



**AIG MALAYSIA INSURANCE BERHAD**  
**Snatch Guard**  
**Policy Wordings**



All endorsement or clauses that are separately attached to this policy also apply as long as they are authentic, issued and signed by authorized representatives of AIG Malaysia Insurance Berhad (200701037463).

## **SECTION 1 – THE CONTRACT**

In consideration of the Insured Member having paid the premium stated in the individual schedule to AIG Malaysia Insurance Berhad (200701037463) (“Company”), the Company agrees to provide coverage to the Insured Person for Theft or Robbery; ATM withdrawal protection; Injury due to Snatch Theft or Robbery and Accidental death and disablement which may take place anywhere in the world during the Period of Insurance subject to the terms and conditions of this policy.

This policy, together with the policy schedule, the application, and any attached endorsement/document shall constitute the entire contract. All statements made and information provided by the Insured Member will be relied upon by the Company as true and accurate for purposes of this policy.

All periods of insurance shall begin at the time premium is received and cover is effective until 12.00 midnight standard Malaysian time on the stipulated dates.

## **SECTION 2 – ELIGIBILITY**

The Insured is a customer of the Company who has been declared for cover and is of Competent Age.

## **SECTION 3 – DEFINITIONS**

The following words shall carry the meanings defined below:

### **Accident/Accidental**

shall mean an involuntary, external forcible and violent event inflicted against the Insured Person, which gives rise to an Injury that is unforeseen, fortuitous, unintentional, not voluntary and not premeditated and which occurs independently of all other causes. The event excludes Injuries that are directly or indirectly caused by disease; sickness; defect or impairment from birth, genetic, mental or health related condition; or, which have resulted before the inception of the coverage provided hereto; or, is the result of viral or bacterial attacks; or, is inflicted while under the influence of drugs, alcohol, coercion or duress.

### **Activities of Daily Living**

shall mean activities normally carried out by an able person which shall include the following:

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

### **Assault**

shall mean any wilful and unlawful use of physical force upon the Insured Person that is a felony, crime or misdemeanor in the jurisdiction in which it occurs and which results in an Injury to the Insured Person.

### **ATM**

shall mean an automated teller machine anywhere in the world.

### **Benefit(s)**

shall refer to the benefits under this Master Policy, more particularly described in the Schedule of Benefits as set out in Appendix 1.

**Company**

shall refer to AIG Malaysia Insurance Berhad (795492-W).

**Competent Age**

shall refer to the age of eligibility of the Insured Person to qualify for coverage under this Master Policy, and ranges from 18 years old to 65 years old and is renewable up to 70 years old.

**Covered Injury**

shall mean Injury due to an Accident occurring during the Period of Insurance.

**Credit Accounts**

shall mean any credit accounts maintained by the Insured Person with a licensed financial institution in Malaysia for personal use, such as a credit card account and a car/home loan account.

**Date of Loss**

shall refer to the date when the covered incident occurs.

**Hospital**

shall mean only an establishment duly licensed to provide medical services as a hospital for the care and treatment of sick and injured person(s) as paying patient(s), which: -

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

**Immediate Family Member**

shall refer to the Insured Person's Spouse, child, parent and their sibling, parent-in-law, grandparent, grandchild, sibling, sibling-in-law, niece or nephew.

**Injury**

shall mean bodily Injury caused solely by Accident, Snatch Theft, Robbery or Assault.

**Insured**

shall refer to the entity as more clearly stated in the master policy schedule.

**Insured Member**

shall mean the persons who are eligible customers of the Insured, of Competent Age and is stated in the Policy Schedule

**Insured Person**

shall mean all the person(s) for whom coverage is provided for under this policy and includes the Insured Member and his/her Spouse, if a request for Spouse's insurance is similarly received by the Company and whose name appears on the Policy Schedule for cover.

**Insured Property**

shall mean the Insured Persons' Personal Valuables and Personal Papers.

**Loss of Finger(s) or Toe(s)**

shall mean the complete severance of the finger (s) or toe(s) through or above the metacarpophalangeal joint or metatarsophalangeal joint.

**Loss of Hearing**

shall mean permanent irrecoverable loss of hearing where:

If a dB = Hearing loss at 500 Hertz

If b dB = Hearing loss at 1000 Hertz

If c dB = Hearing loss at 2000 Hertz



If d dB = Hearing loss at 4000 Hertz  
 $\frac{1}{6}$  of (a+2b+2c+d) is more than 80dB

**Loss of Limb**

shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

**Loss of Sight**

shall mean the total, absolute and irrecoverable loss of sight.

**Loss of Speech**

shall mean the disability in articulating any three of the four sounds which contribute to the speech (i.e. the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds) or the total loss of vocal cord or damage of the speech center in the brain resulting in the inability to speak.

**Loss of Use**

shall mean permanent limitation in function in relation to limb or organ following an Injury.

**Master Policy**

shall mean this policy of insurance between the Insured and the Company for the benefit of the Insured Person who has paid the applicable premium.

**Payment Card**

shall mean a valid ATM card, credit card, charge card or debit card issued by a licensed financial institution in Malaysia for personal use only.

