



**AIG MALAYSIA INSURANCE BERHAD**

**SmartHealth**

**Policy Wording**

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# SmartHealth

## SCHEDULE OF BENEFITS

No	Benefits	Aggregate Period (Up to)	Compensation (RM)		
			Plan 100	Plan 150	Plan 200
1	Daily Hospital Income	180 <b>Days</b>	100 per <b>Day</b>	150 per <b>Day</b>	200 per <b>Day</b>
2	Surgical Cash (per <b>surgery</b> - up to a maximum of 2 <b>Surgeries</b> )	NA	<b>Accident:</b> 2,000	<b>Accident:</b> 2,000	<b>Accident:</b> 2,000
			<b>Illness:</b> 1,000	<b>Illness:</b> 1,000	<b>Illness:</b> 1,000
3	Recovery Cash	NA	<b>Accident:</b> 3,000	<b>Accident:</b> 3,000	<b>Accident:</b> 3,000
			<b>Illness:</b> 1,500	<b>Illness:</b> 1,500	<b>Illness:</b> 1,500
4	Medical Expenses Reimbursement ( <b>Accident</b> only)	NA	up to 3,500	up to 4,500	up to 6,500
Add-On Benefits					
1	<b>Home Nursing (Accident Only)</b> (maximum one visit per day)	10 <b>Days</b>	100 per visit	100 per visit	100 per visit
2	<b>In-hospital doctor visit (Accident Only)</b>	10 <b>Days</b>	100 per <b>Day</b>	100 per <b>Day</b>	100 per <b>Day</b>

## **PART 1 – THE CONTRACT**

This policy wordings, together with the latest **policy schedule, schedule of benefits** and any **endorsements**, forms the basis of the contract between the **policyholder** and **us**. **We** agree to provide the **insured person** the insurance cover for the applicable **benefits** as listed in the **schedule of benefits** and described in this policy provided that the **policyholder** pays the **premium** when due and **we** accept it subject to the terms and conditions of this policy.

This policy wordings should be read carefully together with the **policy schedule, schedule of benefits** and any **endorsements** to ensure that the terms and conditions are fully understood, and the coverage meets the requirement of the **policyholder/insured person(s)**. If there are any questions regarding the terms and conditions of this policy wordings, the **policyholder** may contact **us**, or the **policyholder's** intermediary, whichever applicable.

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

All terms and conditions of this policy must be continuously satisfied by the **insured person(s)** to be eligible for coverage under this policy.

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

## **PART 2 – DEFINITIONS**

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

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

**Activities of Daily Living** means the following activities which an **insured person** can undertake on their own:

- (a) **Washing** - the ability to wash oneself in the bath, or shower or wash by other means;
- (b) **Dressing** - the ability for one to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances;
- (c) **Feeding** - the ability to eat their food after its preparation and when being made available;
- (d) **Toileting** - the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate;
- (e) **Mobility** - the ability to move indoors from room to room on level surfaces; and
- (f) **Transferring** - the ability to move from a bed to an upright chair or wheelchair, and vice versa.

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

**Category** shall mean:

- i. Self – covers the **certificate holder/policyholder**; or
- ii. Family – covers the **certificate holder/policyholder, spouse** and **child(ren)** as named in the **certificate of insurance/policy schedule** or **endorsement**, whichever is issued last.

**Certificate Holder / Policyholder** shall mean the person named as the **certificate holder/policyholder** in the **certificate of insurance/policy schedule** to whom this policy is issued to. Also, the **certificate holder** owns this insurance policy, is responsible for premium payments and has the right to exercise all privileges under this policy.

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

**Child/children** shall mean

- (a) named dependent children including legally adopted and stepchildren of the named **insured person** under this policy;

- (b) from the age of 30 **days** after birth up to 19 years or up to 23 years of age if attending as a full-time student in an accredited institution of higher learning; and
- (c) who are unmarried, primarily reside with the **insured person** and receive financial maintenance and support from the named **insured person**.

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

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

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

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

**Day** shall mean a completed period of 24 consecutive hours.

**Doctor** shall mean a legally registered and qualified medical practitioner with a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialised accreditation and training. The doctor cannot be an **insured person**, the **insured person's** business partner or agent, **insured person's** employer or employee or an **insured person's immediate family member**.

**Effective date** shall mean the later of:

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

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

**Home** shall mean the **insured person's** usual place of residence in Malaysia.

**Hospital** shall mean any institution lawfully operated for the care and treatment of sick or injured persons:

- (a) with organised facilities for diagnosis and **surgery** (including operating theatres) in the same premises;
- (b) with 24 hours daily nursing service by registered graduate nurses; and
- (c) operated under the supervision of **doctor(s)**; and
- (d) which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

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

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

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

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

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

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

**Insured person** shall mean the person(s) named and declared for cover in the **certificate of insurance/policy schedule** and insured under this policy during a valid **period of insurance**.

