



AIG MALAYSIA INSURANCE BERHAD

redCARE BillProtector

Policy Wordings



REDCARE BILLPROTECTOR

Please refer to the Schedule of Benefits provided below for the Benefits and corresponding Compensation applicable to the Certificate Holder covered under this Policy. Individual Benefits under '[Part 4 - Benefits](#)' should be referred to for full details of coverage.

SCHEDULE OF BENEFITS			
No	Benefits	Compensation (RM)	
		Plan 1	Plan 2
1	Accidental Death	5,000	10,000
2	Permanent Total Disablement - <i>for Injury only</i>	5,000	10,000
3	Bills Protection Benefit - <i>for Injury only</i>	150	200
4	Daily Hospitalisation Income Due To An Injury <i>Aggregate Period: Up to 30 Days</i>	N/A	50 per Day



PART 1 - ABOUT THIS POLICY

This Policy is issued to the Master Policyholder for the benefit of the Certificate Holder upon the terms and conditions set out within. This Policy, together with the Confirmation of Cover and Schedule of Benefits shall be read together to form an entire contract between the Certificate Holder and the Insurance Company. The Insurance Company agrees to provide the Certificate Holder the insurance coverage as described in this Policy provided that the Master Policyholder / Certificate Holder pays the premium when due and the Insurance Company agrees to accept it subject to the terms and conditions of this Policy.

The Certificate Holder is advised to read this policy wordings carefully together with the Confirmation of Cover and Schedule of Benefits to ensure that the Certificate Holder understands the terms and conditions and that the coverage meets the Certificate Holder's requirements.

Please contact the Insurance Company if the Certificate Holder requires any further information after reading this Policy.

All terms and conditions of this Policy must be continuously satisfied by the Master Policyholder / Certificate Holder 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.

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)

ONGOING DUTY OF DISCLOSURE

CONSUMER INSURANCE CONTRACT

Where the Master Policyholder and Certificate Holder have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the Master Policyholder and Certificate Holder have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. the Master Policyholder and Certificate Holder should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in the cancellation of the contract of insurance, refusal or reduction of claim(s), change of terms or termination of the contract of insurance in accordance with Schedule 9 of the Financial Services Act 2013. The Master Policyholder and Certificate Holder are also required to disclose any other matters that they know to be relevant to the Insurance Company's decision in accepting the risks and determining the rates and terms to be applied. The Master Policyholder and Certificate Holder also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into, varied or renewed with the Insurance Company, any of the information given in the proposal form or any other document related to this insurance is inaccurate or has changed.

NON-CONSUMER INSURANCE CONTRACT

Where the Master Policyholder and Certificate Holder have applied for this insurance for purposes related to their trade, business or profession, the Master Policyholder and Certificate Holder have a duty to disclose any matter that they know to be relevant to the Insurance Company's decision in accepting the risks and determining the rates and terms to be applied, and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in the cancellation of their contract of insurance, refusal or reduction of claim(s), change of term(s) or termination of the contract of insurance. The Master Policyholder and Certificate Holder also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into, varied or renewed with the Insurance



Company, any of the information given in the proposal form or any other document related to this insurance is inaccurate or has changed.

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

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

PART 2 - ELIGIBILITY

To be eligible for cover under this Policy, all requirements as specified in this Part 2 of this Policy must be continuously satisfied by the Certificate Holder.

A. COVERAGE

For a Certificate Holder to be eligible for cover under this Policy, they must:

- (i) be an active postpaid mobile user of the Master Policyholder;
- (ii) have registered their postpaid mobile number with the Master Policyholder; and
- (iii) have opted-in for this Policy via the Master Policyholder's application.

B. AGE

Entry age for the Certificate Holder under this Policy is 18 to 60 years of age (inclusive).

Notes: all ages refer to the age as of the Certificate Holder's last birthday.

C. RESIDENCY

To be eligible for cover under this Policy, the Certificate Holder must be residing in Malaysia and a:

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

D. OCCUPATION

Occupations other than those listed under '[Part 5 – General Policy Exclusions](#)', '[Item 1](#)'.