**Period of Insurance**

shall refer to the period stated in the individual schedule or the period which the Insured Person is covered under the terms and conditions of this policy and during which the Company is liable to pay for the Benefits therein.

**Permanent**

shall mean a physical condition lasting for a full period of 12 months commencing from the Date of Loss wherein at the end of such period the condition is certified to be beyond any hope of recovery or improvement.

**Permanent Total Disablement**

shall mean physical disablement as a result of Injury and commencing within 365 days from the Date of Loss, an Insured Person is totally, continuously and permanently disabled and prevented from performing 3 or more Activities of Daily Living as herein defined which would normally be carried by him/her in his/her daily life had such disablement not occurred.

**Personal Papers**

shall mean identification documents issued by the Insured Person's country, state or province including but not limited to the Insured Person's driving license and passport.

**Personal Valuables**

shall refer to all items of gold, silver, platinum, jewellery, laptop, handphone and personal digital assistant (PDA) including wallets, purses and handbags in the possession of the Insured Person at the time of Theft or Robbery.

**Physician or Surgeon**

shall mean a person duly qualified, licensed and registered as a western medicine practitioner to practice medicine in the geographical area in which medical service is provided to the Insured Person excluding a physician who is the Insured Person or business partner, agent or who is not related to the Insured Person or Insured Person's Immediate Family Member.

**Pick-Pocketing**

shall mean the act of stealing from the Insured Person's pocket or hand carried bag unnoticed and discreetly in public places.

**Policy Effective Date**

shall mean the date from which the insurance coverage under this Master Policy becomes effective. The effective date of this Master Policy is stated in the Policy Schedule. The effective date of the individual Insured Person's coverage will be that as stated in the Policy Schedule.

**Policy Schedule**

shall mean a document issued to the Insured Person and shows details such as the Insured Member's and/or Insured Person's name (as applicable), address, the effective date of cover and the premium payable. It forms part of this Master Policy, and the Insured Member must read it together with the terms and conditions of this Master Policy.

**Pre-existing Conditions**

shall mean any medical condition and/or physical disabilities that existed before the Policy Effective Date of this insurance and for which the Insured Person is receiving treatment or has shown manifestations/symptoms irrespective of, whether the Insured Person was aware or should have reasonably been aware of. For purpose of clarification, consultation with a Physician or Surgeon for any sign of pain or discomfort shall constitute a manifestation or symptom of a condition.

**Private Residence**

shall mean the private premises resided in by the Insured Person where he/she maintains a permanent address for official purposes be that the premises is a dwelling house, flat, apartment or condominium.

**Spouse**

shall mean the legal spouse of the Insured Member, whose name appear in the Policy Schedule.

**Snatch Theft**

The act of forcefully stealing from the Insured Person and taking away the Insured Person's hand carried bag(s) and fleeing the scene either by running; riding; or pillion-riding a motor vehicle

**Rob or Robbery**

Shall bear the meaning as defined under Section 390 of the Malaysian Penal Code i.e. the act of Theft or attempted Theft where in order to commit theft or in committing the theft, or in carrying away or attempting to carry away property obtained by the theft, the offender, to achieve that purpose, voluntarily causes or attempts to cause any person death, or hurt, or wrongful restraint or fear of instant death, or of instant hurt, or of instant wrongful restraint.

**Term of Insurance**

Shall be a monthly term which is that elected by the Insured Member for the chosen Period of Insurance and for which premium is paid.

**Theft**

Shall bear the meaning defined under Section 378 of the Malaysian Penal Code i.e. the dishonest act by an offender of taking movable property out of the possession of another without that other person's consent, with the intention of permanently depriving that other of it.

## **SECTION 4 - GENERAL CONDITIONS**

### **1. DUTY OF DISCLOSURE**

You must take reasonable care to ensure that all your answers to the questions are full, complete, correct, honest and to the best of your knowledge. You also have a duty to inform AIG Malaysia of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy.

If you don't, AIG Malaysia may:

- a) declare your policy void from inception (which means treating it as invalid) and AIG Malaysia may not return the premium or recover any unpaid premium;



- b) cancel this policy and return any premium less AIG Malaysia's cancellation charge or recover any unpaid premium;
- c) recover any shortfall in premium;
- d) not pay any claim that has been or will be made under the policy; or
- e) be entitled to recover from you the total amount of any claim already paid under the policy or any claim AIG Malaysia have to pay under any relevant legislation, plus any recovery costs.

**2. ENTIRE CONTRACT CHANGES IN POLICY**

This policy includes the schedule, application, endorsements and attached papers, if any, and shall constitute the entire contract of insurance. Any statement made by the Insured not specifically included herein shall not under any circumstance be considered as part of the policy or be used in any legal proceedings pursuant thereto. No agent has authority to change this policy or waive any of the provisions contained herein. No amendment to this policy shall be valid unless approved by the Company in writing and duly endorsed therein.

**3. PREMIUM PAYMENT**

The premium due under each Policy Schedule shall be payable on a monthly basis for the elected Term of Insurance. Each premium paid purchases cover for the following calendar month.

No claim under the Policy Schedule shall be admissible while the related premiums are in arrears.

