarang penipuan, dianggap sebagai representasi dan bukan waranti.

SEKSYEN 2 - PERLINDUNGAN

A) LINGKUNGAN PERLINDUNGAN:

Polisi ini melindungi risiko Penghospitalan untuk Orang Yang Menerima Perlindungan akibat secara langsung dan bebas dari sebarang sebab yang lain daripada kecederaan sepenuhnya disebabkan oleh Kemalangan atau Penyakit, diuraikan dengan lebih lanjut di bawah dan tertakluk kepada terma-terma dan syarat-syarat yang terkandung di dalam polisi ini.

B) KEJADIAN YANG DILINDUNGI:

Insurans ini hanya melindungi Penghospitalan yang disebabkan oleh Kemalangan atau Penyakit yang terjadi semasa tempoh polisi di mana, secara langsung dan bebas dari sebarang sebab yang lain, mengakibatkan Penghospitalan (seperti yang diuraikan di dalam Seksyen 3) di mana premium untuk perlindungan telah dibayar atau bersetuju untuk dibayar. Di dalam kes di mana terdapat Manfaat yang bertindih, pampasan yang dikira dari Manfaat yang tertinggi adalah pampasan yang akan dibayar.

SEKSYEN 3 - DEFINASI

Perkataan-perkataan berikut membawa makna-makna yang ditakrifkan di bawah:

Kemalangan/ Akibat Kemalangan

hendaklah bermaksud kejadian yang berlaku secara tiba-tiba, tidak disengajakan, tidak dijangka, luar biasa dan yang tertentu pada masa dan di tempat yang dikenal pasti, yang hendaklah, tanpa bergantung pada apa-apa sebab lain, menjadi satusatunya sebab bagi kecederaan anggota badan dan termasuk keracunan makanan.

Mana-Mana Satu Hilang Upaya

bermaksud semua tempoh hilang upaya yang timbul daripada sebab yang sama termasuk mana-mana dan semua komplikasinya kecuali jika Orang Yang Menerima Perlindungan pulih sepenuhnya dan tidak perlu menjalani apa-apa rawatan lanjut (termasuk dadah, ubat, diet khas atau suntikan atau nasihat tentang keadaannya) bagi hilang upaya itu selama sekurang-kurangnya sembilan (90) hari selepas tarikh keluar hospital dan hilang upaya berikutnya akibat daripada sebab yang sama hendaklah dianggap seolah-olah hilang upaya itu adalah yang baru.

Manfaat (Manfaat)

bermakna manfaat-manfaat berkenaan dibawah polisi ini, yang lebih diuraikan dalam Jadual Manfaat.

Kecederaan Badan

bermaksud kecederaan tubuh badan disebabkan oleh Kemalangan yang berlaku semasa polisi berkuatkuasa.

Kanak-Kanak

bermakna mana-mana orang yang telah mencapai usia 15 hari dan masih bujang serta bergantung kepada Orang Yang Menerima Perlindungan untuk bantuan kewangan dan di bawah usia 19 tahun, atau sehingga usia 23 tahun untuk mereka yang didaftarkan sebagai pelajar penuh masa di sebuah institusi pendidikan yang berdaftar.

Syarikat

bermaksud **AIG Malaysia Insurance Berhad (200701037463)**.

Kelayakan Umur

merujuk kepada kelayakan umur Orang Yang Diinsuranskan untuk layak menerima perlindungan di bawah polisi ini, dan jarak umur dari lapan belas (18) tahun hingga enam puluh (60) tahun dan pembaharuan sehingga enam puluh lima (65) tahun.

Penyakit Kongenital

hendaklah bermaksud apa-apa keabnormalan perubatan atau fizikal yang wujud sejak lahir, dan juga keabnormalan fizikal neonatal yang berkembang dalam tempoh 6 bulan dari tarikh kelahiran. Ini termasuk semua jenis hernia dan epilepsi kecuali disebabkan oleh trauma yang berlaku selepas tarikh Orang Yang Menerima Perlindungan dilindungi secara berterusan di bawah polisi ini.

Kecederaan Dilindungi

bermakna Kecederaan yang berlaku semasa Tempoh Jangkamasa Insurans.

Pembedahan Terlindung

bermakna prosedur-prosedur pembedahan yang terkandung dalam Jadual Pembedahan di bawah.

Tarikh Kerugian

bermakna tarikh apabila Kemalangan atau Kekurangan Upaya berlaku.

Hilang Upaya

bermaksud Sakit, Wabak, atau Penyakit atau Kecederaan yang timbul daripada satu atau beberapa sebab yang berterusan.

Doktor atau Pakar Perubatan atau Doktor Bedah

bermaksud pengamal perubatan berdaftar yang layak dan berlesen untuk mengamalkan perubatan barat dan yang, semasa memberikan rawatan itu, mengamalkannya mengikut skop pelesenan dan latihannya di kawasan geografi profesion tersebut diamalkan, tetapi tidak termasuk doktor, pakar perubatan atau pakar bedah yang merupakan Orang Yang Menerima Perlindungan itu sendiri.

Tarikh Berkuatkuasa

bermakna tarikh di mana perlindungan insurans di bawah polisi berkuatkuasa dan adalah seperti yang dinyatakan dalam Jadual Polisi.

Hospital

bermaksud sebuah institusi yang dilengkapkan dan didaftarkan sebagai sebuah Hospital untuk penjagaan dan rawatan orang-orang sakit dan tercedera sebagai pesakit katil berbayar, dan yang:-

- i) mempunyai kemudahan untuk diagnosis dan pembedahan utama,
- ii) memberikan perkhidmatan kejururawatan 24 jam sehari oleh jururawat-jururawat berdaftar dan siswazah,
- iii) di bawah penyeliaan seorang Doktor, dan
- iv) bukannya sebuah klinik pada asasnya; sebuah tempat untuk penagih alkohol atau dadah; sebuah pusat kejururawatan, rehat atau pusat pemulihan atau pusat untuk wargatua atau institusi yang bersamaan jenis.

Penghospitalan

bermaksud dimasukkan ke Hospital sebagai pesakit dalam yang berdaftar untuk tempoh minimum enam (6) jam atas bagi rawatan yang Perlu Dari Segi Perubatan bagi Hilang Upaya yang dilindungi apabila disyorkan oleh pakar perubatan. Pesakit tidak boleh dianggap sebagai pesakit dalam jika pesakit tidak tinggal di Hospital secara fizikal sepanjang tempoh dimasukkan ke Hospital. Penghospitalan hendaklah dibuktikan dengan bayaran bilik dan perbelanjaan harian oleh Hospital dan pihak Syarikat tidak akan membayar lebih daripada satu Manfaat Harian Bilik Hospital untuk setiap hari Penghospitalan.

Kecederaan

bermakna satu kecederaan tubuh badan yang disebabkan semata-matanya oleh Kemalangan.

Orang Yang Diinsuranskan

merujuk kepada orang yang memberi kesan kepada polisi ini dimana namanya dinyatakan di dalam Jadual Polisi dan adalah dalam lingkungan Kelayakan Umur.

Orang Yang Menerima Perlindungan

merujuk kepada Orang Yang Diinsuranskan dan/ atau Pasangan dan Kanak-kanak, jika permintaan insurans bagi Pasangan dan Kanak-Kanak juga diterima serupa oleh Syarikat dan nama-nama orang yang tertera di atas Jadual Polisi atau nama-nama yang ditambah melalui Endorsmen.

Perlu Dari Segi Perubatan

bermaksud perkhidmatan perubatan yang:-

- i) selaras dengan diagnosis dan rawatan perubatan biasa bagi Hilang Upaya yang dilindungi, dan
- ii) menurut piawai perubatan yang baik, selaras dengan piawai semasa bagi rawatan perubatan profesional, dan juga dengan manfaat kesihatan yang sah, dan
- iii) bukan untuk kemudahan Orang Yang Menerima Perlindungan atau Pakar Perubatan, dan tidak dapat diperoleh sewajarnya di luar Hospital (jika dimasukkan ke wad sebagai pesakit dalam), dan
- iv) bukan berbentuk eksperimen, penyelidikan atau kajian, pencegahan atau penyaringan, dan
- v) yang bayarannya berpatutan, munasabah dan biasa diamalkan bagi Hilang Upaya itu.

Pesakit Luar

bermaksud Orang Yang Menerima Perlindungan yang sedang menerima penjagaan atau rawatan perubatan tanpa Penghospitalan dan termasuk rawatan di sebuah pusat penjagaan harian.

Tempoh Jangkamasa Insurans

bermaksud tempoh insurans di mana Orang Yang Menerima Perlindungan ditawarkan untuk diinsuranskan (di bawah terma-terma, syarat-syarat dan pengecualian seperti dinyatakan di bawah polisi ini) dan di mana pihak Syarikat bersetuju untuk memberi perlindungan insurans, dan premium yang dibayar oleh Orang Yang Diinsuranskan secara bulanan, dan telah diterima sepenuhnya oleh pihak Syarikat.