PART 3 - GENERAL POLICY DEFINITIONS

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



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

1. **Accident or Accidental** means a sudden, fortuitous, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Policy Period.
2. **Activities of Daily Living** means the following 6 activities which a Certificate Holder can perform on his/her 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.
3. **Aggregate Period** means the maximum number of Days for which a benefit is payable as shown in the Schedule of Benefits.
4. **Benefit(s)** means the benefit(s) listed in the Schedule of Benefits and which are subject to the terms and conditions as stated under this Policy.
5. **Certificate Holder** means the person:
 - a) who is a registered postpaid mobile user of the Master Policyholder;
 - b) who has opted-in for the offer of redCARE BillProtector via the Master Policyholder's application;
 - c) who has been assigned a redONE Account ID as specified in the Confirmation of Cover;
 - d) who has been declared for cover under this Policy by the Master Policyholder to the Insurance Company; and
 - e) who has the right to exercise all privileges under this Policy.
6. **Chronic Condition** means a condition that is expected to persist for the remainder of the Certificate Holder's natural life.
7. **Claimant** means the Certificate Holder or their legal representative, as applicable, making a claim against this Policy.
8. **Insurance Company** means AIG Malaysia Insurance Berhad (200701037463).
9. **Compensation** means the maximum amount payable for a Benefit as specified in the Schedule of Benefits.
10. **Confirmation of Cover** means the document showing details of the Policy Period, Plan, and the redOne account ID of the Certificate Holder.
11. **Day** means a completed period of 24 hours.
12. **Doctor** means 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 the Certificate Holder, the Certificate Holder's business partner or agent, Certificate Holder's employer or employee or Immediate Family Member.
13. **Endorsement** means a written notice stating an amendment, deletion or addition made to this Policy.



14. **Financial Markets Ombudsman Service (FMOS)** refers to an independent body that provides a free and efficient avenue to help resolve financial disputes between the Master Policyholder / Certificate Holder and the Insurance Company under this Policy as an alternative to the Malaysian courts.
15. **Hospital** means any institution lawfully operated for the care and treatment of sick or injured persons:
- a) with organised facilities for diagnosis and surgery (including operating theatres) in the same premises;
 - b) with 24 hours daily nursing service by registered graduate nurses;
 - c) operated under the supervision of Doctor(s); and
 - d) which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.
16. **Hospitalisation/Hospitalised** means the admission of the Certificate Holder to a Hospital as an In-patient during the Policy Period. For the avoidance of doubt, Hospitalisation shall be evidenced by daily boarding charges imposed by a Hospital.
17. **Immediate Family Member** means the Certificate Holder's spouse, parent, parent-in-law, grandparent, child(ren), son-in-law, daughter-in-law, brother or sister, step-parent, grandchild.
18. **Infectious Diseases** means health disorders or infections caused by pathogenic microorganisms, such as bacteria, viruses, fungi or parasites. Infectious diseases can be passed from person to person, can be transmitted by insects or other animals or by consuming contaminated food or water or while being exposed to organisms in the environment.
19. **In-patient** means the Certificate Holder is confined in a Hospital for a continuous period as a registered patient for medically necessary treatments for at least one Day and such confinement is certified as necessary by the attending Doctor.
20. **Injury** means identifiable physical injury which is sustained by the Certificate Holder during the Policy Period and is caused by an Accident solely and independently of any other causes including any Sickness, pre-existing or congenital condition. Injury includes:
- a) Accidental drowning;
 - b) Accidental suffocation or inhalation of smoke, poisonous fumes or gases. This does not extend to include air pollution or atmospheric phenomenon including but not limited to haze, smog, and the like. '[Part 5 – General Policy Exclusions](#)', '[Item 16](#)' continues to apply.
 - c) Any Injury directly resulting from animal or insect bites. This excludes any claims in connection with any Infectious Diseases.
21. **Loss of Independent Existence** means the Permanent inability to perform at least 3 out of the 6 Activities of Daily Living.
22. **Master Policyholder** means redONE Network Sdn Bhd (200301016674) as stated in the Master Policy Schedule, who is authorised to handle premium payments and policy changes on behalf of the Certificate Holders.
23. **Master Policy Schedule** means the document issued together with this Policy detailing the particulars of the Master Policyholder, period of this Policy and Benefits under this Policy.
24. **Permanent** means lasting for at least 12 consecutive months and at the end of that time is certified by a Doctor as being beyond hope of improvement and will in all probability continue for the remainder of the Certificate Holder's natural life.