**4. CURRENCY OF PAYMENT**

All amounts payable either to or by the Company shall be made in Malaysian Ringgit.

**5. MIS-STATEMENT OF AGE AND SEX**

All ages referred in this policy shall be the age of the Insured Person at his/her last birthday. Where the age or 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 additional amount payable, subject to the maximum limits provided under this policy, shall be prorated based on the applicable premium for the Insured Person's actual age;
- ii) any excess premium paid as a result thereof, shall be refunded without interest; and
- iii) if it is found that the Insured Person's actual age is not insurable under this policy pursuant to the Company's underwriting rules, this policy shall be void and all premiums paid shall be refunded without interest.

**6. NOTICE OF CLAIM**

All claims must be made in writing and submitted to the Company within 30 days from the Date of Loss. The Insured shall produce for the Company's examination all relevant documents at such reasonable times and shall co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the Insured's claim. Written notice of claim given by or on behalf of the Insured and received by the branch offices of the Company in Malaysia, or by any authorized agent of the Company, shall be deemed notice to the Company.

**7. PROOF OF LOSS**

Written proof of loss must be furnished to the Company within 30 days from the Date of Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than 1 year from the Date of Loss.

**8. LIMITATION OF CLAIMS**

No claim Benefits shall be payable for any claim filed to the Company beyond a period of 1 year from the Date of Loss.

**9. PROOF OF CLAIM**

The Insured Person shall forward the following documents to the Company in the event of a claim made by him/her:



- a) police reports whenever applicable;
- b) ATM withdrawal slip/receipt at the time and date when Assault, Theft or Robbery occurred after an ATM withdrawal;
- c) medical report(s) and original receipts and/or bills.

All documents and evidence must be provided at the Insured Person's expense in the form and nature required and the list set out above is not exhaustive. The Company reserves the right to request for any further document(s) as may be deemed relevant and reasonable to support a claim.

#### **10. MEDICAL EXAMINATION**

The Company, at its own expense, shall have the right to require additional documentary as well as proof of medical examination undertaken by the Insured Person to support the submitted claim when and as often as it may reasonably be required and necessary in the Company's opinion during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.

#### **11. RECEIPTS**

The Company shall not be committed by any notice of any trust charge, a lien, assignment or other dealings 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.

#### **12. TO WHOM INDEMNITIES ARE PAYABLE**

All indemnities of this policy will be payable to the Insured. Any indemnity accruing at the Insured's death shall be paid to the Insured's nominees(s) elected by the Insured and in the event of failure to appoint a nominee, to the estate of the Insured. The process of claim including settlement will be handled directly between the Company and the Insured whose sole discharge will constitute full and final settlement of the claim lodged. 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.

#### **13. RIGHT OF OWNERSHIP**

The Insured shall be the person whose name is stated in the Policy Schedule. No change of Insured under this policy shall bind the Company, unless written notice has been filed with the Company by the Insured and is duly approved and endorsed by the Company. Only the Insured can exercise all rights, privileges and options provided under this policy.

#### **14. LEGAL PROCEEDINGS**

No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within 1 year from the expiration of the time within which the written proof of loss is required by the policy.

#### **15. TERMINATION OF COVERAGE**

This policy shall be terminated automatically on the earliest of any of the following dates:

- a) when the policy is cancelled by the Insured or the Company in accordance with the provisions of Clause 16 under this section, hereunder on the dates specified therein; or
- b) when the Insured Person reaches 70 years old;
- c) the date of death of the Insured Person; or
- d) termination of this coverage in a certain market in accordance with the Portfolio Withdrawal Condition.

#### **16. CANCELLATION**

- a) The Insured can cancel this policy by giving the Company 30 days-notice in writing to the Customer Servicing Group, P O Box 11768, 50756 Kuala Lumpur, Malaysia. The Company will continue to provide cover under this policy for the remaining period for which the premium has been received and this policy shall terminate upon the expiry of such period.



- b) The Company can cancel this policy by giving the Insured 30 days' notice to the Insured's last addresses as appears in the Policy Schedule or any alternative address that is notified to the Company in writing. The Company will continue to provide cover under this policy for the remaining period for which the premium has been received and this policy shall terminate upon the expiry of such period.

#### **17. PORTFOLIO WITHDRAWAL CONDITION**

The Company reserves the right to cancel the portfolio as a whole if the Company decides to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by 30 days written notice to the insured and/or Insured Person and the Company will run off all Policy Schedule to expiry of the period of cover within the portfolio.

#### **18. CHANGE IN COUNTRY OF RESIDENCE**

Coverage of the Insured Person is subject to his/her residence in Malaysia. Coverage does not extend to any Insured Person residing outside of Malaysia unless prior extension of coverage has been accorded by the Company. It is a condition precedent to liability under this policy that in the event of change of country of residence, the Company must be informed in writing of any change in the Insured Person's country of residence. A change in the country of residence shall be deemed to mean the Insured Person is living or is intending to live in another country other than Malaysia in excess of 12 consecutive calendar months. Failure to notify the Company of this change will invalidate the Insured Person's coverage provided hereto with effect from the date he/she leaves Malaysia for purpose of residing out of Malaysia for a continuous period of more than 12 consecutive calendar months. Despite this, the Company reserves the right to continue coverage based on the prevailing terms and conditions or to decline coverage under this policy upon receipt of such information.