Jadual Polisi

bermakna dokumen yang diisi bersama dengan polisi ini yang menaraikan maklumat Orang Yang Menerima Perlindungan, Tempoh Jangkamasa Insurans dan Manfaat-manfaat di bawah polisi.

Tahun Polisi

hendaklah bermaksud tempoh satu tahun termasuk tarikh mula kuatkuasa insurans atau tempoh satu tahun selepas polisi pembaharuan.

Penyakit Sedia Ada

bermaksud Hilang Upaya yang diketahui sewajarnya oleh Orang Yang Menerima Perlindungan. Orang Yang Menerima Perlindungan dianggap mengetahui sewajarnya keadaan sedia ada itu apabila: -

- a) Orang Yang Menerima Perlindungan telah atau sedang menerima rawatan;
- b) Nasihat perubatan, diagnosis, jagaan atau rawatan telah disyorkan;
- c) Gejala yang jelas dan tepat dapat atau telah dilihat dengan nyata, atau
- d) Kewujudannya dapat diperhatikan dengan jelas bagi orang yang mengalami keadaan itu.

Bayaran Munasabah Dan Biasa Diamalkan

bermaksud bayaran rawatan perubatan yang perlu dari segi perubatan, yang dianggap munasabah dan biasa diamalkan selagi bayaran itu tidak melebihi had biasa bayaran yang dibuat oleh pihak lain yang sama kedudukannya di tempat bayaran itu dikenakan, apabila memberikan rawatan, khidmat atau bekalan seumpamanya atau yang serupa kepada individu dengan jantina yang sama dan kategori umur yang sama untuk sakit, penyakit atau kecederaan serta selaras dengan piawai dan amalan perubatan yang diterima dan tidak boleh diabaikan tanpa menjejaskan keadaan perubatan Orang Yang Menerima Perlindungan.

Rusuhan atau Kekecohan Awam

Bermakna pengumpulan warganegara-warganegara (terancang atau tidak terancang) untuk menunjukkan perasaan mereka dan pengumpulan orang tersebut menjadi kejam (sama ada dengan atau tanpa tindakan polis dan/atau tentera). Pengumpulan orang yang menuntut hak-hak kerajaan dan bertindak bagi pihak kerajaan tidak dianggap sebagai rusuhan atau kekecohan awam. Istilah-istilah ini tidak termasuk tindakan kekejaman seorang individu.

Sakit, Wabak atau Penyakit

hendaklah bermaksud keadaan fizikal yang ditunjukkan dari segi patologi berbeza daripada keadaan kesihatan yang normal.

Pakar

bermaksud pengamal perubatan atau pergigian yang berdaftar dan berlesen sewajarnya di kawasan geografi yang khidmat tersebut diberikan, dan yang diklasifikasikan oleh pihak berkuasa kesihatan yang berkenaan sebagai orang yang mempunyai kepakaran yang tinggi dan khusus dalam bidang perubatan atau pergigian yang tertentu, tetapi tidak termasuk pakar perubatan atau pakar bedah yang merupakan Orang Yang Menerima Perlindungan itu sendiri.

Penyakit Tertentu

bermaksud hilang upaya berikut dan komplikasi yang berkaitan dengannya, yang wujud dalam tempoh 120 hari pertama Insurans bagi Orang Yang Menerima Perlindungan: -

- a) Hipertensi, diabetes mellitus dan penyakit kardiovaskular;
- b) Semua tumor, kanser, sista, nodul, polip, batu dalam sistem kencing dan sistem biliari;
- c) Semua penyakit telinga, hidung (termasuk sinus) dan tekak;
- d) Hernia, hemoroid, fistula, hidrosele, varikosele;
- e) Endometriosis termasuk penyakit sistem pembiakan;
- f) Gangguan spina vertebro (termasuk diska) dan penyakit lutut.

Pasangan

merujuk kepada pasangan sah Orang Yang Diinsuranskan yang namanya dinyatakan dalam Jadual Policy.

Mogok

bermakna mana-mana keengganan pekerja yang teratur dan sengaja untuk meneruskan pekerjaan bagi tujuan bantahan atau tindakan mana-mana pihak berkuasa yang sah dalam mengelakan atau cuba mengelakan tindakan tersebut atau mengurangkan akibat tindakan berkenaan.

Pembedahan

bermaksud mana-mana prosedur perubatan yang berikut: -

- a) untuk menginsisi, mengeksisi atau mengelektrokauteri mana-mana bahagian organ atau badan kecuali untuk khidmat pergigian.
- b) Untuk membaiki, mengubah atau membentuk semula mana-mana bahagian organ atau badan.
- c) Untuk mengurangkan fraktur atau dislokasi melalui manipulasi.
- d) Penggunaan endskopi untuk mengeluarkan batu atau objek dari larinks, bronkus, trakea, esofagus, perut, usus, pundi kencing atau uretra.

Tempoh Insurans

bulanan.

Tempoh Tangguh

bermaksud 30 hari pertama antara masa bermulanya hilang upaya Orang Yang Menerima Perlindungan dan bermulanya tarikh Polisi/tarikh pengembalian semula, dan terpakai hanya apabila orang itu dilindungi pertama kalinya. Hal ini tidak terpakai selepas tahun pertama perlindungan. Walau bagaimanapun, jika insurans terhenti, maka Tempoh Tangguh akan terpakai sekali lagi.

SEKSYEN 4 - PENAMATAN PERLINDUNGAN

Perlindungan insurans di bawah setiap Sijil Insurans akan tamat secara automatik pada tarikh-tarikh berikut yang terawal:-

- a) apabila Orang Yang Diinsuranskan mencapai umur 66 tahun;
- b) pada tarikh perlindungan Orang Yang Diinsuranskan ditamatkan penerimaan perlindungan sama ada ianya dibatalkan,

disebabkan kematian atau sebab-sebab lain;

- c) sekiranya berlaku kejadian yang disebabkan penipuan dalam pembelian Insuran ini atau mendapat manfaat yang di bawah polisi ini;
- d) sebaik sahaja selepas pengakuan liabiliti 100% untuk suatu tuntutan terlindung oleh pihak Syarikat;
- e) mana-mana premium atas Sijil Insurans yang tidak dibayar selepas tarikh premium patut dibayar.

Perlindungan untuk setiap Orang Yang Menerima Perlindungan di bawah Sijil Insurans masing-masing akan tamat: -

- (a) apabila Orang Yang Menerima Perlindungan mencapai umur 66 tahun;
- (b) pada tarikh perlindungan Orang Yang Menerima Perlindungan ditamatkan sama ada disebabkan kematian, dibatalkan atau sebab-sebab lain.

Di bawah Pelan Keluarga, perlindungan untuk Anak yang dilindungi akan ditamatkan apabila anak mencapai umur 18 tahun atau 23 tahun sekiranya didaftarkan sebagai pelajar penuh masa.

Penamatan polisi ini adalah tanpa prejudis kepada mana-mana tuntutan yang wujud selepas penamatan tersebut yang difilkan di bawah sebarang Sijil Insurans.

SEKSYEN 5 – PENGECUALIAN

Manfaat-manfaat di bawah polisi ini tidak akan dibayar disebabkan oleh mana-mana kejadian yang berikut: -