**Master Policy Holder** shall mean the company named as master policy holder in the **master policy schedule**.

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

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

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

**Nurse** shall mean a person who is legally certified with a nursing qualification and registered with the relevant statutory nursing council to provide nursing services within the scope of their licensing and training in the geographical area of practice. The attending Nurse cannot be the **insured person**, the **insured person's** business partner or agent, **insured person's** employer or employee or an **insured person's immediate family member**.

**Ombudsman for Financial Services (OFS)** refers to an independent body that provides a free and efficient avenue to help resolve financial disputes between the **certificate holder/policyholder/ insured person(s)** and **us** under this **policy** as an alternative to the Malaysian courts.

**Period of Insurance** shall mean the period an **insured person** is covered under this policy as specified in the **certificate of insurance / policy schedule** and shall commence on the latter of **policy start date** or their last renewal date and such period will end when they cease to be an **insured person** or when the policy is cancelled or not renewed.

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

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

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

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

**Premium Due Date** shall mean the date on which premium is due to be paid by the **certificate holder/policyholder** for this policy. In respect of the:

- (a) First Premium - The first premium is due on the next working day following the day the **certificate holder /policyholder** agrees to purchase this policy.
- (b) Monthly Renewal Premium - Monthly renewal premiums are due on the first working day of each month.
- (c) Premium for a pre-agreed duration of more than one calendar month - The premium is due in full on or before the **policy start date** for the whole pre-agreed **period of insurance**.
- (d) Reinstatement - The premium for reinstatement of policy is due on the next working day following **our** approval of the **certificate holder/policyholder's** request to reinstate the policy. If premium is not paid, the policy will remain null and void.

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

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

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

**Spouse** shall mean someone the **insured person** is legally married to and who is named in the **certificate of insurance / policy schedule**.

**Surgery** shall mean any of the following medical procedures:

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

This excludes any dental or oral surgeries unless they are direct consequences of an **accident**.

**Waiting Period** shall mean a time period that needs to elapse before the **insured person** becomes entitled to claim a benefit under this policy. The applicable waiting periods are stated in '[Part 5 - General Policy Provisions – Item 5](#)'.

**We, us or our** shall mean AIG Malaysia Insurance Berhad (200701037463).

## **PART 3 - BENEFITS**

This policy provides the benefits listed below in the event of **hospitalisation** and outpatient treatment (where applicable) occurring during the period of coverage. The **schedule of benefits** sets out the benefits that correspond to the **plan** purchased by the **certificate holder / policyholder** and **we** will pay benefits subject to the limits specified in the **certificate of insurance / policy schedule**.

### **BENEFIT: DAILY HOSPITAL INCOME**

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If the **insured person** sustains an **injury** or is diagnosed with an **illness** and is **hospitalised**, **we** will pay the **compensation** as specified in the **schedule of benefits** for each **day** the **insured person** spends as an **in-patient**.

**Compensation** under this benefit shall commence after completion of the **waiting period** (where applicable) and shall continue up to the respective **aggregate period** or until the **insured person** is discharged from the **hospital** as an **in-patient**, whichever occurs first.

This benefit is payable:

- a) Only if the **hospitalisation** commences during a valid **period of insurance**.
- b) For one **injury** or **illness** only regardless of the number of **injuries** sustained in any one **accident** or **illnesses** diagnosed during same **hospitalisation** period.
- c) After evidence of **insured person's hospital** discharge summary or **hospital** billing statement and medical report(s) are provided to **us**.
- d) For subsequent periods of **hospitalisation** for the same **injury** or **illness** which are considered to be part of the same claim and subject to the same **aggregate period**, provided that:

- i) each subsequent **hospitalisation** occurs while this policy is in force and the person who is the subject of the claim is an **insured person**.
- ii) the time between the different **hospitalisation** periods does not exceed 90 consecutive **days**.

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

## **BENEFIT: SURGICAL CASH**

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If the **insured person** is **hospitalised** as an **inpatient** after sustaining an **injury** or being diagnosed with an **illness** and subsequently requires a **medically necessary surgery** as recommended by the attending **doctor**, we will pay a **compensation** as specified in the **schedule of benefits**.

**Compensation** under this benefit shall commence after completion of the **waiting period** (where applicable).

This benefit is payable:

- a) If the **surgery** procedure undergone by an **insured person** is supported with a **doctor's** written recommendation and evidenced by a medical report, **insured person's hospitalisation** discharge summary or **hospital** billing statement.
- b) Up to the maximum number of **surgeries** as specified in the **schedule of benefits** in a 12-month period or in a pre-agreed **period of insurance**.