25. **Plan** shall mean the Benefits and corresponding Compensation limits selected by the Certificate Holder and approved by the Insurance Company for this Policy, as shown in the Confirmation of Cover.
26. **Policy** refers to this insurance contract which consists of the policy wording, Confirmation of Cover, Schedule of Benefits and any other documents the Insurance Company may issue to the Certificate Holder that will form part of this Policy.
27. **Policy Effective Date** refers to the later of:
- a) the Policy Start Date as specified on the Confirmation of Cover provided to the Certificate Holder,
 - b) the first date the Certificate Holder was covered under this Policy, or
 - c) the effective date any additional cover or increased Compensation is granted to the Certificate Holder while they are covered under this Policy, only in respect to the additional cover or increased Compensation.
28. **Policy Start Date** means the effective date of this Policy as specified on the Confirmation of Cover.
29. **Policy Expiry Date** means the earlier of:
- a) the date this Policy is cancelled or not renewed in compliance with '[Part 6 – General Policy Conditions](#)', '[10. Premium](#)'; or
 - b) the date this Policy is automatically terminated as provided under '[Part 8 - Automatic Termination of Policy](#)'.
30. **Policy Period** means the period the Certificate Holder is covered under this Policy and shall commence on the Policy Start Date and such period will end on the Policy Expiry Date.
31. **Premium Due Date** means the date on which premium for this Policy is due to be paid by the Certificate Holder in compliance with '[Part 6 – General Policy Conditions](#)', '[10. Premium](#)'.
In respect of the:
- a) First premium - The first premium is due on the day the Certificate Holder agrees to purchase this Policy.
 - b) Annual renewal premium - Renewal premiums are due prior to the inception of the renewal policy.
 - c) Monthly renewal premium (where applicable) - Renewal premiums are due on the first day of each month.
32. **Pre-Existing Condition** is any Injury, Sickness or other conditions:
- a) for which the Certificate Holder has sought or received treatment, medication, advice or diagnosis before the Policy Effective Date;
 - b) which first manifested itself, worsened, became acute or presented signs or symptoms prior to the Policy Effective Date which would have caused a reasonable person to seek diagnosis, care or treatment; or
 - c) which is a Chronic Condition or cancer diagnosed before the Policy Effective Date.
33. **Schedule of Benefits** means the table containing the applicable Benefits and their corresponding Compensation.
34. **Sickness** means an illness, disease or other physical conditions characterised by a pathological deviation from the normal healthy state. For the avoidance of doubt, Sickness includes but is not limited to Infectious Diseases, heatstroke, decompression sickness, hypothermia and mountain sickness.
35. **Total Disablement** means:
- a) in respect to a Certificate Holder who is gainfully employed and aged less than 60 years, means resulting in a disablement which entirely prevents the Certificate Holder from engaging in any business, profession, occupation or employment for which they are reasonably qualified by training, education or experience; or



- b) in respect to all other Certificate Holders, means disablement that results in Loss of Independent Existence.

36. **Usual Country of Residence** means Malaysia, in which the Certificate Holder is a resident:

- a) as a citizen;
- b) registered as a permanent resident; or
- c) holding a valid employment or dependent permit granted by the relevant Government authority during the Policy Period.

37. **War** shall mean war, whether declared or not, any war like activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

PART 4 - BENEFITS

Please note that this Policy has been designed to offer multiple Plans. The Master Policyholder / Certificate Holder must refer to the Confirmation of Cover for the selected Plan. The applicable Benefits and Compensation limits for the selected Plan is specified in the Schedule of Benefits.

BENEFIT 1: ACCIDENTAL DEATH

If a Certificate Holder sustains an Injury that directly results in Accidental death within 365 days from the date of the Accident, the Insurance Company will pay the Compensation as specified in the Schedule of Benefits.

Exposure

If an Accidental death occurs as a direct result of unexpected exposure to natural elements following an Accident, the Insurance Company will pay the Compensation as specified in the Schedule of Benefits.

Disappearance

If the Certificate Holder's body has not been found within 365 days after the date of disappearance, sinking or wrecking of an aircraft or other conveyance either on the ground or at sea in which the Certificate Holder was travelling at the time of the Accident, the Insurance Company will presume that the Certificate Holder died from this Accident. This is subject to a signed undertaking by the Certificate Holder's legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to the Insurance Company upon demand.