1. Orang Yang Menerima Perlindungan berumur di bawah umur 15 hari atau mencapai umur 66 tahun dan ke atas;
2. angkatan bersenjata, polis, pengawal keselamatan, ahli bomba, pemain sukan profesional, pemandu pelumba kereta atau pelumba, penyabung nyawa, pelombong, krew udara, anak kapal, pekerja pelantar minyak, penyelam, pembalak, penggali dan pekerja industri asbestos;
3. apa-apa Penyakit Sedia Ada;
4. Penyakit Tertentu yang berlaku dalam tempoh 120 hari pertama bagi perlindungan berterusan;
5. apa-apa keadaan perubahan atau fizikal yang berlaku dalam tempoh 30 hari pertama perlindungan atau tarikh pengembalian semula bagi Orang Yang Menerima Perlindungan, mengikut mana-mana yang terakhir kecuali untuk Kecederaan akibat Kemalangan;
6. pembedahan plastik/kosmetik, khatan, pemeriksaan mata, cermin mata dan pembetulan penglihatan dekat melalui pembiasan atau pembedahan (Keratotomy radial atau Lasik) dan penggunaan atau pemerolehan perkakas atau alat prostetik seperti anggota tiruan, alat pendengaran, perentak yang diimplankan dan preskripsinya;
7. penyakit pergigian termasuk rawatan pergigian atau pembedahan oral kecuali apabila diperlukan kerana Kecederaan akibat Kemalangan pada gigi asli yang sihat yang berlaku sepenuhnya dalam Tempoh Insurans;
8. penjagaan peribadi, rehat pulih atau jagaan kebersihan, dadah yang tidak dibenarkan, intoksikasi, pensterilan, penyakit venereal dan sekuelanya, AIDS (Sindrom Kurang Daya Tahan Penyakit) atau ARC (Kompleks Berkaitan AIDS) dan penyakit berkaitan HIV, dan apa-apa penyakit berjangkit yang memerlukan kuarantin oleh undang-undang;
9. apa-apa rawatan atau operasi pembedahan untuk keabnormalan atau kecacatan kongenital termasuk penyakit keturunan;
10. kehamilan, melahirkan anak (termasuk kelahiran secara pembedahan), keguguran, menggugurkan kandungan dan jagaan serta pembedahan pranatal atau postnatal, kaedah kawalan kelahiran kontraseptif mekanikal atau kimia atau rawatan berkaitan ketaksuburan, disfungsi erektile dan ujian atau rawatan berkaitan impoten atau pensterilan;
11. penghospitalan terutamanya untuk tujuan penyiasatan, diagnosis, pemeriksaan sinar-x, pemeriksaan fizikal atau perubahan am, tidak berkaitan dengan rawatan atau diagnosis Hilang Upaya yang dilindungi yang tidak Perlu Dari Segi Perubahan dan apa-apa rawatan pencegahan, ubat atau pemeriksaan pencegahan yang dijalankan oleh Pakar Perubahan, dan rawatan khusus untuk mengurangkan atau menaikkan berat badan;
12. bunuh diri, percubaan bunuh diri atau kecederaan diri sendiri yang disengajakan ketika siuman atau tidak siuman;
13. perang atau apa-apa tindakan perang, diisytiharkan atau tidak diisytiharkan, aktiviti jenayah atau pengganas, bergiat cergas dalam mana-mana angkatan bersenjata, penyertaan secara langsung dalam Mogok, Rusuhan dan Kekecohan Awam atau penderhakaan tentera;
14. radiasi pengionan atau pencemaran melalui radioaktiviti daripada mana-mana bahan api nuklear atau sisa nuklear daripada proses pembelahan nuklear atau daripada apa-apa bahan senjata nuklear;
15. belanja yang ditanggung untuk menderma mana-mana organ tubuh oleh Orang Yang Menerima Perlindungan dan kos pemerolehan organ termasuk semua kos yang ditanggung oleh penderma ketika transplan organ dan komplikasinya;
16. penyiasatan dan rawatan gangguan tidur dan dengkur, terapi penggantian hormon dan terapi pilihan seperti rawatan, khidmat atau bekalan perubahan, termasuk tetapi tidak terhad kepada khidmat kiropraktik, akupunktur, refleksologi, pengikatan tulang, rawatan pakar herba, urut atau terapi aroma atau rawatan pilihan yang lain;
17. jagaan atau rawatan yang pembayarannya tidak dikehendaki atau setakat yang ia dibayar oleh mana-mana insurans lain atau tanggung rugi yang melindungi Orang Yang Menerima Perlindungan dan Hilang Upaya yang timbul daripada tugas dalam pekerjaan atau kerjaya yang dilindungi di bawah Kontrak Insurans Pampasan Pekerja;
18. psikotik, gangguan mental atau saraf (termasuk apa-apa neurosis dan manifestasi fisiologi atau psikosomatiknya);
19. kos/belanja bagi khidmat yang bersifat bukan perubahan, seperti televisyen, telefon, khidmat teleks, radio atau kemudahan yang serupa, kit/pek kemasan dan barang bukan perubahan lain yang tidak layak;
20. Hilang Upaya yang timbul daripada apa-apa jenis perlumbaan (kecuali perlumbaan jalan kaki), sukan berbahaya seperti tetapi tidak terhad kepada terjun di udara, luncur air, aktiviti dalam air yang memerlukan alat pernafasan, sukan musim sejuk, sukan profesional dan aktiviti yang tidak dibenarkan;
21. penerbangan peribadi selain sebagai penumpang yang membayar tambang dalam mana-mana penerbangan komersil berjadual untuk mengangkut penumpang melalui laluan yang ditetapkan;
22. belanja yang ditanggung untuk menukar jantina;
23. bayaran untuk perkhidmatan yang diterima di pusat pemulihan dan kejururawatan, klinik-klinik rawatan semulajadi dan institusi-institusi serupa atau untuk penjagaan rehat;
24. rawatan untuk sebarang Kecederaan atau Penyakit untuk mana rawatan tersebut diberikan secara percuma;
25. perbelanjaan perhubungan atau pengangkutan kecuali perkhidmatan ambulan tempatan;

26. polisi ini tidak melindungi sebarang Kecederaan fizikal atau Penyakit yang serius akibat langsung atau tidak langsung daripada, disebabkan atau dipercepatkan oleh: -
- a) penggunaan, pelepasan atau kebocoran bahan-bahan nuclear yang menyebabkan tindakbalas nuklear atau pancaran atau pencemaran radioaktif secara langsung atau tidak langsung; atau
 - b) penyebaran atau penggunaan bahan-bahan patogenik atau biologi beracun atau bahan kimia; atau
 - c) pelepasan bahan-bahan patogenik atau biologi beracun atau bahan kimia.
- Bagi tujuan pengecualian ini, kecederaan fizikal serius bermakna: -
- a) kecederaan fizikal yang melibatkan risiko besar yang boleh menyebabkan kematian; atau
 - b) kecacatan fizikal yang melanjut dan nyata; atau
 - c) kehilangan atau kecacatan fungsi anggota atau organ badan yang melanjut.
27. Syarikat tidak akan membayar di bawah mana-mana seksyen polisi ini di mana pembayaran sedemikian akan melanggar larangan atau peraturan kerajaan.

SEKSYEN 6 - SYARAT KHAS

- 1) Premium yang dikenakan di bawah ini hendaklah dibayar secara bulanan atau tahunan sepertimana berkenaan. Tuntutan tidak akan dilayan dalam tempoh di mana premium berkenaan tidak dibayar.
- 2) Mana-mana penipuan, pernyataan yang tidak benar atau persembunyian mengenai insurans ini atau mana-mana tuntutan di bawahnya akan menyebabkan polisi ini atau Sijil-sijil Insurans yang berkenaan, mengikut mana yang berkenaan, batal dan tidak sah dan sebarang manfaat yang diberikan di bawahnya akan ditarik balik.
- 3) Pematuhan sewajarnya polisi ini dan Sijil Insurans dari itu akan terikat ke atas Orang Yang Diinsuranskan dan juga Pemegang Sijil seolah-olah dia adalah Orang Yang Diinsuranskan, dan ianya dijadikan sebagai syarat terdahulu pengakuan mana-mana tuntutan yang dilaporkan di bawah polisi atau Sijil Insurans ini.
- 4) Proses tuntutan termasuk penyelesaian akan diuruskan secara terus di antara pihak Syarikat dan Pemegang Sijil di mana pelepasan akan menjadi pelepasan penuh dan muktamad tuntutan yang difailkan.

SEKSYEN 7 - SYARAT-SYARAT AM POLISI

- 1. KESELURUHAN KONTRAK- PERUBAHAN POLISI:** Polisi ini adalah termasuk endorsemen dan dokumen-dokumen yang dilampirkan, jika ada, dan mengandungi keseluruhan kontrak insurans.
- 2. PINDAAN-PINDAAN:** Syarikat berhak meminda terma dan peruntukan polisi ini dengan memberikan notis awal 30 hari secara bertulis melalui pos biasa ke alamat terakhir Pihak Yang Diinsuranskan yang diketahui mengikut rekod Syarikat, dan pindaan tersebut akan terpakai dari pembaharuan berikutnya bagi polisi ini. Sebarang pindaan ke atas polisi ini hendaklah mengikat ke atas semua orang sama ada diinsuranskan di bawah polisi ini sebelum, semasa, atau selepas tarikh pindaan berkuatkuasa. Pindaan kepada polisi ini tidak sah kecuali jika diluluskan oleh Syarikat dan kelulusan itu hendaklah diendorskan pada polisi tersebut.
- 3. TEMPOH PERLINDUNGAN DAN PEMBAHARUAN:** Polisi ini hendaklah berkuat kuasa mengikut tarikh yang dinyatakan pada jadual. Ulang tahun polisi adalah satu tahun selepas tarikh kuat kuasa dan setiap tahun berikutnya. Pada setiap ulang tahun itu, polisi ini boleh dibaharui pada kadar premium yang berkuat kuasa pada masa itu seperti yang diberitahu oleh Syarikat. Polisi ini boleh dibaharui mengikut pilihan Syarikat. Permohonan mengubah manfaat kepada pelan yang lebih tinggi hanya boleh dibuat pada masa membaharui polisi dan tertakluk kepada penerimaan Syarikat pada masa pembaharuan.