## **BENEFIT: RECOVERY BENEFIT**

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If the **insured person** sustains an **injury** or is diagnosed with an **illness** that requires a **medically necessary surgery** resulting in **hospitalisation** for a minimum period of 15 consecutive **days** and upon discharge from the **hospital** the **doctor** prescribes post-hospitalisation recuperation, we will pay **compensation** as specified in the **schedule of benefits** for any one **accident** or **illness** to provide financial support to the **insured person** to meet their personal expenses during the post-hospitalisation recuperation at home, provided the claim under this benefit is made within 60 days from **insured person's** discharge from the **hospital**.

**Compensation** under this benefit shall commence after the **waiting period** (where applicable).

This benefit is only payable provided:

- 1. the **insured person** requires a **medically necessary surgery**;
- 2. the **insured person** is **hospitalised** for a minimum period of 15 consecutive **days**.
- 3. the claim is made within 60 days from date of discharge from the **hospital**.
- 4. the **hospitalisation** of the **insured person** is evidenced by the **insured person's hospital** discharge summary or **hospital** billing statement and medical report.
- 5. the **insured person** has been discharged from the **hospital** with a **doctor's** report prescribing post-hospitalisation recuperation.

This **benefit** is payable only once in a 12-month period or in a pre-agreed period of insurance, regardless of the number of **injuries** sustained or **illnesses** diagnosed.

## **BENEFIT : MEDICAL EXPENSES REIMBURSEMENT (ACCIDENT ONLY)**

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If an **insured person** suffers an **injury**, we will reimburse the **medical expenses** incurred to treat an **injury** suffered by the **insured person** within 365 days from the date of the **accident**, up to the maximum **compensation** payable for any one **accident** as shown in the **schedule of benefits**.

Additional definitions for the purpose of this **benefit** -

**Medical Expenses** means any actual, reasonable and necessary expenses incurred for **hospitalization**, medical treatment or supplies, medical services, which are medically necessary to treat an **insured person** as prescribed by a **doctor** and which do not

exceed the usual level of charges for similar treatment for the same **injury**, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed. It includes treatment by a physiotherapist provided with referral by the attending **doctor** but does not include costs incurred for treatments provided by alternative and traditional medical practitioners, traditional Chinese medicine practitioner or chiropractor.

This **benefit** is payable -

1. If the first **medical treatment** sought for the injury is within 30 days from the date of the **accident**.
2. After **medical expenses** supporting documents, including attending **doctor's** reports and referral letters, are provided to us along with original **medical expenses** bills or receipts.

This **benefit** is not payable for any claim in connection with:

1. Any medical transportation services to/from the hospital.
2. Any **medical expenses** involving:
  - a. a routine health check;
  - b. diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
  - c. any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not medically necessary; or
  - d. dental or oral care.
3. Any additional cost of single or private room accommodation at a Hospital for any person besides the **insured person**, charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like.
4. Any treatment or services provided by the **insured person**, the **insured person's** business partner or agent, Insured Person's employer or employee or an **immediate family member**.

If the **insured person** is entitled to a refund of all or part of the **medical expenses** stated in this **benefit** from any other source, **we** will only pay the amount incurred over and above the refunded amount up to the maximum **compensation** as shown on the **schedule of benefits**.

## **BENEFIT: HOME NURSING (ACCIDENT ONLY)**

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If an **insured person** sustains an **injury** and is **hospitalised** for a minimum period of 3 consecutive **days** and upon discharge, the attending **doctor** certifies in writing that the **insured person** is unable to perform at least 2 out of 6 **activities of daily living** and requires to engage the services of a **nurse** to care for them at their **home** post-hospitalisation, **we** will pay **compensation** for one visit per **day** by a **nurse** as specified in the **schedule of benefits**, up to a maximum of 10 visits by the **nurse** to the **insured person's home** for any one **accident** diagnosed, provided that the first visit by the **nurse** occurs within 7 **days** following the date of the **insured person's** discharge from the **hospital**.

**Compensation** under this benefit shall continue up to the **aggregate period** or until such nursing care is no longer **medically necessary** for the **insured person**, whichever occurs first.

This benefit is payable:

- a) If the **insured person** is **hospitalised** for a minimum period of 3 consecutive **days**.
- b) If **we** are provided with a **doctor's** report stating that the **insured person** is unable to perform at least 2 out of 6 **activities of daily living** for a continuous and uninterrupted period of time and the receipts from the nursing care service provider for the expenses incurred.
- c) If the first visit by the **nurse** occurs within 7 **days** following the date of the **insured person's** discharge from the **hospital**.
- d) After evidence of **insured person's hospital** discharge summary or **hospital** billing statement and medical report(s) are shown to **us**.
- e) Either until the **doctor** certifies that the **insured person** is fit and does not require nursing care or when the maximum **compensation** as specified in the **schedule of benefits** has been paid, whichever occurs first.