Compensation under this Benefit will be paid to the Claimant.

SPECIFIC CONDITIONS APPLICABLE TO 'BENEFIT 1: ACCIDENTAL DEATH'

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

- 1. The Policy will automatically terminate in respect of the Certificate Holder when Compensation is paid under this Benefit.
- 2. A claim may be made either under this Benefit or under '[Benefit 2: Permanent Total Disablement](#)', but not both.

BENEFIT 2: PERMANENT TOTAL DISABLEMENT

If a Certificate Holder sustains an Injury that directly results in Permanent Total Disablement within 365 days from the date of the Accident, the Insurance Company will pay the Compensation as specified in the Schedule of Benefits.

Compensation under this Benefit will be paid to the Claimant.



SPECIFIC CONDITIONS APPLICABLE TO 'BENEFIT 2: PERMANENT TOTAL DISABLEMENT'

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. The Policy will automatically terminate in respect of the Certificate Holder when Compensation is paid under this Benefit.
2. A claim may be made either under this Benefit or under '[Benefit 1: Accidental Death](#)', but not both.

BENEFIT 3: BILLS PROTECTION BENEFIT

If a Certificate Holder sustains an Injury that results in Hospitalisation for a minimum period of 3 consecutive Days, the Insurance Company will pay the Compensation as specified in the Schedule of Benefits for any one covered Accident to assist the Certificate Holder financially for payment of their registered redONE mobile bills expenses.

Compensation under this Benefit will be paid to the Master Policyholder. The Compensation amount under this Benefit will be paid towards any outstanding redONE mobile bills expenses due and payable to the Master Policyholder, and any excess will be utilised towards future redONE mobile bills expenses charged by the Master Policyholder.

SPECIFIC CONDITIONS APPLICABLE TO 'BENEFIT 3: BILLS PROTECTION BENEFIT'

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. For this Benefit to be payable, the Certificate Holder must be Hospitalised for a minimum period of 3 consecutive Days.
2. Hospitalisation of a Certificate Holder shall be evidenced by Certificate Holder's Hospital discharge summary or Hospital billing statement and medical report.
3. The Compensation specified in the Schedule of Benefits is the maximum payable for any one Accident.

BENEFIT 4: DAILY HOSPITALISATION INCOME DUE TO AN INJURY

If the Certificate Holder sustains an Injury and is Hospitalised, the Insurance Company will pay the Compensation as stated in the Schedule of Benefits for each Day the Certificate Holder spends as an In-patient.

Compensation under this Benefit shall continue up to the Aggregate Period per claim or until the Certificate Holder is discharged from the Hospital as an In-patient, whichever occurs first.

SPECIFIC CONDITIONS APPLICABLE TO 'BENEFIT 4: DAILY HOSPITALISATION INCOME DUE TO AN INJURY'

In addition to the conditions set out in the General Policy Conditions, the following specific conditions apply:

1. This Benefit is payable for only one Injury per Accident, regardless of the number of injuries sustained.
2. Any Hospitalisation of the Certificate Holder shall be evidenced by the Certificate Holder's Hospital discharge summary or Hospital billing statement and medical report(s).
3. Subsequent periods of Hospitalisation for the same Injury are considered to be part of the same claim, provided that:
 - (a) each subsequent Hospitalisation occurs while this Policy is in force.
 - (b) the time between the different Hospitalisation periods does not exceed 90 consecutive Days.

If the Certificate Holder is Hospitalised for the same Injury after 90 consecutive Days from their last period of Hospitalisation, it will be treated as a new claim with a new Aggregate Period applying with a maximum of 3 claims permissible for the same Injury.



PART 5 - GENERAL POLICY EXCLUSIONS

The following exclusions apply to all parts of this Policy. Where there is conflict between specific exclusions under the Benefit sections and General Policy Exclusions, the specific exclusion will prevail.