Polisi ini boleh dibaharui mengikut pilihan Orang Yang Diinsuranskan sehingga berlaku mana-mana yang berikut:

- (a) Premium tidak dibayar atau premium tidak dibayar mengikut masa
- (b) Penipuan atau salah nyataan fakta penting semasa membuat permohonan
- (c) Sijil Insurans dibatalkan atas permintaan Orang Yang Diinsuranskan
- (d) Jumlah tuntutan polisi mencapai had seumur hidup yang ditetapkan dan/atau berlaku kematian Orang Yang Menerima Perlindungan
- (e) Orang Yang Menerima Perlindungan tidak lagi layak menjadi tanggungan berdasarkan takrif polisi
- (f) Orang Yang Menerima Perlindungan mencapai had umur perlindungan yang ditetapkan
- (g) Penamatan perlindungan semua polisi dalam pasaran tertentu dan Syarikat menarik balik polisi ini sepenuhnya dari pasaran menurut Syarat Penarikan Balik Portfolio.

- 4. HAD UMUR UNTUK ORANG YANG MENERIMA PERLINDUNGAN DI BAWAH POLISI INI:** Kelayakan umur bagi Orang Yang Menerima Perlindungan adalah dari lima belas (15) hari hingga enam puluh (60) tahun dan polisi ini boleh diperbaharui sehingga enam puluh lima (65) tahun. Di bawah Pelan Keluarga (jika berkenaan), perlindungan di bawah polisi ini akan dilanjutkan kepada Anak-anak yang masih bujang umur antara lima belas (15) hari dan lapan belas (18) tahun, dan dilanjutkan kepada umur dua puluh tiga (23) tahun untuk mereka yang didaftarkan sebagai pelajar penuh masa.
- 5. SILAP NYATA JANTINA:** Dimana jantina Orang Yang Menerima Perlindungan telah salah dinyatakan, peraturan-peraturan berikut akan berkuatkuasa:
- Jika premium yang sudah dibayar mengikutnya adalah tidak mencukupi, sebarang tuntutan yang dibayar dibawah polisi ini akan dibuat secara prorata berasaskan kepada premium yang betul dimana mengikut peratus premium yang sepatutnya di bayar bagi tahun itu; dan/atau
 - sebarang premium berlebihan yang dibayar akibat perkara tersebut, akan dipulangkan tanpa faedah.
- 6. SILAP NYATA UMUR:** Jika umur Orang Yang Menerima Perlindungan telah tersilap nyata dan akibatnya premium yang dibayar tidak mencukupi, maka apa-apa tuntutan yang dibayar di bawah polisi ini hendaklah dikira secara pro rata berasaskan nisbah premium yang sebenar yang dibayar dengan premium yang betul yang sepatutnya dikenakan selama setahun. Apa-apa premium yang berlebihan, yang mungkin telah dibayar akibat silap nyata umur, hendaklah dibayar balik tanpa faedah. Jika pada umur yang betul, Orang Yang Menerima Perlindungan itu tidak layak dilindungi di bawah polisi ini, maka tiada manfaat akan dibayar.
- 7. SALAH NYATAAN / PENIPUAN:** Jika cadangan atau perisytiharan Orang Yang Menerima Perlindungan didapati tidak betul dari apa-apa segi atau jika fakta penting yang mempengaruhi risiko tidak dinyatakan dengan betul di dalamnya atau dikeluarkan daripadanya, atau jika insurans ini, atau apa-apa pembaharuan padanya sepatutnya diperoleh melalui mana-mana silap nyata, salah nyataan atau jika apa-apa tuntutan yang dibuat secara menipu atau ditokok tambah, atau apa-apa perisytiharan atau pernyataan palsu dibuat untuk menyokongnya, dengan itu dalam mana-mana kes ini, polisi adalah terbatal.
- 8. PERUBAHAN DALAM RISIKO:** Pemegang Sijil akan memberikan notis bertulis secara serta-merta kepada Pihak Syarikat jika ada sebarang pertukaran kepada pekerjaan, perniagaan, tugas atau pencarian Orang Yang Menerima Perlindungan dan akan membayar premium tambahan yang dikehendaki oleh Syarikat.
- 9. MATAWANG PEMBAYARAN:** Semua pembayaran di bawah polisi ini hendaklah dibuat dalam matawang sah Malaysia. Jika mana-mana pembayaran dikehendaki oleh Orang Yang Diinsuranskan supaya dibayar dalam mana-aman matawang lain, maka amaun sedemikian hendaklah dibayar dalam matawang diminta yang boleh dibeli di Malaysia pada kadar pasaran matawang yang diumumkan oleh Bank Negara Malaysia pada tarikh penyelesaian tuntutan tersebut.
- 10. PROSEDUR TUNTUTAN**
- Orang Yang Menerima Perlindungan hendaklah dalam tempoh 30 hari Hilang Upaya yang melibatkan belanja boleh tuntutan, memberikan notis bertulis kepada Pihak Syarikat dengan menyatakan butiran lengkap kejadian tersebut, termasuk semua bil dan resit asal serta laporan lengkap Pakar Perubatan yang menyatakan diagnosis keadaan yang dirawat dan tarikh Hilang Upaya bermula mengikut pendapat Pakar Perubatan dan rumusan kos rawatan oleh Pakar Perubatan termasuk ubat dan khidmat yang diberikan. Kegagalan memberikan notis tersebut dalam tempoh yang dibenarkan tidak boleh membatalkan apa-apa tuntutan jika ditunjukkan tidak munasabah untuk memberikan notis itu dan notis itu telah diberikan secepat mungkin.
 - Orang Yang Menerima Perlindungan hendaklah mendapatkan dan bertindak berdasarkan nasihat perubatan yang sewajarnya dan Pihak Syarikat tidak bertanggungjawab jika rawatan atau khidmat diperlukan berikutan kegagalan Orang Yang Menerima Perlindungan berbuat demikian
- 11. HAD-HAD TUNTUTAN:** Faedah tuntutan tidak akan dibayar di bawah polisi ini jika tuntutan ini diserahkan kepada pihak Syarikat selepas tempoh satu (1) tahun selepas tarikh permulaan Penghospitalan.
- 12. TUNTUTAN TIDAK LENGKAP:** Semua tuntutan hendaklah diserahkan kepada pihak Syarikat dalam tempoh 30 hari setelah kejadian itu selesai yang untuknya tuntutan itu dibuat. Tuntutan tidak dianggap lengkap dan Manfaat Layak Diterima tidak akan dibayar kecuali semua bil untuk tuntutan itu telah diserahkan dan dipersetujui oleh pihak Syarikat. Hanya kos sebenar yang ditanggung akan dipertimbangkan untuk pembayaran balik. Apa-apa perbezaan atau penepian bagi perkara di atas adalah mengikut budi bicara pihak Syarikat semata-mata.
- 13. BUKTI PENGINAPAN DI HOSPITAL**
- Bukti penginapan di Hospital, pembedahan atau rawatan yang positif sebagai seorang pesakit luar dalam bentuk-bentuk sebagaimana yang disyorkan oleh pihak Syarikat hendaklah dilengkapkan dan dibekalkan atas tanggungan Orang Yang Menerima Perlindungan dalam tempoh tiga puluh (30) hari selepas pengeluaran dari Hospital atau penerimaan rawatan bersama dengan penyata akaun rasmi dan resit-resit Hospital.
- 14. PEMERIKSAAN PERUBATAN:** Pihak Syarikat dengan menanggung perbelanjaan sendirinya berhak memerlukan bukti tambahan dan meminta pemeriksaan perubatan Orang Yang Menerima Perlindungan apabila dan sekerapnya yang munasabah dalam tempoh tuntutan masih diproseskan dan untuk menjalankan autopsi dalam kes kematian jika ianya tidak dilarang oleh undang-undang.
- 15. PERAKUAN, MAKLUMAT DAN BUKTI:** Semua sijil, maklumat, laporan dan bukti perubatan seperti yang dikehendaki oleh pihak Syarikat hendaklah diserahkan atas belanja Orang Yang Menerima Perlindungan, dan dalam borang tertentu yang mungkin dikehendaki oleh pihak Syarikat. Semua notis apabila dikehendaki oleh pihak Syarikat supaya diberikan oleh Orang Yang Diinsuranskan, hendaklah secara bertulis dan dialamatkan kepada pihak Syarikat. Orang

Yang Menerima Perlindungan hendaklah, atas permintaan dan belanja pihak Syarikat, menyerahkan kepada pemeriksaan perubatan apabila ia dianggap perlu.