## BENEFIT: IN-HOSPITAL DOCTOR VISIT (ACCIDENT ONLY)

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If the **insured person** sustains an **injury** and is **hospitalised**, we will pay a **compensation** as specified in the **schedule of benefits** for each **day** a **doctor** visits the **insured person** whilst they are an **in-patient**.

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

This benefit is payable only in the event of a valid claim under '[Benefit: Daily Hospital Income](#)' for the period of **hospitalisation** for the same **injury**.

## PART 4 - GENERAL POLICY EXCLUSIONS

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

**We** shall not pay under this policy any claim arising from, resulting in or in connection with:

1. Persons engaged in occupations with high risk or exposure to hazardous conditions. This would include but is not limited to the following occupations:
  - a) Military personnel including the armed forces, naval or air force service or operations;
  - b) Police, security personnel including any peace keeping forces;
  - c) Fire service;
  - d) Professional sports person when an **insured person** could or would earn income or remuneration from engaging in such sport.
  - e) Pilots or crew of any air or water vessel;
  - f) Off-shore work or activities including oil rig work;
  - g) Loggers and sawmill workers or workers using woodworking machinery;
  - h) Workers handling boilers, pressure vessels or crane operators;
  - i) Workers engaged in construction of dams, bridges, tunnels or underground work;
  - j) Miners and quarry workers;
  - k) Work that involves heavy machinery, explosives or hazardous materials or chemicals;
  - l) Fisherman, stevedores, stuntman, circus performers, jockey and racing drivers;
  - m) Window cleaners and steeplejacks;
  - n) Construction workers involved in heavy machinery;
  - o) Any manual works at heights exceeding 24 feet; or
  - p) Other occupations like those characterised above and which place the **insured person** at risk of injury necessitating specialist equipment (e.g., harness) or protective gear to keep them safe.
2. activities related to:
  - (a) any aerial activity including but not limited to parachuting, BASE jumping, sky diving or travel in any other air supported device, except as a fare paying passenger in a commercial aircraft licensed to carry passengers;
  - (b) any professional sports or any sports in which an **insured person** would or could earn or receive remuneration, donation, sponsorship or financial reward of any kind from engaging in such sport;
  - (c) racing of any kind except foot racing, any type of stunts, reliability trials and speed or duration testing. Training or practicing in relation to these activities is also not covered; or
  - (d) hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, or activity that presents a high level of inherent danger (i.e., involving exceptional speed and height, high level of expertise, exceptional physical exertion or highly specialised gear) or of personal risk. This shall include but not be limited to any mountaineering involving climbing harnesses, belay or rappel devices ropes and guides, any activity or trekking above 3000 meters, big wave surfing, winter activities like luge, bobsleighbing, ski or snow board jumping or stunts, bicycle, motor, air or sea craft speed trials or stunts, canoeing/kayaking and white and black water rafting in grade 4 or higher rapids, cliff jumping, horse jumping, horse polo or any aerobatics and stunts, hunting trips, caving or pot holing. It does not mean usual tourist activities that are accessible to the general public without restriction (other than height or general health or fitness

warnings) and conducted under the supervision of qualified licensed personnel of a registered tour operator;

3. any deliberate provocation of the **insured person** against another person that results in an **injury**;
4. **injuries** that are intentionally self-inflicted, suicide or attempted suicide whether sane or insane, deliberate or reckless exposure to danger;
5. **pre-existing condition** or any complication arising from it;
6. any **injury** arising directly or indirectly due to osteoporosis;
7. congenital anomalies and conditions arising out of or resulting therefrom or physical impairment;
8. any **illness** occurring during the first 30 **days** from the **effective date** unless due to an **accident**;
9. **specified illnesses** occurring during the first 120 **days** from the **effective date**;
10. any effects or influence of drugs and alcohol in an **insured person**, unless administered by a **doctor** and taken in accordance with the directions of a **doctor**;
11. Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' (AIDS), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' (HIV) or any type of venereal disease;
12. mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance or snoring disorders, anxiety, stress or depression;
13. cosmetic or plastic **surgery** unless necessitated by an **accident** and recommended by the **doctor**; or any elective **surgery**;
14. pregnancy, miscarriage, abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications;
15. erectile dysfunction and tests or treatment related to impotence or sterilisation, or circumcision or expenses incurred for sex change;
16. alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aroma therapy or other alternative treatment, or hormone replacement therapy;
17. any eye examination, refractive **surgery** (such as Radial Keratotomy or Lasik), dental treatment or oral **surgery** unless they are direct consequences of an **accident**;
18. donation of any body organ including costs of acquisition and donation;
19. failure to follow medical advice given by a **doctor**;
20. any hospitalisation for:
  - i) any routine health checks;
  - ii) any diagnosis, tests, examinations or x-rays where there is no objective indication of impairment of normal health;
  - iii) any treatment or investigation of a preventive nature, vaccinations, acupuncture or any treatment which is not **medically necessary**;
  - iv) receiving treatment not incidental to the treatment or diagnosis of an **injury** or **illness**;
  - v) treating an **injury** or **illness** for which such treatments are provided free; or
  - vi) weight reduction or gain.
21. care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the **insured person** and any **injury** or **illness** arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;
22. an **insured person** committing or attempting to commit any criminal or illegal act (including traffic offences);
23. any **injury** sustained whilst the **insured person** is riding on a motorcycle without a safety helmet either as a rider or pillion-rider;
24. where payment would violate a government prohibition, regulation or law;