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

1. 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) Professional sports person when a Certificate Holder could or would earn income or remuneration from engaging in such sport;
 - d) Pilots or crew of any air or water vessel;
 - e) Off-shore work or activities including oil rig work.
2. The Certificate Holder's:
 - a) Pre-Existing Condition or any complication arising from it;
 - b) failure to follow medical advice given by a Doctor;
 - c) pregnancy, miscarriage, abortion, childbirth, sterilisation, contraception as well as treatment for infertility or birth control treatments or any complications;
 - d) congenital anomalies and conditions arising out of or resulting therefrom or physical impairment;
 - e) mental, psychiatric or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations), sleep disturbance disorder, anxiety, stress or depression.
3. 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.
4. Any Sickness.
5. Any expenses incurred for:
 - a) any routine health checks;
 - b) any 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 or acupuncture; or
 - d) any treatment which is not medically necessary.
6. Any Injury arising directly or indirectly due to osteoporosis.
7. The Certificate Holder's suicide or attempted suicide or intentional self-inflicted injury whether sane or insane or from deliberate or reckless exposure to danger.
8. The Certificate Holder committing or attempting to commit any criminal or illegal act (including traffic offences).
9. Any act of War, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection or usurpation of power.
10. Any engagement or participation by the Certificate Holder in a strike, riot or civil commotion.
11. The Certificate Holder engaging, practicing, training or participating in:
 - a) underwater activities which ordinarily require the use of artificial breathing apparatus. This exclusion does not apply to recreational scuba diving whereby:

- (i) the Certificate Holder dives no deeper than 30 meters under the supervision of a qualified diving instructor; or
- (ii) the Certificate Holder holds a PADI certification (or equivalent qualification) and dives with a buddy who holds a PADI certification (or equivalent qualification).
- b) racing other than on foot, stunts, reliability trials and speed or duration testing. Training or practicing in relation to these activities is also not covered;
- c) 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; or
- d) any extreme 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:
 - (i) any mountaineering; involving climbing harnesses, belay or rappel devices ropes and guides; or
 - (ii) any activity or trekking above 3,000 meters;
 - (iii) big wave surfing;
 - (iv) winter activities like lugging, bobsleighbing, ski or snow board jumping or stunts;
 - (v) bicycle, motor, air or sea craft speed trials or stunts;
 - (vi) canoeing/kayaking and white and black water rafting in grade 4 or higher rapids;
 - (vii) cliff jumping, horse jumping, horse polo or any aerobatics;
 - (viii) 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.

- 12. Any deliberate provocation of the Certificate Holder against another person that results in an Injury.
- 13. The Certificate Holder being under the influence of alcohol or drugs, unless the drug was prescribed or administered by a Doctor and taken in accordance with the directions of a Doctor.
- 14. Cosmetic, plastic surgery or elective surgery or treatment.
- 15. Any Injury sustained whilst the Certificate Holder is riding on a motorcycle without a safety helmet either as a rider or pillion-rider.
- 16. Nuclear, biological or chemical incidents outlined below:
 - a) Any Nuclear explosion including all effects thereof or radioactive contamination caused by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste caused by the combustion and/or ongoing combustion of nuclear fuel;
 - b) The radioactive, toxic, explosive or other hazardous properties of any nuclear equipment or component thereof; or
 - c) A terrorist, criminal or other malicious entity's dispersal or application of pathogenic or poisonous biological or chemical materials or the release of pathogenic or poisonous biological or chemical materials.

PART 6 - GENERAL POLICY CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

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



2. PLAN SELECTION

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

3. REASONABLE CARE

The Certificate Holder must take all reasonable steps to prevent and mitigate any Accident or loss.

4. GOVERNING LAW JURISDICTION

This Policy and all rights, obligations and liabilities arising under this Policy shall be construed, determined and enforced in accordance with the laws of Malaysia.

5. DISPUTE RESOLUTION

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

6. GEOGRAPHICAL LIMITS & TERRITORIAL LIMITS

This Policy covers the Certificate Holder in Malaysia for 24 hours and 7 days a week during the Policy Period, unless otherwise stated or endorsed under this Policy.

7. SERVICE TAX

The amount of premium payable by the Master Policyholder for this Policy includes an amount on account of the service tax payable by the Master 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. DUPLICATION OF COVER

No person shall be insured under more than one Policy issued by the Insurance Company under this product. In the event the person is insured under more than one such Policy, the Insurance Company shall consider that person to be insured under the Policy with the highest Compensation or, where the Compensation under each Policy is identical, under the Policy that was first issued. The Insurance Company shall refund any duplicated premium payment which may have been made by or on behalf of that Certificate Holder.