- 16. RAWATAN DI SEBERANG LAUT:** Jika Orang Yang Menerima Perlindungan mendapatkan rawatan di seberang laut, manfaat-manfaat berkenaan dengan rawatan akan dilindungi tertakluk kepada pengecualian-pengecualian, had-had dan syarat-syarat yang dinyatakan dalam polisi ini dan semua manfaat akan dibayar berdasarkan kadar penukaran matawang rasmi pada hari terakhir tempoh Penghospitalan dan tidak termasuk kos pengangkutan ke tempat rawatan kecuali:-
- i) Orang Yang Menerima Perlindungan mengembara ke seberang laut bagi tujuan selain daripada rawatan perubatan, memerlukan Penghospitalan di luar Malaysia akibat Kecemasan Perubatan;
 - ii) Orang Yang Menerima Perlindungan perlu dipindahkan ke sebuah Hospital di luar Malaysia atas pengesyoran seorang Doktor Perubatan kerana rawatan, bantuan, maklumat atau keputusan pakar diperlukan yang tidak boleh didapati atau diambil di Malaysia.
- Rawatan di seberang laut untuk Disability atau Kecederaan yang didiagnoskan di Malaysia dan tidak merupakan suatu kecemasan atau keadaan kronik di mana rawatan boleh dilewatkan secara munasabah sehingga pemulangan ke Malaysia dikecualikan.
- 17. PRASARAT LIABILITI:** Pematuhan dan pelaksanaan terma, peruntukan dan syarat polisi ini dengan sewajarnya oleh Orang Yang Menerima Perlindungan dan selagi berkaitan dengan apa-apa yang perlu dilakukan atau dipatuhi oleh Orang Yang Menerima Perlindungan hendaklah menjadi prasyarat apa-apa liabiliti Syarikat.
- 18. ORANG YANG BERHAK MENERIMA BAYARAN PAMPASAN:** Semua pampasan polisi ini akan dibayar kepada Orang Yang Diinsuranskan. Sebarang pampasan yang terhutang kepada Orang Yang Diinsuranskan pada masa kematian Orang Yang Diinsuranskan akan dibayar kepada nomini yang terakhir dinamakan di bawah polisi ini. Jika tiada penamaan (disebabkan oleh kegagalan berbuat demikian atau pembatalan), bayaran akan dibuat kepada pusaka Orang Yang Diinsuranskan. Penerimaan sebarang manfaat di bawah polisi ini oleh Orang Yang Diinsuranskan (atau oleh wakil yang sah atau dibenarkan) dengan sendirinya menjadi pelepasan semua obligasi dan liabiliti Syarikat yang berkesan.
- 19. PEMILIKAN POLISI:** Kecuali diperuntukkan sebaliknya secara nyata melalui Endorsemen dalam polisi, Syarikat berhak menganggap Orang Yang Diinsuranskan sebagai pemilik mutlak polisi. Syarikat tidak terikat untuk mengiktirafkan apa-apa tuntutan ekuiti atau tuntutan lain ke atas polisi atau kepentingan dalam polisi, dan penerimaan polisi atau Manfaat oleh Orang Yang Diinsuranskan (atau oleh wakilnya yang sah atau yang diberi kuasa) sahaja hendaklah merupakan pelepasan efektif bagi semua obligasi dan liabiliti Syarikat. Orang Yang Diinsuranskan hendaklah dianggap sebagai prinsipal atau Ejen bertanggungjawab bagi Orang Yang Diinsuranskan yang dilindungi di bawah polisi ini.
- 20. PENERIMAAN:** Pihak Syarikat tidak akan diwajibkan oleh mana-mana notis atau cagaran amanah, lien, penyerahan hak atau urusan lain dengan polisi ini dan penerimaan oleh Orang Yang Menerima Perlindungan mana-mana gantirugi yang dibayar di bawah ini akan dalam semua kes merupakan pelepasan liabiliti berkesan oleh pihak Syarikat.
- 21. HAK-HAK PENAMA:** Kebenaran Penama tidak diperlukan sebagai prasyarat untuk menamatkan atau membatalkan polisi ini atau untuk penukaran penama atau untuk sebarang pindaan dalam polisi ini.
- 22. NOTIS:** Setiap notis atau komunikasi kepada pihak Syarikat hendaklah dibuat secara bertulis dan dihantar kepada pihak Syarikat. Pindaan bagi syarat dalam polisi ini atau apa-apa pengendorsan padanya, tidak sah kecuali pindaan itu ditandatangani atau diparap oleh wakil pihak Syarikat yang diberi kuasa.
- 23. PEMBATALAN:** Polisi ini boleh dibatalkan oleh Orang Yang Diinsuranskan pada bila-bila masa dengan memberikan notis bertulis kepada Syarikat, dan dengan syarat tiada tuntutan dibuat dalam tahun polisi semasa, Orang Yang Diinsuranskan layak menerima bayaran balik premium seperti yang berikut:-

Tempoh Tidak Boleh Melebihi	Bayaran Balik Premium Tahunan
15 Hari	90% (terpakai kepada pembaharuan sahaja)
1 bulan	80%
2 bulan	70%
3 bulan	60%
4 bulan	50%
5 bulan	40%
6 bulan	30%
7 bulan	25%
8 bulan	20%
9 bulan	15%
10 bulan	10%
11 bulan	5%
Tempoh melebihi 11 Bulan	Tiada bayaran balik

- 24. PENGEMBALIAN KEPADA KEDUDUKAN ASAL:** Jika sebarang premium terhutang selepas premium patut dibayar,

polisi ini boleh dikembalikan kepada kedudukan asalnya dengan kebenaran pihak Syarikat dalam tempoh sembilan puluh (90) hari selepas tarikh pembayaran premium yang terhutang dengan syarat permohonan secara bertulis untuk pengembalian kepada kedudukan asal; atau penyerahan bukti kebolehan insurans yang memuaskan kepada pihak Syarikat. Sekiranya pihak Syarikat bersetuju untuk mengembalikan semula polisi, polisi tersebut akan dikembalikan kepada kedudukan asal pada hari pertama (1hb) bulan berikutnya selepas penerimaan premium oleh Syarikat.

Penerimaan premium yang seterusnya oleh pihak Syarikat selepas itu akan, tertakluk kepada peruntukan di atas, mengembalikan polisi ini kepada kedudukan asalnya dan akan melindungi sebarang kerugian disebabkan oleh Kecederaan atau Kekurangan Upaya yang dialami selepas tarikh pengembalian kepada kedudukan asal tersebut. Akan tetapi manfaat tidak akan dibayar untuk sebarang Kecederaan atau Kekurangan Upaya yang berlaku semasa tempoh polisi luput.

- 25. TEMPOH TANGGUH:** Kelayakan menerima manfaat bermula 30 hari selepas Orang Yang Menerima Perlindungan dimasukkan ke dalam polisi, kecuali untuk Kemalangan yang dilindungi yang berlaku selepas Tarikh Berkuatkuasa perlindungan.
- 26. TEMPOH BERTENANG:** Jika polisi ini telah dikeluarkan dan atas apa-apa alasan, Orang Yang Diinsuranskan membuat keputusan untuk tidak mengambil polisi insurans itu, Orang Yang Diinsuranskan itu boleh mengembalikan polisi insurans itu kepada pihak Syarikat untuk pembatalan dengan syarat permohonan untuk pembatalan diserahkan oleh Orang Yang Diinsuranskan kepada pihak Syarikat dalam tempoh lima belas (15) hari dari tarikh penyerahan polisi insurans. Orang Yang Diinsuranskan itu layak menerima pulangan penuh premium yang telah dibayar tolak belanja perubatan yang ditanggung oleh pihak Syarikat untuk mengeluarkan polisi insurans tersebut.
- 27. SUBROGASI:** Jika pihak Syarikat bertanggungjawab untuk membuat apa-apa bayaran di bawah polisi ini, pihak Syarikat hendaklah mensubrogasi setakat bayaran itu ke atas semua hak dan remedi bagi Orang Yang Menerima Perlindungan terhadap mana-mana pihak dan berhak atas belanjanya sendiri membuat dakwaan atas perintah Orang Yang Menerima Perlindungan. Orang Yang Menerima Perlindungan hendaklah memberikan atau mengarahkan agar diberikan kepada pihak Syarikat semua bantuan seumpamanya yang di bawah kuasanya seperti yang mungkin dikehendaki oleh pihak Syarikat untuk menjamin hak dan remedi dan atas permintaan pihak Syarikat, hendaklah melaksanakan atau menyebabkan dilaksanakan semua dokumen yang perlu bagi membolehkan pihak Syarikat mengambil tindakan guaman secara berkesan atas perintah Orang Yang Menerima Perlindungan.
- 28. SUMBANGAN:** Jika Orang Yang Menerima Perlindungan dilindungi oleh mana-mana insurans lain yang melindungi sebarang Kekurangan Upaya yang diinsuranskan oleh polisi ini, bahagian pembayaran balik kos perubatan oleh pihak Syarikat adalah sekadar dengan jumlah insurans-insurans yang sedia ada yang memberi respons kepada tuntutan berkenaan.
- 29. SYARAT PENARIKAN BALIK PORTFOLIO:** Pihak Syarikat berhak membatalkan portfolio keseluruhannya jika ia memutuskan untuk membatalkan tanggungan produk insurans ini. Pembatalan portfolio keseluruhannya akan diberikan tiga puluh (30) hari notis secara bertulis kepada Orang Yang Diinsuranskan dan pihak Syarikat akan menamatkan semua polisi kepada penamatan tempoh perlindungan yang terkandung dalam portfolio tersebut.
- 30. PENGAMBILALIHAN POLISI (terpakai hanya jika dinyatakan dalam Jadual Polisi Insurans)**