25. any act of war (whether war be declared or not), invasion, act of foreign enemies, hostilities or war like activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends, civil war, mutiny, rebellion, revolution, insurrection, military, protests, or usurpation of power;
26. nuclear, biological or chemical incidents outlined below:
- Any Nuclear explosion including all effects thereof or radioactive contamination caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel;
  - The radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof; or
  - a terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or the release of pathogenic or poisonous biological or chemical materials.
27. Any infectious or contagious disease, an outbreak of which has been declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO). This exclusion shall apply to claims made after the date of any such declaration(s), other than where a relevant diagnosis has been made by a qualified medical practitioner before the date of any such declaration(s). This exclusion will continue to apply until the WHO cancels or withdraws any relevant PHEIC. Infectious or contagious disease means any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means.

## **PART 5 – GENERAL POLICY PROVISIONS**

### **1. Eligibility:**

#### **i. Age to qualify for cover:**

- Entry age for an adult under this policy is 18 to 60 years of age (inclusive). Where applicable, the policy can be renewed for each **insured person** up to the age of 65 years of age (inclusive).
- Entry age for a **child** (where applicable) is 30 **days** after birth up to 19 years of age or up to 23 years of age if the child is a full-time student at an accredited institution of higher learning.

All ages refer to the age as of the **insured person's** last birthday.

#### **ii. Occupation:** Occupations other than those listed under '[Part 4 – General Policy Exclusions](#)', [Item 1](#)'.

#### **iii. Residency** – To be eligible for cover under this policy, the **insured person** must be a:

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

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

2. **Free Look period:** If the cover does not meet the **certificate holder/policyholder's** requirements, the **certificate holder/policyholder** may cancel this policy within 15 days from the date this policy is delivered to the **certificate holder/policyholder**. **We** will give the **certificate holder/policyholder** a full refund of any premiums paid less any medical expenses incurred by **us** in the issue of the policy, as long as no claim has been made for that period.
3. **Plan selection:** This policy provides the **insured person** with cover for benefits and **compensation** limits under the **plan** as set out in the **certification of insurance** which is selected by the **certificate holder /policyholder** during the application process and approved by **us**.
4. **Number of Policies:** Only one individual policy providing the same product underwritten by **us** is allowed. If more than one policy is held, **we** will consider the **insured person** to be insured under the policy with the highest **compensation** or, where the **compensation** under each policy is identical, under the policy that was first issued.

5. **Waiting period:**
- The **waiting period** for any diagnosis or **hospitalisation of illness** is 30 **days** from the **effective date**.
  - The **waiting period** for any diagnosis or **hospitalisation of specified illnesses** is 120 **days** from the **effective date**.
6. **Geographical Limits & Territorial Limits:**
- This policy covers an **insured person** in Malaysia for 24 hours and 7 Days a week, unless otherwise stated or endorsed under this policy.
  - This policy covers an **insured person** whilst overseas subject to '[Part 5 - General Policy Provisions, Item 25 – Overseas hospitalisation and treatment](#)' and '[Part 5 - General Policy Provisions, Item 31– Sanction](#)'.
7. **Service Tax:** The amount of premium payable by the **certificate holder/policyholder** for this policy includes an amount on account of the service tax payable by the **certificate holder/policyholder**. Service tax refers to any service tax, value added tax, goods and services tax, consumption tax, or tax, duty, charge or imposition of a similar nature whatsoever by whatever name known, which may from time to time be imposed or charged (including any increase or decrease to the rate) by any competent tax authority.
8. **Reasonable Care:** To receive compensation under this policy, the **certificate holder/policyholder** and **insured persons** must at all times take reasonable precautions and act in a prudent way to prevent and mitigate accident or loss.
9. **Contribution:** If the **insured person** is entitled to receive a reimbursement of all or part of claimed expenses from any other source or insurance for any of the benefits in this policy, **we** will only be liable for the excess of the amount that is not recoverable by the other source or insurance provided that the benefit is payable by this policy, up to the maximum **compensation** specified in the **certificate of insurance / policy schedule**. This condition is only applicable to benefits whereby payment is on a reimbursement basis.
10. **Change in plan:** Where applicable, a change in **plan** is only allowed 12 months from the **effective date** or every 12 months thereafter. Any change in **plan** is subject to **our** prior written approval. If the **insured person** suffers an event which could give rise to a claim prior to this change being approved in writing, **we** will adjudicate the claim for the **insured person** based on the policy terms and conditions applicable prior to the change in **plan**.
11. **Currency of payment:**
- Premium: All premiums must be paid in Malaysian Ringgit.
  - Claims: All payments will be made in Malaysian Ringgit. Settlement in foreign currencies will only be made if the **certificate holder /policyholder** is not in Malaysia at the time of payment. The rate of exchange will be based on the prevailing exchange rate on the date of claim settlement as determined by Bank Negara Malaysia. The **certificate holder /policyholder** will bear all the administration and costs of conversion.
12. **Rights of ownership:** The **insured person** shall have the rights to exercise every benefit covered in this policy. Every transaction relating to the policy shall however be between the **certificate holder /policyholder** and **us**.
13. **Contract Rights of 3rd Parties:** A person or any entity who is not a party to this policy shall have no right to enforce any terms or conditions of this policy.
14. **Rights of Assignment:** The **certificate holder/policyholder** cannot assign or transfer the rights under this policy to another person or entity.
15. **Rights of nominees:** Nominees do not have any rights to make any changes to the policy.
16. **Limitation of time for bringing suit:** No action at law or in equity shall be brought to recover on the policy prior to the expiration of 90 days from the date **we** receive complete documents on the claim filed in accordance with the requirements of this policy.
17. **Dispute resolution:** Any dispute or differences which may arise between the **master policyholder/certificate holder /policyholder** and **us** on any matters relating to this **policy** involving amounts exceeding RM250,000 shall be referred to the Malaysian courts. Any dispute or difference where the disputed amount is less than or equal to RM250,000, the **master**