Notwithstanding this clause, coverage under Section 6 – A to C will be effective if the Insured Person is on personal/business trip not exceeding 30 days.

#### **19. ARBITRATION CLAUSE**

- (a) Any dispute, difference or question which may arise at any time hereafter between the Company and the Insured or his/her legal representatives in relation to the interpretation of the policy or the rights or liabilities of parties hereto shall be referred to arbitration. The policy shall be subject to the jurisdiction of the Malaysian courts and construed according to Malaysian laws.
- (b) The arbitration shall be heard by a single arbitrator of whom the appointment shall be agreed by the parties hereto within 14 days from the commencement of the arbitration procedure. In default of an agreement, an arbitrator shall be appointed in accordance with and subject to the provisions of the Malaysian Arbitration Act 2005 or any statutory modification or reenactment thereof for the time being in force.

#### **20. CONSENT TO USE PERSONAL DATA**

By submitting the application for coverage, you consent to the collection of your personal information by AIG Malaysia (whether through the phone or otherwise obtained) and such information may be held, used and disclosed by AIG Malaysia to individuals, service providers and organizations associated with AIG Malaysia or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this insurance and providing subsequent service(s) for this purpose, AIG Malaysia's financial products and services, data matching, surveys, and to communicate with you for such purposes. You reserve the right to obtain access, request correction or withdraw your consent to the use of any of your personal information held by AIG Malaysia.

#### **21. NUMBER OF POLICIES**

The insured Person is only covered under 1 policy per period of insurance by the Company. In the event of there being more than 1 policy, the policy with the highest coverage will be effective.

#### **22. SERVICE TAX (ST)**

The amount of Premium payable by you for this Policy includes an amount on account of the ST payable by you. ST 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 increases or decreases to the rate) by any competent tax authority.

### **23. PERSONAL DATA USE**

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

AIG Malaysia Insurance Berhad (200701037463)  
Attn: Customer Care Department  
P O Box 11768,  
50756 Kuala Lumpur.

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

## **SECTION 5 – GENERAL EXCLUSIONS**

1. This policy will not cover the following:
  - a) Losses that do not occur within the Period of Insurance;
  - b) Losses that result from or relate to the Insured Person's business or career pursuits including the Insured Person's work or profession;
  - c) Losses caused by illegal acts;
  - d) Losses that are intentionally caused by the Insured Person;
  - e) Losses that result from the direct actions of a relative of the Insured Person;
  - f) Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, terrorism, riot or the act of any lawfully constituted authority;
  - g) Losses due to the order of any government, public authority, or customs' officials.
2. The Company shall not be liable for a loss that would otherwise be payable, if it occurs directly or indirectly, due to or in consequence of:-
  - (a) an act in contravention of a government prohibition or regulation or law.
  - (b) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power;
  - (c) an act of terrorism.

For this purpose, an act of terrorism means any act including, but not limited to the use of force or violence and/or the threat thereof, by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ethnic, ideological or similar purposes including the intention to influence any government and/or to put the public; or any section of the public in fear.

Any loss or damage which is occasioned by or through or in consequence of, directly or indirectly, of any of the above said occurrences shall be deemed to be Injury, loss or damage which is/are not covered by this insurance policy, except to the extent that the Insured shall prove that such Injury, loss or damage happened independently from the existence of such conditions.



In any action, suit or other proceeding where the Company alleges that by reason of the provisions of this condition, any Injury, loss or damage is not covered by this insurance, the burden of proving that such Injury, loss or damage is covered shall be on the Insured.

3. The entire policy shall be voided whether before or after a loss, if any material fact or circumstance is willfully concealed, or misrepresented, or fraudulent information is provided to us whether concerning this insurance or any claim filed thereunder.
4. The Benefits under this policy will not be payable in the event of any situation involving any criminal activity, violation of law or the usage of drugs.
5. The Company shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

## **SECTION 6 – POLICY BENEFITS**

### **A) LOSS OF CASH AND/OR PERSONAL VALUABLES DUE TO THEFT OR ROBBERY**

Subject to a police report being lodged within 7 days from an occurrence, unless the Insured Person is physically unable to do so, the Company will reimburse the Insured Person for loss of cash and/or Personal Valuables caused by Theft committed against the Insured Person which occurs outside the Private Residence as stated in the Benefits. Provided that the Company's liability under this section in respect of any one Period of Insurance shall not exceed the amount as stated in the Benefits, per claim up to a maximum of 2 claims in every 12 months.