Jika polisi ini bermula sebaik sahaja selepas penamatan polisi terdahulu dan jika Orang Yang Menerima Perlindungan mengalami hilang upaya perubatan sebelum atau pada masa polisi ini bermula (dan manfaat di bawah polisi terdahulu disediakan untuknya), Orang Yang Menerima Perlindungan itu hendaklah terus dilindungi bagi hilang upaya sedia ada, tetapi tidak melebihi had polisi terdahulu dengan syarat Syarikat telah memperoleh satu salinan polisi terdahulu.
- 31. POLISI DITINGKATKAN (terpakai hanya jika dinyatakan dalam Jadual Polisi Insurans)**

Jika manfaat layak diterima bagi mana-mana Orang Yang Menerima Perlindungan di bawah syarat polisi ini ditambah semasa ia berkuat kuasa atau pada masa pembaharuan atau penggantian dan jika Orang Yang Menerima Perlindungan itu mengalami Hilang Upaya sebelum atau pada masa Manfaat ditambah, maka Had Manfaat yang dibayar bagi Hilang Upaya itu tidak boleh melebihi Had Manfaat sebelum tarikh Manfaat itu ditingkatkan.
- 32. POLISI PENGUBAHAN (terpakai hanya jika dinyatakan dalam Jadual Polisi Insurans)**

Jika manfaat layak diterima yang disediakan di bawah polisi ini telah diubah daripada perlindungan had dalam sedia ada kepada perlindungan pembayaran balik mengikut bayaran/penuh, dan jika Orang Yang Menerima Perlindungan itu mengalami Hilang Upaya sebelum atau pada masa Manfaat diubah, manfaat yang dibayar bagi Hilang Upaya itu hendaklah selaras dengan Jadual Manfaat sebelum tarikh manfaat layak diterima diubah.
- 33. WILAYAH PASARAN GEOGRAFI:** Semua manfaat yang disediakan dalam Polisi ini terpakai dua puluh empat (24) jam sehari di seluruh dunia.
- 34. PEMATUHAN UNDANG-UNDANG:** Sebarang peruntukan polisi ini, yang pada tarikh keberkesanannya berkonflik dengan undang-undang negara dimana polisi ini diserahkan atau dikeluarkan untuk penyerahan dipinda supaya mematuhi keperluan minima undang-undang tersebut.
- 35. UNDANG-UNDANG YANG MENGAWAL POLISI:** Polisi ini dikeluarkan di bawah undang-undang Malaysia dan tertakluk dan dikawal oleh undang-undang lazim di Malaysia.
- 36. PROSIDING UNDANG-UNDANG:** Tindakan undang-undang atau ekuiti tidak boleh dibawa ke mahkamah untuk mendapatkan semula polisi ini sebelum tamat tempoh enam puluh (60) hari selepas bukti bertulis kerugian diberikan menurut keperluan polisi ini. Jika Orang Yang Menerima Perlindungan gagal memberikan bukti kerugian yang diperlukan seperti yang dinyatakan oleh terma, peruntukan dan syarat polisi, maka Orang Yang Menerima

Perlindungan boleh, dalam tempoh bertenang bagi satu tahun kalendar dari masa bukti bertulis bagi kerugian itu diberikan, menyerahkan bukti kerugian yang berkaitan kepada pihak Syarikat dengan alasan yang kukuh kerana kegagalan mematuhi terma, peruntukan dan syarat polisi. Penerimaan bukti kerugian itu adalah semata-mata dan sepenuhnya mengikut budi bicara pihak Syarikat. Selepas tempoh bertenang itu tamat, pihak Syarikat tidak akan menerima, walau dengan apa-apa alasan sekalipun, bukti bertulis tentang kerugian itu.

- 37. TIMBANG TARA:** Semua perbezaan yang timbul daripada polisi ini hendaklah dirujuk kepada penimbang tara yang hendaklah dilantik secara bertulis oleh pihak dalam perbezaan. Jika mereka tidak berjaya mendapatkan persetujuan tentang siapa yang akan menjadi Penimbang Tara dalam tempoh satu (1) bulan apabila diminta secara bertulis untuk berbuat demikian, maka kedua-dua pihak layak melantik Penimbang Tara yang setiap seorang akan mendengar perbezaan itu bersama-sama dengan Pengadil yang akan dilantik oleh kedua-dua Penimbang Tara itu. Walau bagaimanapun, dengan syarat apa-apa penafian liabiliti oleh Syarikat bagi apa-apa tuntutan di bawah ini hendaklah dirujuk kepada Penimbang Tara dalam tempoh dua belas (12) bulan kalendar dari tarikh penafian tersebut.
- 38. TINGGAL DI LUAR NEGARA:** Tiada manfaat akan dibayar untuk apa-apa rawatan perubatan yang diterima oleh Orang Yang Menerima Perlindungan di luar Malaysia, jika Orang yang Diinsuranskan itu tinggal atau membuat perjalanan di luar Malaysia lebih daripada sembilan puluh (90) hari berturut-turut.
- 39. KESETUJUAN PENGGUNAAN MAKLUMAT PERIBADI:** Dengan penyerahan borang untuk perlindungan, Orang Yang Menerima Perlindungan adalah diisytiharkan bersetuju untuk pengambilan maklumat peribadinya oleh pihak Syarikat (sama ada melalui telefon atau mana-mana yang diperoleh) adalah diberikan dan akan dipegang, diguna atau didedahkan oleh pihak Syarikat atau mana-mana pihak ketiga yang dipilih untuk tujuan memproses Sijil Insurans ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan ini atau yang lain, pemasaran terus, dan pepadanan data, dan untuk tujuan berkomunikasi dengan Orang Yang Menerima Perlindungan. Orang Yang Menerima Perlindungan berhak untuk memperolehi dan meminta pembetulan keatas atau penarikan balik pengisytiharannya atas penggunaan mana-mana maklumat peribadinya yang dipegang oleh pihak Syarikat.
- 40. SANKSI:** Syarikat tidak bertanggungjawab untuk membuat apa-apa pembayaran bagi liabiliti di bawah mana-mana seksyen perlindungan polisi ini atau membuat apa-apa pembayaran di bawah mana-mana pelanjutan bagi kehilangan atau tuntutan yang timbul dalam, atau di mana Orang Yang Menerima Perlindungan atau waris di bawah polisi adalah rakyat atau instrumen kerajaan, mana-mana Negara/ Negara-negara terhadap mana-mana undang-undang dan/atau peraturan yang mentadbir polisi ini dan/atau Syarikat, syarikat induknya atau entiti induk utamanya telah membuat embargo atau lain-lain bentuk sekatan ekonomi yang mempunyai kesan menghalang Syarikat daripada memberikan perlindungan insurans atau melakukan transaksi perniagaan dengan atau sebaliknya menawarkan Manfaat ekonomi kepada Orang Yang Menerima Perlindungan atau mana-mana waris lain di bawah polisi ini.

Adalah difahami selanjutnya dan dipersetujui bahawa tiada Manfaat atau pembayaran akan dibuat kepada mana-mana waris/ waris (-waris) yang diisytiharkan tidak boleh menerima Manfaat ekonomi di bawah undang-undang dan/atau peraturan yang mentadbir polisi ini dan/atau Syarikat, syarikat induknya atau entiti induk utamanya;

SEKSYEN 8 - BENEFITS

Manfaat akan dibayar seperti yang diterangkan dibawah. Jadual Prosedur-prosedur Pembedahan yang dirujuk dibawah adalah disertakan bersama polisi ini dipenghujungnya dan merupakan sebahagian daripada kontrak polisi ini.

1. Pendapatan Hospital Harian

Penghospitalan akibat Hilang Upaya diperlukan, pihak Syarikat akan membayar Pendapatan Hospital Harian seperti dinyatakan di dalam Jadual Manfaat tertakluk kepada syarat Penghospitalan adalah untuk tempoh masa minima enam (6) jam dan adalah keperluan yang disyorkan oleh Doktor atau Doktor Pembedahan yang mengendalikan kes berkenaan. Bayaran untuk manfaat ini tidak boleh melebihi jumlah agregat seratus dua puluh (120) hari Penghospitalan di dalam sebuah Hospital yang berlesen akibat mana-mana satu Penghospitalan.

2. Penjagaan Intensif Harian

Penghospitalan di Unit Penjagaan Intensif akibat Hilang Upaya diperlukan, pihak Syarikat akan membayar amaun yang bersamaan dengan manfaat Penjagaan Intensif Hospital seperti yang dinyatakan di dalam Jadual Manfaat dan adalah keperluan yang disyorkan oleh Doktor atau Doktor Pembedahan. Tempoh maksima yang akan dibayar tidak melebihi 30 hari dan tempoh tersebut termasuk dalam tempoh maksima 120 hari yang akan dibayar di bawah manfaat Pendapatan Hospital Harian dan tidak akan melebihi had yang dinyatakan dalam Jadual Manfaat. Semasa Penghospitalan di Unit Penjagaan Intensif, apabila bayaran manfaat Penjagaan Intensif Harian dibuat di bawah ini, bayaran tidak akan dibuat di bawah manfaat Pendapatan Hospital Harian.