**policyholder/certificate holder/policyholder** may refer the matter to the Ombudsman for Financial Services to resolve the dispute. All disputes or differences which may arise between the **master policyholder/certificate holder /policyholder** and **us** must be referred to the Malaysian courts and / or the Ombudsman for Financial Services within a reasonable time from the date the decision of the claim is communicated to the **master policyholder/certificate holder /policyholder**.

18. **Condition precedent to liability:** The **insured person** must follow the terms, provisions and conditions of this policy in order to qualify for any payment under this policy. The **insured person's** failure to do so will invalidate all claims made under this policy.

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

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

a) Premium Payable

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

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

b) Failure of premium payment

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

c) Changes to Premium Payable

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

21. **Reinstatement:** Where applicable, when the policy is cancelled due to non-payment of premium, the **certificate holder/policyholder** has to make an application for reinstatement of this policy within 90 consecutive days from the end of the **premium due date**. All reinstatements will be determined at **our** sole discretion and will require the **certificate holder/policyholder** to agree to **our** reinstatement terms and conditions before the policy is reinstated.

If accepted, **we** will reinstate the policy from the 1st day of the calendar month following the receipt of the premium by **us**. For the avoidance of doubt, **we** will not however accept any premium payment for the period of the policy that has lapsed due to non-payment of premium. **We** will not pay for any claims which occur during the interval of time between the defaulted **premium due date** and reinstatement of the policy.

22. **Cancellation:**

1. Cancellation by the **certificate holder/policyholder** :

The **certificate holder/policyholder** can cancel this policy by giving **us** 30 days' notice in writing to: AIG Malaysia Customer Care, P O Box 11768, 50756 Kuala Lumpur, Malaysia. **We** will continue to provide cover under this policy for the

remaining period for which the premium had been received and this policy shall terminate upon the expiry of such period.

2. **Cancellation by us:**

**We** can cancel this policy:

- a) by giving a 30 days' notice to the **certificate holder/policyholder**'s last addresses or via email.
  - o Where the **period of insurance** is one calendar month, **we** will continue to provide cover under this policy for the remaining period for which the premium had been received and this policy shall terminate upon the expiry of such period;
  - o Where the **period of insurance** is for a pre-agreed duration of more than one calendar month, **we** will refund the premium from the month subsequent to such cancellation notice.
- b) immediately if the **certificate holder/policyholder** fails to make the premium payment by the **premium due date**. No benefits will be payable for any claim that occurs during a period for which premium was not received; or
- c) by giving 7 days' prior written notice to the **certificate holder/policyholder** in the event of war in Malaysia.

For avoidance of doubt, **we** reserve our right to rescind coverage where it is discovered that the **insured person(s)** was in the category of excluded persons as expressed in '[Part 4 – General Policy Exclusions, Item 1](#)' of the policy at the point of entry into the contract or anytime during the **period of insurance**. In such cases, **we** will refund the premium from the month the **insured person** falls in the category of excluded persons as provided in the same section.