9. LIMITATION OF TIME FOR BRINGING SUIT

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

10. PREMIUM

This condition applies as each and every premium payment becomes due and cannot be disregarded by the Master Policyholder and Certificate Holder because the Insurance Company has previously accepted a premium payment for their insurance cover.

a) Premium Payment



Premium will be paid by the Certificate Holder to the Master Policyholder who will subsequently pay to the Insurance Company in compliance with [10. b\) Premium Payment Warranty](#)'.

b) Premium Payment Warranty

It is a fundamental and absolute condition of this Policy that the premium due must be paid by the Master Policyholder and received by the Insurance Company within 60 days from the invoice date. If this condition is not complied with, then this Policy is automatically cancelled and the Insurance Company shall be entitled to the pro-rata premium for the period the Insurance Company has been on risk.

c) Failure of premium payment

The Insurance Company will cancel this Policy if the Master Policyholder fails to make the premium payment in the time and manner required by the Insurance Company. The Insurance Company will provide cover under this Policy for the period for which premium had been received and this Policy shall terminate upon the expiry of such period. No Benefits will be payable for any claim that occurs during a period for which premium was not received.

d) Changes to Premium Payable

- (i) The Insurance Company may vary premium payments for the Policy due to underwriting reasons. In such instance the Insurance Company will notify the Master Policyholder of such premium variation in writing at least 30 days before the change is to take place and also update the Master Policyholder of the new premium amount payable to maintain the Policy. The new premium amount payable will take effect from the next Premium Due Date.
- (ii) If the changes to the premium made by the Insurance Company are acceptable, the Certificate Holder may choose to continue with the Policy at the new premium amount applicable or may opt for another Plan offered under this product.
- (iii) A shorter notice period and effective date may apply if a premium variation is required due to tax or other imposts levied by any Government, regulatory or any other sanctioned authority in connection with this Policy.
- (iv) The Policy is automatically cancelled if premium is not paid by the Master Policyholder on the Premium Due Date.

11. MISSTATEMENT OF AGE

If at the correct age the Certificate Holder would not have been eligible for cover under this Policy, no Benefit shall be payable, and the Insurance Company's liability shall be limited to the refund of the premium paid without interest.

If at the time of claim, it is noted that the Certificate Holder has misstated their age and due to which a lower Compensation is applicable, the Insurance Company will determine, at its sole discretion, to either continue to cover the Certificate Holder on the applicable terms and conditions or terminate this Policy.

12. MISREPRESENTATION OR FRAUD

Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application for this Policy, for ongoing/subsequent disclosures or in connection with a claim made, will make this Policy invalid. In this event, the Insurance Company will not refund any premiums paid and the Insurance Company will not consider making payments for any claims submitted to the Insurance Company. The Insurance Company will report the matter to the police if deemed necessary. The Insurance Company also reserves the right to recover any amount paid to the Certificate Holder in respect to any fraudulent claims submitted.

13. POLICY CHANGES

Changes of the terms or conditions by the Insurance Company



The Insurance Company reserves the right to change the terms or conditions of this Policy by giving the Master 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:

- a) If the changes in terms or conditions by the Insurance Company are acceptable to the Master Policyholder, then this Policy will continue. If the changes are not acceptable, the Master Policyholder may cancel this Policy under '[Part 7 - Cancellation and Refund](#)'.
- b) No alteration to this Policy shall be valid unless approved in writing by the Insurance Company's authorised representative and reflected in an Endorsement.
- c) No agent or advisor has the authority to amend or waive any of the terms and conditions of this Policy.

14. [CHANGE OF CERTIFICATE HOLDER'S OCCUPATION](#)

The Certificate Holder must give immediate written notice to the Insurance Company of any change in the Occupation of the Certificate Holder and agree to pay an additional premium if applicable.

No claim will be payable in respect of:

- a) Any Injury or Sickness arising out of or in the course of an Occupation of greater risk than the Occupation disclosed in Certificate Holder's application, unless the Insurance Company had agreed to the change in Occupation; or
- b) Any Injury or Sickness where the Insurance Company has been prejudiced by the non-disclosure of change in Occupation.

15. [CHANGE OF USUAL COUNTRY OF RESIDENCE](#)

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

16. [RENEWAL](#)

This Policy may be renewed at the Insurance Company's sole discretion subject to the terms and conditions of the Policy and payment of the premium the Insurance Company requires for the renewal. The premium for the renewal Policy must be paid on the Premium Due Date. The Certificate Holder's payment of the renewal premium and the Insurance Company's receipt and acceptance of such payment will constitute consent to renewal of this Policy.