3. Rawatan Sebelum & Selepas Berada Di Hospital

Pihak Syarikat akan membayar balik bagi Bayaran Munasabah dan Biasa Diamalkan untuk ECG, sinar-x dan ujian makmal yang Perlu Dari Segi Perubatan yang dijalankan di Hospital untuk tujuan diagnostik bagi Kecederaan atau Penyakit apabila berkaitan dengan Hilang Upaya sebelum dimasukkan ke Hospital mengikut bilangan hari dan jumlah maksimum yang ditetapkan dalam Jadual Manfaat dan yang disyorkan oleh pengamal perubatan yang layak. Bayaran tidak akan dibuat jika dalam khidmat diagnostik itu, Orang Yang Menerima Perlindungan tidak perlu dimasukkan ke hospital untuk rawatan bagi keadaan perubatan yang didiagnosis itu. Bayaran ubat dan rundingan yang dikenakan oleh pengamal perubatan tidak akan dibayar.

Pihak Syarikat akan membayar balik bagi Bayaran Munasabah dan Biasa Diamalkan untuk rundingan kali pertama oleh pakar yang berkaitan dengan Hilang Upaya dalam bilangan hari maksimum seperti yang ditetapkan dalam Jadual Manfaat sebelum dimasukkan ke Hospital, dan dengan syarat rundingan itu Perlu Dari Segi Perubatan dan telah disyorkan secara

bertulis oleh pengamal perubatan am yang memberikan rawatan.

Bayaran tidak akan dibuat untuk rawatan klinikal (termasuk ubat dan rundingan berikutnya selepas penyakit didiagnosis) atau apabila Orang Yang Menerima Perlindungan tidak dimasukkan ke Hospital untuk rawatan bagi keadaan perubatan yang didiagnosis itu.

Pihak Syarikat akan membayar bagi Bayaran Munasabah dan Biasa Diamalkan yang ditanggung dalam rawatan susulan yang Perlu Dari Segi Perubatan oleh pakar perubatan yang sama yang telah memberikan rawatan, mengikut bilangan hari dan jumlah maksimum seperti yang ditetapkan dalam Jadual Manfaat sebaik sahaja selepas keluar dari Hospital kerana Hilang Upaya bukan pembedahan. Ini hendaklah termasuk ubat yang dipreskripsikan dalam rawatan susulan tetapi tidak boleh melebihi bekalan yang diperlukan untuk bilangan hari maksimum seperti yang ditetapkan dalam Jadual Manfaat.

4. Rawatan Di Rumah

Manfaat Rawatan Di Rumah akan dibayar apabila disebabkan Hilang Upaya terlindung, Orang Yang Menerima Perlindungan memerlukan rawatan di rumah selepas Penghospitalan. Perkhidmatan ini hanya boleh diberi oleh seorang jururawat professional berkecualan (yang bukan seorang ahli keluarga yang rapat kepada Orang Yang Menerima Perlindungan), yang memberikan perkhidmatan rawatan di rumah kepada Orang Yang Menerima Perlindungan pada tempoh pemulihan berikutan Hilang Upaya terlindung, tertakluk kepada syarat rawatan di rumah tersebut disyorkan oleh Doktor atau Pakar Perubatan atau Doktor Bedah bertugas. Manfaat Rawatan Di Rumah tidak boleh melebihi 30 hari atau amaun yang ditunjukkan dalam Jadual Manfaat mana-mana yang terdahulu. Hanya satu lawatan sehari sahaja dibenarkan dan manfaat ini dihadkan selanjutnya kepada bilangan hari seperti dinyatakan dalam Jadual Manfaat.

5. Perlindungan Untuk Pasangan dan Kanak-Kanak

Di bawah Pelan Keluarga (jika berkenaan), Pasangan dan Kanak-Kanak akan dilindungi sehingga 100% daripada jumlah wang pokok yang diinsuranskan seperti dinyatakan dalam Jadual Manfaat bagi semua Manfaat yang dinyatakan di dalam Jadual Manfaat.

Untuk semua tujuan, di mana terdapat pertikaian atau kekaburan untuk teks di dalam peruntukan English atau peruntukan Bahasa Malaysia, versi English akan digunakan.

JADUAL PEMBEDAHAN

[berkaitan dengan Caj Operasi Pembedahan dan Pembedahan Utama Tambahan]

Pembedahan-pembedahan Terlindung dan kategori sepadan kepada setiap Pembedahan Terlindung adalah seperti terkandung dalam Jadual Pembedahan dibawah:

SISTEM SARAF	KATEGORI
Prosedur pembedahan terapeutik terbuka ke atas bahan otak, kecuali biopsi dan Prosedur diagnostik sahaja	1
Pengaliran luka tisu otak	1
Prosedur pembedahan terapeutik terbuka ventrikal otak, kecuali biopsi dan Prosedur diagnostik sahaja	2
Pembedahan dalam ruang intrakranial subaraknoid	2
Pembedahan terbuka atau stereotaktik intrakranial atau intraosseous kepada saraf cranial	2
Pembedahan luar kranial kepada saraf cranial	4
Pembedahan intrakranial untuk luka yang melibatkan atau akibat Meninges	2
Prosedur pembedahan terbuka yang melibatkan saraf tunjang atau akar saraf tunjang	2
Simpatektomi pembedahan	4
SISTEM ENDOKRIN	
Prosedur pembedahan kepada kelenjar pituitary	2
Prosedur pembedahan terbuka terapeutik keatas kelenjar timus atau adrenal	2
BUAH DADA	
Mastektomi Sepenuhnya	2
Mastektomi Ringkas	4
MATA	
Penanggalan biji mata	4
Pembedahan untuk menembusi kecederaan mata atau bisul-bisul intra-okular atau bisul-bisul intra-orbital	4
Pemindahan kornea sepenuhnya	4
TELINGA DAN SINUS	
Pembedahan-pembedahan lain ke atas telinga tengah. Miringotomi dikecualikan	4
Pembedahan ke atas koklea	4
Pembedahan ke atas alat-alat vestibular	4
SALURAN PERNAFASAN	
Penanggalan melalui pembedahan bisul merbahaya daripada hidung atau nasofaranks. Kanser kulit hidung dikecualikan	3
Penanggalan bisul merbahaya dari faranks	3
Penanggalan peti suara	3
Prosedur pembedahan terbuka ke atas trakea, bronkus atau peparu (prosedur endoskopik dikecualikan)	2
Pneumonektomi, lobektomi atau pemindahan peparu	1
Lain-lain pembedahan terbuka keatas mediastinum	3
MULUT	
Penanggalan sepenuhnya luka merbahaya lidah	3
Penanggalan melalui pembedahan bisul merbahaya daripada kaviti mulut	3
SALUR PENCERNAAN	
<i>Pembedahan endoskopik keatas kolon dikecualikan</i>	
Oesofagektomi separuh atau sepenuh	3
Prosedur pembedahan terbuka lain ke atas oesofagus (prosedur endoskopik dikecualikan)	3
Pembaikan burut diaframatik	3
Penanggalan separuh atau sepenuhnya perut	3
Prosedur pembedahan terbuka ke atas ileum	4
Penanggalan sepenuhnya kolon atau rektum	1
Kolektomi separuh	3
Lencongan kolon	3
Pemindahan saekum ke luar badan	4
Lain-lain pemindahan saekum ke luar badan	4
Penanggalan dubur	3
Pemindahan hati	1
Penanggalan sepenuhnya luka hati	2
Prosedur pembedahan terbuka kepada peritoneum, omentum, atau mesenteris usus	3
Pemindahan pancreas	1
JANTUNG	
Pemindahan jantung dan peparu	1
Kewujudan conduit jantung	2
Pembedahan keatas dinding atrium – atau ventrikal	2