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

- a) this policy is cancelled for reasons stated under '[Part 5 - General Policy Provisions, Item 22 - Cancellation](#)';
- b) the **master policy holder, policyholder** or **certificate holder** requests that an **insured person** be removed from this policy;
- c) where the **insured person**, if categorised as **spouse** or **child** ceases to be a **spouse** or **child**;
- d) of an **insured person's** death, from any cause;
- e) the **insured person** ceases to satisfy any of the requirements as specified under '[Part 5 – General Policy Provisions, Item 1 - Eligibility](#)'; or
- f) any fraud or misrepresentation to **us** discovered as mentioned under section '[Part 5 - General Policy Provisions - Item 28 - Misrepresentation or Fraud](#)'.

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

25. **Overseas hospitalisation and treatment:** **We** will only cover the **insured person's** overseas treatment if:

- (a) the travel overseas is not for the purpose of seeking medical treatment; or
- (b) the **insured person** is advised by a **doctor** to be transferred to a **hospital** overseas to obtain medical treatment because the nature of treatment is not available in Malaysia.

The following are excluded:

- a. Non-emergency **hospitalisation** or treatments i.e., where the treatment can reasonably be postponed until return to Malaysia; or
- b. Overseas **hospitalisation** or treatments of an **injury** or **illness** which is diagnosed in Malaysia where treatment can reasonably be postponed until return to Malaysia.

27. **Misstatement of age:** If at the correct age an **insured person** would not have been eligible for cover under this policy, no benefit shall be payable, and **our** liability shall be limited to the refund of the premium paid without interest.

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

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

29. **Policy changes**

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

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

- (a) 30 days' written notice of such change if it is due to underwriting reasons;
- (b) 7 days' written notice of such change if due to an infectious disease outbreak; or
- (c) immediate written notice of such change if it is due to any Government or statutory declaration which impacts this policy.

Important note:

- 1. If the changes in terms or conditions by **us** are acceptable to the **certificate holder/policyholder** , then this policy will continue. If the changes are not acceptable, the **certificate holder/policyholder** may cancel this policy under 'Part 5 - General Policy Provisions, Item 22 - Cancellation'.
- 2. No alteration to this policy shall be valid unless approved in writing by **our** authorised representative and reflected in an **endorsement**.
- 3. No agent or advisor has the authority to amend or waive any of the terms and conditions of this policy.

b) Change of Insured Person's occupation:

The **certificate holder/policyholder** must give immediate written notice to **us** of any change in the occupation of an **insured person** and agree to pay an additional premium if applicable.

No claim will be payable in respect of:

- (a) Any **injury** or **illness** arising out of or in the course of an occupation of greater risk than the occupation disclosed in **certificate holder/policyholder**'s application, unless **we** have agreed to the change in occupation; or
- (b) Any **injury** or **illness** where **we** have been prejudiced by the non-disclosure of change in occupation.

c) Change of Residence

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

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

AIG Malaysia Customer Care,  
P O Box 11768,  
50756 Kuala Lumpur

Email: AIGMYCare@aig.com  
Phone: 1800 88 8811 / 603 2118 0188  
Fax: 603- 2118 0288

33. **Duty of disclosure:** Pursuant to Schedule 9 of the Financial Services Act 2013, the **certificate holder/policyholder** and **insured person(s)** have a duty to take reasonable care not to make a misrepresentation when purchasing this policy, to answer all questions fully, honestly, accurately and to the best of their knowledge and disclose any matter that they know to be relevant to **us** in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant. Failure to do so may void this policy or result in refusal or reduction of claims, change of terms or termination of this policy.

This duty of disclosure shall continue until the time this policy is entered into, varied or renewed with **us**. The **certificate holder/policyholder** and **insured person(s)** also have a duty to tell **us** immediately if at any time after this policy has been entered into, varied or renewed with **us**, any information given when the policy was purchased is inaccurate or has changed. In this circumstance, **we** reserve the right to review the cover granted including withdrawing or amending cover previously approved.

34. **Claims procedure:**

a) Steps to make a claim:

1. Step 1: The **certificate holder/policyholder** or **insured person** must notify **us** immediately or within 30 days after the event which could give rise to a claim under 'claim notification'.
  - i) call **us** at 1800 88 8811;
  - ii) Complete the [Personal Accident & Health Claims Form](#) and email it to [MYPAClaims@aig.com](mailto:MYPAClaims@aig.com).
2. Step 2: The **certificate holder/policyholder** must prepare the relevant basic supporting documents as per the claims checklist according to the nature of claim.
3. Step 3: The **certificate holder/policyholder** must submit the claims evidence to **us** within 30 days after the event which could give rise to a claim under '5. Claims Evidence / Information' to:

AIG Malaysia Insurance Berhad (200701037463)  
Claims Department  
P O Box 11768  
50756 Kuala Lumpur  
Email: [MYPAClaims@aig.com](mailto:MYPAClaims@aig.com)