#### **Exclusion to Benefit A:**

The Company shall not be liable for:

- a) Loss, damage or deterioration of Personal Valuables arising from normal wear and tear or other gradually operating causes or occasioned by any process of cleaning, dyeing or renovating or climatic or atmospheric conditions;
- b) Loss due to any fraudulent, dishonest or criminal act committed by the Insured Person, persons known to the Insured Person, or the Insured Person's family members, whether acting alone or in collusion with others;
- c) Loss of or damage to Personal Valuables of the Insured Person directly or indirectly from:
  - i. Intentional or malicious acts or gross negligence or carelessness of the Insured Person ;
  - ii. Mislaying, misplacing or mysterious disappearance;
  - iii. Marring, scratching, peeling of paint or any other damage to the appearance of the Insured Property not resulting in loss of its function.
- d) Loss caused due to Theft of any title or possession of any property of the Insured Person by a fraudulent scheme, trick, device or false pretense;
- e) Loss as a result of Pick-pocketing;
- f) Loss or damage which at the time of the happening of such loss or damage is insured by or would, but for the existence of this policy, be insured by any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under such other policy or policies had this insurance not been effected.

### **B) ATM WITHDRAWAL PROTECTION**

Subject to a police report being lodged within 7 days after an occurrence, unless the Insured Person is physically unable to do so, and on the production of the relevant ATM withdrawal slip/receipt or such other satisfactory evidence, the Company shall indemnify the Insured Person against the loss of:

- a) cash withdrawn by the Insured Person ; or
- b) cash which the Insured Person is forced to withdraw;



from his/her account via the use of ATM provided the loss took place:

- i. within 15 minutes immediately after the withdrawal;
- ii. by means of force whereby the Insured Person is held at gun-point, knife-point and/or by any other means;
- iii. by threat, Assault, battery and/or Robbery, causing fear of death, hurt and/or wrongful restraint;
- iv. by an unknown person, subject to all other terms and conditions as stipulated in the policy.

Provided that the Company's liability under this section in respect of any one loss or any Period of Insurance shall not exceed the maximum amount as specified in the Benefits.

**Exclusion to Benefit B:**

- a) Loss due to any fraudulent, dishonest or criminal act by the Insured Person, persons known to the Insured Person or the Insured Person's family members, whether acting alone or in collusion with others;
- b) Loss due to the use of fraudulent cards;
- c) Loss resulting from unauthorized use of the Insured Person's card by a member of the Insured Person's family or persons known to him/her;
- d) Liability for any debt arising due to the loss of the Insured Person's card;
- e) Liability for any debt arising from the unauthorized use of any supplementary card issued to the Insured Person's family members or persons known to him/her.

**C) MEDICAL REIMBURSEMENT FOR INJURY DUE TO SNATCH THEFT, ROBBERY OR ASSAULT**

When by reason of Injury sustained due to Snatch Theft, Robbery or Assault during the Period of Insurance, the Insured Person requires medical treatment by a legally qualified, registered medical practitioner, Physician, Surgeon, or the employment of a licensed or qualified nurse, or Confinement in a Hospital, but excluding any dental treatment unless such treatment is directly caused by Snatch Theft, Robbery or Assault, and, subject to a police report being lodged within 7 days from the occurrence, unless the Insured Member is physically unable to do so, the Company will pay or reimburse the Insured Member (on behalf of the Insured Person) the actual expense incurred by him/her, within 52 weeks from the date of the covered Snatch Theft, Robbery or Assault for such medical treatment, hospital charges and nurses fees up to the maximum amount as specified in the Benefits and for a maximum of 2 claims in every 12 months PROVIDED THAT in the event an Insured Member also receiving reimbursement of all or part of such expenses from any other source(s), this policy will be liable only for the amount in excess of that amount payable by such other source(s).

Only original receipts or bills on the medical expenses incurred shall be considered for reimbursement.

**D) PERSONAL ACCIDENT – ACCIDENTAL DEATH AND DISABLEMENT**

The Company agrees that if during the Period of Insurance the Insured Person sustains Injury as a result of a covered Accident which results in death, disablement or Loss of Use sustained within 12 months from the date of Accident, the Company will pay the Insured Member (on behalf of the Insured Person) or, in the event of the death of the Insured Member, their named beneficiary(ies) as the case may be, the appropriate Benefit as stated in the Compensation Table herein below.

**Scale of Compensation Benefits: -**

Benefit A – Death	Sum Insured as specified in the Plan selected
Benefit B – Permanent Disablement	A sum equal to % of the sum insured specified in the Plan selected. The % payable will be in accordance with compensation % as detailed below.

**Exposure and Disappearance:**

If following a covered event, the Insured Person is unavoidably exposed to the elements for a duration of time until saved, and as a result of such exposure to the elements suffers bodily Injury as described above, such Injury shall be perceived as if sustained under the influence of the primary event.



On the other hand, if the body of the Insured Person is not found within 1 year from disappearance, sinking or wrecking of a common carrier in which the Insured Person was riding in at the time of such disappearance, sinking or wrecking, the Insured Person shall be presumed dead after a court order has been successfully extracted.