Pembaikan plastik terbuka atau gantian injab jantung	1
Lencongan Arteri Koronari	2
Pembedahan terbuka ke atas sistem jantung	2
Pembedahan terbuka ke atas perikardium	2
ARTERI-ARTERI DAN VENA-VENA	
Pembedahan terbuka untuk kecacatan bergabung salur-salur utama	1
Pembedahan terbuka untuk membetulkan duktus arteriosus	1
Pembedahan terbuka kepada salur darah utama dalam toraks	1
Pembedahan terbuka untuk memperbaiki atau menggantikan sebahagian aorta	1
Binaan semula atau lencongan melalui pembedahan terbuka ke atas salur darah utama di bahagian kepala dan leher	2
Endarterektomi arteri di dalam kepala atau leher	2
Pembaikan atau lencongan pembedahan terbuka cabang aorta (salur-salur dari aorta dan sebelum mereka mencabang) dan salur-salur darah retroperitoneal	2
Lain-lain prosedur pembedahan terbuka keatas salur-salur darah intra-abdomen	4
URINARI	
Pembedahan endoskopik keatas pundi kencing dikecualikan	
Pemindahan buah ginjal	1
Prosedur pembedahan terbuka keatas buah ginjal, pelvis renal dan ureter	3
Penanggalan sepenuhnya pundi kencing	2
Penanggalan terbuka kelenjar prostat	3
ORGAN SEKS LELAKI	
Penanggalan sepenuhnya skrotum	4
Penanggalan sepenuhnya luka merbahaya skrotum atau buah pelir	3
Penanggalan sepenuhnya luka merbahaya zakar	3
ORGAN SEKS PEREMPUAN	
Penanggalan luka merbahaya vulva atau perineum	3
Penanggalan sepenuhnya luka merbahaya faraj	3
Histerektomi	4
Histerektomi dan ooforektomi dua hala	3
KULIT DAN LECUR	
Penanggalan luka lecur paras ketiga yang melebihi 9 peratus luas permukaan tubuh badan	2
PLEURA DINDING DADA DAN DIAFRAGMA	
Prosedur pembedahan terbuka kepada tulang rusuk dan otot toraks	4
Pembinaan semula dinding dada	2
Pembaikan perpecahan diafragma	2
Pembedahan-pembedahan lain ke atas diafragma	3
ORTOPEDIK DAN PLASTIK	
Pemindahan otot	3
Binaan semula sendi atau pembedahan artrodesis sendi selain daripada kaki, tangan dan jari	4
Prosedur pembedahan untuk menanggalkan bisul tulang selain daripada jari	2
Gabungan tulang belakang anterior dan mampatan anterior saraf tunjang	1
Laminektomi, disektomi dan pembedahan terbuka kepada saraf tunjang dan sendifaset dengan menggunakan cara posterior	2
Pembaikan plastik ke atas kranium	4
Pembetulan beralat atau pembedahan terbuka lain untuk kecacatan bentuk tulang belakang	1
Gantian prostetik tulang	4
Penanggalan sepenuhnya tulang	4
Pembetulan melalui pembedahan terbuka untuk kecacatan tulang	4
Pembedahan terbuka keatas struktur-struktur intraartikular, termasuk ligamen danmeniski	4
Gantian lengan	1
Gantian kaki	1
Pengundungan lengan	4
Pengundungan tangan	4
Pengundungan kaki	2
Pengundungan kaki (dari buku lali ke bawah)	4
PELBAGAI	
Gantian jari atau bahagian-bahagian tubuh badan yang memerlukan anastomosis vascular dan saraf. Pemindahan kulit dikecualikan	4
Pembedahan ke atas celah cabang	4
Penjelasan pelvis	4

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WHO TO CONTACT ABOUT YOUR PERSONAL DATA

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

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Attn: Customer Care Department
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Email: AIGMYCare@aig.com
Phone: 1800-88-8811 / 603 2118 0188
Fax: 603-21180288

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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".

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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 P O Box 11768, 50756 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.

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 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 our website : <https://www.aig.my/privacy-notice>

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 our website : <https://www.aig.my/privacy-notice>

DISCLOSURE & POLICY STATEMENT

KETERANGAN & KENYATAAN POLISI

1. Under the prudential framework of Corporate Governance the following avenues have been set up to handle customer grievances:-

Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-

- a) The Customer Care Officer of AIG Malaysia Insurance Berhad (200701037463) ("Company") at tel: 1800 88 8811 / 603 2118 0188 or fax: 603 2118 0288 or via e-mail to AIGMYCare@aig.com. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer. *Pegawai Khidmat Pelanggan AIG Malaysia Insurance Berhad (200701037463) ("Syarikat") di tel: 1800 88 8811 / 603 2118 0188 atau faks: 603 2118 0288 atau e-mel pada AIGMYCare@aig.com. Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjangkan kepada Pegawai Khidmat Pelanggan.*

- b) Ombudsman for Financial Services (OFS) at tel: 03-2272 2811 or fax: 03-2272 1577

Any policyholder who is not satisfied with the decision of an insurance company may write to the OFS, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate OFS's reference.

Ombudsman Perkhidmatan Kewangan (OPK) di tel: 03-2272 2811 atau faks: 03-2272 1577

Pemegang polisi yang tidak berpuas hati dengan keputusan sesebuah syarikat insurans boleh menulis surat aduan kepada OPK dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada OPK untuk rujukan.

An award of the OFS is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the OFS's decision and pursue an alternative legal recourse instead. There is no fee charged for services of the OFS.

Pihak Syarikat adalah terikat kepada keputusan OPK. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterima secara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak berpuas hati dengan keputusan OPK, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicaj untuk perkhidmatan OPK.

The address is / Alamat ialah:-

Ombudsman Perkhidmatan Kewangan

Tingkat 14, Blok Utama
Dataran Kewangan Darul Takaful
No 4 Jalan Sultan Sulaiman
50000 Kuala Lumpur

- c) Laman Informasi Nasihat dan Khidmat of Bank Negara Malaysia (BNM) at tel: 1-300-88-5465 (1300-88-LINK) or fax: 03-2174 1515.

Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.

Laman Informasi Nasihat dan Khidmat di Bank Negara Malaysia (BNM) di tel: 1-300-88-5465 (1300-88-LINK) atau faks: 03-2174 1515.

Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.

The address is / Alamat ialah:-

Pengarah

Laman Informasi Nasihat dan Khidmat (LINK)
Tingkat Bawah, Blok C, Bank Negara Malaysia
Peti Surat 10922,
50929 Kuala Lumpur

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

Lawatan Physical: BNMLINK akan menerima pelawat melalui temu janji sahaja. Anda boleh meminta temu janji melalui laman web atau telefon.

2. By virtue of the Financing Anti-Money Laundering, Anti-Terrorism Act and Proceeds of Unlawful Activities Act 2001, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.

Bersandarkan Akta Pencegahan Pengubahan Wang Haram, Pecegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.

3. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.

Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.

4. **PERSONAL DATA CONSENT** : You are deemed to have read, understood, and consented to the collection and subsequent processing of your personal information by AIG Malaysia (whether obtained during the application process or administration of this policy) in accordance with AIG Malaysia's Privacy Notice as from time to time published on AIG Malaysia's website at <http://www.aig.my/privacy-notice>, a copy of which has also been furnished to you. If you submit information relating to other individuals, you are further deemed to represent and warrant that you have the authority to provide information relating to the other individuals to AIG Malaysia, that you have informed the other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG Malaysia, and that the other individuals agree and consent that AIG Malaysia may collect, use and process his/her personal information in accordance with AIG Malaysia's Privacy Notice. Requests to obtain access, correct, or withdraw your consent to the use of your personal information can be made by mail: Customer Care, AIG Malaysia Insurance Berhad, PO Box 11768, 50756 Kuala Lumpur, phone: 1800 88 8811 / 603 2118 0188, fax: 603 2118 0288 or email: AIGMYCare@aig.com.

KESETUJUAN DATA PERIBADI: Anda adalah dianggap telah membaca, memahami dan bersetuju dengan pengumpulan dan pemprosesan seterusnya maklumat peribadi anda oleh AIG Malaysia (sama ada yang diperolehi semasa proses permohonan atau pentadbiran polisi ini) mengikut Notis Privasi AIG Malaysia seperti yang diterbitkan dari semasa ke semasa pada laman web AIG Malaysia di <http://www.aig.my/privacy-notice>, di mana satu salinan juga telah diberikan kepada anda. Jika anda mengemukakan maklumat berkaitan individu lain, anda juga dianggap untuk mewakili dan menjamin bahawa anda mempunyai kuasa untuk mengemukakan maklumat yang berhubungan dengan individu lain kepada AIG Malaysia, bahawa anda telah memaklumkan kepada individu lain mengenai tujuan maklumat peribadinya boleh dikumpul, digunakan dan didedahkan serta pihak maklumat peribadinya boleh didedahkan oleh AIG Malaysia, dan bahawa individu lain bersetuju dan membenarkan AIG Malaysia mengumpul, menggunakan dan memproses maklumat peribadinya mengikut Notis Privasi AIG Malaysia. Permohonan untuk akses, pembetulan atau menarik balik persetujuan untuk kegunaan maklumat peribadi anda boleh dibuat secara surat: Customer Care, AIG Malaysia Insurance Berhad, PO Box 11768, 50756 Kuala Lumpur, telefon: 1800 88 8811 / 603 2118 0188, faks: 603 2118 0288 atau e-mel: AIGMYCare@aig.com

IMPORTANT NOTICE

Please take note that a Product Disclosure Sheet is attached to your policy contract:

The Product Disclosure Sheet contains a summary of the product features. If you have any queries or are unsure of any of the policy terms or conditions, kindly call our Customer Service at **1800 88 8811** (Monday – Friday, 9am – 5pm).

NOTIS PENTING

Sila ambil perhatian bahawa sesalinan Helaian Pendedahan Produk adalah dilampirkan dengan kontrak polisi anda:

Helaian Pendedahan Produk mengandungi ringkasan ciri-ciri produk. Jika anda ada sebarang pertanyaan atau tidak pasti mengenai apa jua terma-terma atau syarat-syarat polisi, sila hubungi Talian Perkhidmatan Pelanggan kami di **1800 88 8811** (Isnin – Jumaat, 9pagi – 5petang)