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

b) Compliance

**We** shall not be liable for any consequences arising by reason of the **insured person's** failure to obtain or follow a **doctor's** advice and use such appliances or remedies as may be prescribed in the event of an **injury** or **illness** when claiming compensation.

c) Claim notification

- i. **We** must be notified as soon as it is reasonably practical and in any event within 30 days after the date of **injury** or **illness** which leads to a claim.
- ii. Failure to do comply with (a) above may result in **our** rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that **we** are unable to investigate it fully, or may result in the **insured person** not receiving the full amount claimed if the amount payable changes as a result of the delay.
- iii. In the event the **insured person** is a **child**, all dealings in relation to any claim will be between the **insured person's** parent and **us**.

d) Burden of Proof

If **we** allege that by reason of any of the exclusions listed, an event is not covered by this policy, the burden of proving the contrary shall be on the **claimant**.

e) Claims Evidence / Information

- i. **We** must be provided with all reasonable and necessary evidence required by **us** to support a claim within 90 days after the date of **injury or illness** which leads to a claim. Information provided to **us** to support a claim must include a completed claim form along with supporting evidence (original copies, where applicable). If the information supplied is insufficient, we will confirm the additional information required.
- ii. If **we** do not receive the information, **we** require within the time period advised, **we** may reject the claim or withhold payment in the likelihood of a valid claim until the information **we** require has been received.
- iii. Where medical certificates or reports are required, **we** will only accept medical certificates or reports (original copies, where applicable) issued by a **doctor**. For avoidance of doubt, medical certificates or reports issued by other practitioners, including alternative and traditional medical practitioners, traditional chinese medicine practitioner or chiropractors will not be accepted.
- iv. **We** may refuse to refund any expense for which the **claimant** cannot provide original receipts and invoices where applicable.
- v. **We** may require the **insured person** undergo a medical examination by a **doctor** appointed by **us** before the initial or additional **compensation** can be paid.
- vi. **We** may, at **our** expense, ask for a post-mortem examination and/or to undergo a blood test for HIV as a condition precedent to any processing of any claim.

f) Settlement of Claim

- i. **Compensation** will be paid in accordance to the policy terms and conditions. It can only be made once **we** have received the information **we** require to investigate and verify the claim (including information supplied) and **we** are satisfied that the claim falls within the policy. **Compensation** will generally be paid immediately unless the claim is for any periodic payment which will be paid according to the terms set out in the policy.
- ii. The **compensation** for each benefit is payable as specified on the **schedule of benefits**. Any **compensation** that **we** make under this policy will not exceed the limit shown in the **schedule of benefits** for the claim event. **Compensation** under each benefit is included only for the events specified in the **certificate of insurance / policy schedule**.
- iii. Unless otherwise specified in this policy, payments or reimbursements will be made at **our** sole discretion to the **claimant**. If the **insured person** is a **child**, the **compensation** will be paid to their parent(s). Such payment shall be a full and final discharge to **us**.

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

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

g) Subrogation

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

h) Rights to recovery

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

35. **Renewal:** Unless otherwise stated by **us** and as agreed with the **master policy holder**, this is a monthly renewable policy and is automatically renewed on a monthly basis subject to the terms and conditions of the policy and successful collection of premium by **us**. The **certificate holder/policyholder 's** payment of the monthly premium and the receipt and acceptance of payment by **us** will constitute consent to renewal of this policy. In the event **we** elect to not renew this policy due to underwriting reasons, **we** will notify the **certificate holder/policyholder** in writing at least 30 days before their next **premium due date**.

## **PART 6 - COMPLAINTS PROCEDURE**

- (a) If there is any occasion when **our** service does not meet the **certificate holder/policyholder 's** expectations, the **certificate holder/policyholder** may contact **us** using the appropriate contact details below, providing the policy/claim number and the name of the **certificate holder/policyholder** to help **us** deal with **certificate holder/policyholder 's** comments quickly.

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

Phone: 1800 88 8811 / 603 2118 0188  
Fax: 603- 2118 0288  
Email: AIGMYCare@aig.com

- (b) Any **certificate holder/policyholder** who is not satisfied with **our** decision may refer to the Ombudsman for Financial Services (OFS) giving details of the dispute, the name of the insurance company and the policy number. The contact details of the OFS are as follows:

Ombudsman for Financial Services  
Level 14, Main Block,  
Menara Takaful Malaysia,  
No 4, Jalan Sultan Sulaiman,  
50000 Kuala Lumpur  
Phone: 03 - 2272 2811  
Fax: 03 - 2272 1577  
Email: [enquiry@ofs.org.my](mailto:enquiry@ofs.org.my)

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

Bank Negara Malaysia  
Laman Informasi Nasihat dan Khidmat (BNMLINK)  
P O Box 10922,  
50929 Kuala Lumpur

Phone: 1-300-88-5465 (1300-88-LINK) or 03- 2174 1717 (overseas)  
Fax: 03 - 2174 1515

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