<b>COMPENSATION TABLE</b>		
The Injury This policy covers the Insured Person in respect of the following events as per per cent of the basic cover or an amount as stated, in accordance with the defined Injury, resulting in		Compensation (Based on the per cent of basic cover)
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent and Incurable Paralysis of all limbs	100%
4.	Permanent Total Loss of Sight of Both Eyes	100%
5.	Permanent Total Loss of Sight of One Eye	100%
6.	Loss of or the Permanent Total Loss of Use of Two Limbs	100%
7.	Loss of or the Permanent Total Loss of Use of One Limb	100%
8.	Loss of Speech and Hearing	100%
9.	Permanent Total Loss of Hearing in:	
	a) both Ears	75%
	b) one Ear	25%
10.	Loss of speech	50%
11.	Permanent Total Loss of the Lens of One Eye	50%
12.	Loss of or the Permanent Total Loss of Four Fingers and Thumb of:	
	a) Right Hand	70%
	a) Left Hand	50%
13.	Loss of or the Permanent Total Loss of Use of One Thumb:	
	a) Both Right Phalanges	30%
	b) One Right Phalanx	15%
	c) Both Left Phalanges	20%
	d) One Left Phalanx	10%
14.	Loss of or the Permanent Total Loss of Use of Four Fingers of:	
	a) Right Hand	40%
	a) Left Hand	30%
15.	Loss of or the Permanent Total Loss of Use of Fingers:	
	a) Three Right Phalanges	10%
	b) Two Right Phalanges	7.5%
	c) One Right Phalanx	5%
	d) Three Left Phalanges	7.5%
	e) Two Left Phalanges	5%
	f) One Left Phalanx	2%
16.	Loss of or the Permanent Total Loss of Use of Toes:	
	a) All of One Foot	15%
	b) Great, Both Phalanges	5%
	c) Great, One Phalanx	3%
17.	Fractured Leg and/or Patella with Established Non-Union	10%
18.	Shortening of Leg by at least 5 cm	7.5%

#### **Special Provision to Benefit D:**

- (a) (i) Compensation shall not be payable for more than one of the Events 1 to 18 in the Compensation Table in respect of the same Injury.
- (ii) The admission of any one Benefit (Events 1 to 18 in the Compensation Table) will exhaust that particular Benefit coverage for the Insured Person and the policy will continue as if that coverage Benefit had been cancelled.
- (iii) If the Insured Person is left-handed, the percentages set out above from Events 12 to 15 for the various disabilities of right hand and left hand will be transposed.



- (b) Total compensation payable in 1 policy year is limited to 100% of the basic cover. Should this 100% limit be reached before the policy term, then coverage under this Benefits lapses at the moment of the last event giving rise to that 100% Benefit or that difference making up the balance of the 100% Benefit whichever occurs first.

**Exclusion to Benefit D:**

The insurance under this policy does not provide Benefits in respect of any Injury caused directly or indirectly, wholly or partly by:

- a) Suicide or intentional self-inflicted injuries or any attempted suicide while sane or insane;
- b) War, declared or undeclared, civil war, revolution or any warlike operations;
- c) Consequent upon an Insured working in the armed forces or as a bodyguard, racing driver or rider, stuntman or being a member of a ship's crew, air crew, offshore worker, diver, logger, tunneller, professional sportsman, miner, fireman, police or security guard;
- d) Any violation or attempted violation of the law or resistance to arrest;
- e) Treatment of alcoholism, or drug abuse or any other complications arising therefrom or any drug Accident;
- f) Pregnancy, miscarriage or childbirth, or any treatment relating to birth control or treatment pertaining to infertility or any other complication arising therefrom;
- g) Psychosis, mental or nervous disorders or sleep disturbance disorders;
- h) Cosmetic or plastic surgery or any elective surgery;
- i) Any form of dental care or surgery unless necessitated by Injury caused by an accident to sound and natural teeth;
- j) Any congenital defect which has manifested or was diagnosed before the Policy Effective Date;
- k) Routine health checks, any investigation(s) not directly related to admission diagnosis, illness or Injury, or any treatment or investigation which is not medically necessary, or convalescence, custodial or rest care;
- l) Acquired Immune Deficiency Syndrome (AIDS) or any complications associated with infection by any Human Immune Deficiency Virus (HIV) (for the purpose of this policy, the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus);
- m) Any Injury sustained while serving as a crew member of any aircraft except as a fare-paying passenger in any aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry;
- n) Driving or riding in any kind of race involving motorized vehicles;
- o) Engaging, practicing or participating in a sport in a professional capacity or when an Insured Person would or could earn income or remuneration from engaging in such sport;
- p) Bacterial infection (except pyogenic infection due to accidental cut or wound), and/or any other kind of disease, and/or medical or surgical treatment (unless necessitated by injuries due to insured accident, which is performed during the policy cover);
- q) Pre-existing Conditions.

**ADD-ON BENEFITS E - H (IF PURCHASED BY THE INSURED)**

**E) REIMBURSEMENT FOR REPLACEMENT OF LOST KEYS**

The Company will reimburse the Insured Member for:

- a) the cost of replacing the keys to the Insured Person's Private Residence and/or his/her vehicle keys which are lost or stolen. The covered cost is limited to the money that has been paid to a locksmith to produce new key(s).
- b) the cost of replacing the locks and keys if the Insured Person's Private Residence or vehicle is broken into. The covered costs include the labor cost for replacing the lock.
- c) the cost of engaging the services of a locksmith if the Insured Person is locked out of his/her Private Residence or vehicle due to the loss or theft of the his/her keys.
- d) the reasonable cost of a rental car for 1 day if the Insured Person's vehicle keys are lost or stolen and for which the key replacement will take more than 24 hours.

**Exclusion to Benefit E:**

The Company shall not be liable for:



- a) costs and expenses other than those listed above for the replacement of residential and/or vehicle keys;
- b) costs associated with lost or stolen keys for a residence other than the Insured Person's Private Residence;
- c) the cost and expenses to replace keys to vehicles which the Insured Person does not own for personal use.

**Conditions to Benefit E:**

For break-in protection claims, the Insured Member must provide a police report that indicates the incident happened within the covered time frame in order for the Company to pay the claim, unless the Insured Member, or, if applicable, the Insured Person is legally incapable of doing so.

**F) IDENTITY THEFT – TO RECOVER CREDIT WORTHINESS**

The Company will reimburse the Insured Member's expenses resulting from his/her efforts to resolve his/her Identity Theft. Expenses can be submitted up to 12 months, commencing from the first date the Insured Person officially lodges a claim in writing with the Company.

The following expenses are covered under this Master Policy:

- a) Legal Expenses – The Company will reimburse the Insured Member for legal and court fees incurred by him/her for:
  - i. Defending any suit brought against the Insured Person by a creditor or collection agency or someone acting on their behalf as a result of the Identity Theft;
  - ii. Removing any civil or criminal judgments wrongfully entered against the Insured Person as a result of the Identity Theft;
  - iii. Challenging the accuracy or completeness of any information in the Insured Person's consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of Identity Theft.
- b) Lost Wages – The Company will reimburse the Insured Person for time taken from work solely as a result of his/her efforts to correct his/her financial records which have been altered due to Identity Theft. Payment of lost wages includes compensation for whole or partial unpaid workdays. The Insured Person must take these unpaid days within 12 months of making a claim. For self-employed persons, the lost wages cover is subject to a daily limit as set out in Appendix I.
- c) Obligation to pay – If any Credit Accounts and/or bank accounts were opened in the Insured Person's name without his/her authorization, the Company will pay for his/her actual loss resulting from the unauthorized account. The Company will pay for the Insured Person's legal obligation to pay a creditor in the event the account was created as part of his/her Identity Theft.
- d) Miscellaneous Expenses – The Company will reimburse the Insured Member for the following expenses:
  - i. The cost of re-filing applications for Credit Accounts or banking accounts that are rejected due to incorrect information received by a lender as a result of Identity Theft;
  - ii. The cost of notarizing documents related to the Insured Person's Identity Theft, long distance telephone calls, and certified mail reasonably incurred as a result of his/her efforts to report an Identity Theft or to correct his/her financial and credit records that have been altered as a result of his/her Identity Theft;
  - iii. The cost of contesting the accuracy or completeness of any information contained in the Insured Person's credit history as a result of his/her Identity Theft;
  - iv. The cost of a maximum of 4 credit reports from an entity approved by the Company. The credit reports shall only be requested after the Insured Person has made a claim with the Company.

**Exclusion to Benefit F:**

- a) Monetary losses other than the out-of-pocket expenses related to the resolution of the Insured Person Identity Theft outlined in this Master Policy;
- b) Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
- c) Requesting credit reports before the discovery of the Insured Persons Identity Theft;



- d) Leave taken by the Insured Person which will be paid by his/her employer in order to correct his/her financial records that have been altered due to Identity Theft.

**Conditions to Benefit F:**

- i. The fraudulent account must have been opened in the Insured Person's name without his/her authorization.
- ii. Any false charge or withdrawal from the unauthorized opened account must be verified by the Insured Person's financial institution.
- iii. Coverage for false charges is limited to the amount the Insured Person is held liable for by the financial institution.
- iv. The Company shall be permitted to inspect the Insured Person's financial records after a claim is filed with the Company.
- v. The Insured Person will cooperate with the Company and assist the Company to enforce any legal rights that he/she or the Company may have in relation to the Insured Person's Identity Theft; this may include the Insured Person's attendance at depositions, hearings and trials, and giving evidence as necessary to resolve the Insured Person's Identity Theft.
- vi. The Insured Person will have to pay the deductible as stated in the Policy Schedule per each Identity Theft occurrence during the policy period.

**G) IDENTITY THEFT – FRAUDULENT CHARGES**

If the Insured Person's Payment Card is lost or stolen, the Company will reimburse him/her for the unauthorised charges that he/she is responsible for on his/her lost or stolen Payment Card, for up to 12 hours prior to the Insured Member's first report of the event to the Insured Member's Payment Card issuer(s).

**Exclusion to Benefit G:**

- a) Charges made on the Insured Person's lost or stolen Payment Card more than 12 hours prior to his/her first report of the event to his / her Payment Card issuer(s);
- b) Charges made on the Insured Person's lost or stolen Payment Card after he/she first reported the event to his/her Payment Card issuer(s);
- c) Charges made on the Insured Person's Payment Card if his/her Payment Card is not lost or stolen;
- d) Cash advances made with the Insured Person's lost or stolen Payment Card;
- e) Charges incurred by a resident of the Insured Person's household, or by a person entrusted with his/her Payment Card.

**Conditions to Benefit G:**

- i. The Company will only pay for unauthorised charges which the Insured Person is responsible for under the terms and conditions of his/her Payment Card.
- ii. The Insured Person must report the loss or Theft of his/her Payment Card to the card issuer(s) and to the Company within 12 hours after discovering his/her lost or stolen card;
- iii. The Insured Person must comply with all terms and conditions by which his/her Payment Card is issued.

**H) HOME PROTECTION - BURGLARY**

The Company will indemnify the Insured Person against loss or damage to the Insured Property caused by Burglary, subject to actual forcible, violent entry or exit from the covered Private Residence, save and except for the following:

- a) part of the Private Residence's structure or ceiling, walls, wallpapers, stairs, doors, windows, railings or fixtures and fittings of the like;
- b) deeds, bonds, bills of exchange, promissory notes, cheques, securities for money, stamps, documents of any kind, cash, currency notes, bank notes, manuscripts, medals and coins, motor vehicles and accessories or livestock;
- c) loss of or damage to Insured Property due to theft caused by or carried out by the Insured Person's domestic servants or any of the Insured Member's family member who have access to the covered Private Residence.
- d) loss or damage due to any fraudulent, dishonest or criminal act of the Insured Person, spouse, any family member or person normally residing therein or resident domestic servant whether acting alone or in collusion with others;
- e) loss or damage due to nuclear reaction, nuclear radiation or radioactive contamination, or to any act or condition incident to any of the foregoing;



- f) loss of or damage to manuscripts, records or accounts;
- g) loss or damage occurring while there is any change in the condition of the risk, such as when the door or window of the premises is damaged by typhoon or during a fire in the premises;
- h) damage by vandalism or malicious mischief;
- i) loss or damage due to use of any key or duplicate thereof irrespective of whether the key belongs to the Insured Person or not; and/or
- j) mysterious disappearance, unexplainable and/or not provable event.

**Conditions to Benefit H:**

- i. Compensation for items of gold, silver, platinum and jewellery are limited to 1/3 of the total sum insured as stated in Appendix 1.
- ii. The limit for any single piece of gold, silver, platinum and jewellery or watch is limited to 5% of total Sum Insured as stated in Appendix 1.

## **SECTION 7 – NOTIFICATION TO APPOINT NOMINEE**

### **NOMINATION**

To expedite payment of moneys upon death without the need for letters of administration or grant of probate, kindly complete and submit a Nomination Form to AIG. The Nomination Form can be downloaded from

<https://www.aig.my/content/dam/aig/apac/malaysia/documents/others/beneficiary-nomination-form.pdf.coredownload.pdf>

## **SECTION 8 – COMPLAINTS PROCEDURE**

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

AIG Malaysia Insurance Berhad (200701037463)  
Complaint Handling Unit  
P O Box 11768  
50756 Kuala Lumpur  
Phone: 1800 88 8811 / 603 2118 0188  
Email: [AIGMYComplain@aig.com](mailto:AIGMYComplain@aig.com)

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

Financial Market Ombudsman Services  
(Formerly known as 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: [www.fmos.org.my](http://www.fmos.org.my)



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

Bank Negara Malaysia  
Laman Informasi Nasihat dan Khidmat (BNMLINK)  
4th Floor, Podium Bangunan AICB,  
No. 10, Jalan Dato' Onn,  
50480 Kuala Lumpur

Phone: 1-300-88-5465 (1300-88-LINK)/ 03-21741717(Overseas)

Fax: 603-2174 1515

Email: [bnm.gov.my/BNMLINK](mailto:bnm.gov.my/BNMLINK)

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



## APPENDIX I SCHEDULE OF BENEFITS

Please refer to the Schedule of Benefits provided below for the Benefits and corresponding Compensation applicable to the Insured covered under this Policy.

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

COVERAGE	LIMIT OF LIABILITY (RM)				EXCESS (RM)
	PLAN 1	PLAN 2	PLAN 3	PLAN 4	
Loss of Cash & Valuables due to Theft/Robbery (Reimbursement Basis)	Up to 1,000	Up to 2,000	Up to 3,000	Up to 4,000	NIL
ATM Withdrawal Protection (Reimbursement Basis)	Up to 500	Up to 1,000	Up to 3,000	Up to 5,000	NIL
Medical Reimbursement for treatment of Injury due to Snatch Theft/Robbery (per event)	Up to 3,000	Up to 6,000	Up to 7,000	Up to 8,000	NIL
Accidental Death & Disablement (Lump sum)	Up to 25,000	Up to 50,000	Up to 100,000	Up to 150,000	NIL
<b>ADD-ON BENEFITS (IF PURCHASED BY THE INSURED MEMBER)</b>					
Reimbursement for Replacement of Lost Keys	Up to 250	Up to 500	Up to 1,000	Up to 2,000	NIL
Identity Theft – To recover credit worthiness (Reimbursement basis)	Up to 5,000	Up to 10,000	Up to 15,000	Up to 20,000	NIL
Identity Theft – Fraudulent Charges (Reimbursement basis)	Up to 1,000	Up to 5,000	Up to 8,000	Up to 10,000	NIL
Home Protection – Burglary (Reimbursement basis)	Up to 1,000	Up to 5,000	Up to 10,000	Up to 15,000	NIL