For annual Policies, the renewable policy period will be 12 consecutive months from the Policy Start Date unless otherwise notified in writing by the Insurance Company.

For monthly Policies, the Policy is renewed on a monthly basis subject to the terms and conditions of the Policy and successful collection of the premium by the Insurance Company. Alternatively, the Insurance Company may elect to no longer renew this Policy due to underwriting reasons. In that event, the Insurance Company shall notify the Master Policyholder / Certificate Holder in writing at least 30 days before their next renewal date.

17. [PERSONAL DATA USE](#)

The Certificate Holder is deemed to have read, understood, and consented to the collection and subsequent processing of their personal information by the Insurance Company (whether obtained during the application process or administration of this Policy) in accordance with, the Insurance Company's



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

AIG Malaysia Insurance Berhad (200701037463)
Attn: Customer Care Executive
P O Box 11768
50756 Kuala Lumpur
Email: AIGMYCare@aig.com
Phone: 1800 88 8811 / 603 2118 0188
Fax: 603 2118 0288

18. **CHANGE IN PLAN**

Where applicable, a change in Plan is only allowed 12 months from the Policy Effective Date or every 12 months thereafter. Any change in Plan is subject to a prior written approval by the Insurance Company. If the Certificate Holder suffers an event which could give rise to a claim prior to this change being approved in writing, the Insurance Company will adjudicate the claim for the Certificate Holder based on the Policy terms and conditions applicable prior to the change in Plan.

19. **CURRENCY**

- a) **Premium:** All premiums must be paid in Malaysian Ringgit.
- b) **Claims:** All payments will be made in Malaysian Ringgit. Settlement in foreign currencies will only be made if the Certificate Holder is not in Malaysia at the time of payment. The rate of exchange will be based on the prevailing exchange rate on the date of claim settlement as determined by Bank Negara Malaysia. The Certificate Holder will bear all the administration and costs of conversion.

20. **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.

21. **RIGHTS OF ASSIGNMENT**

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

22. **SANCTION**

The Insurance Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any Benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such Benefit would expose the Insurance Company, the Insurance Company's parent 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.

23. **FINANCIAL SERVICES ACT 2013**

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



PART 7 – CANCELLATION AND REFUND

Cancellation right of the Insurance Company

The Insurance Company can cancel this Policy:

- a) by giving 30 days' prior written notice to the Master Policyholder / Certificate Holder's last known address or via email;
- b) immediately if the Master 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 Master Policyholder / Certificate Holder in the event of War in Malaysia.

On cancellation of the Policy:

- a) If no claim has been made, the Insurance Company will refund the pro-rated premium for the remaining Policy Period to the Certificate Holder.
- b) If a claim has been paid by the Insurance Company in the current Policy Period, no return premium will be paid.
- c) If an incident has occurred that could give rise to a claim under this Policy, then no return premium will be considered until the Insurance Company and the Certificate Holder finalise the claim and subsequently, if the claim is paid, no return premium will be paid to the Certificate Holder.

Cancellation right of the Certificate Holder

Provided there is no claim made on the Policy, the Certificate Holder or the Master Policyholder on behalf of the Certificate Holder can cancel this Policy by giving 30 days' prior written notice to the Insurance Company or via email at the address provided below.

Unless otherwise advised by the Insurance Company and the Certificate Holder agrees, upon cancellation,

- a) For annual cover, the Insurance Company will refund the pro-rated premium for the remaining Policy Period to the Certificate Holder.
- b) For monthly cover, the Insurance Company will continue to provide cover under this Policy for the remaining period for which premium had been received and this Policy shall terminate upon the expiry of such period.

Contact Information:

AIG Malaysia Insurance Berhad (200701037463)
P O Box 11768
50756 Kuala Lumpur
Email: AIGMYCare@aig.com
Phone: 1800 88 8811 / 603 2118 0188
Fax: 603 2118 0288

PART 8 - AUTOMATIC TERMINATION OF POLICY

All cover under this Policy will automatically terminate for the Certificate Holder on the date:

- a) this Policy is cancelled for reasons stated under '[Part 7 - Cancellation and Refund](#)';
- b) The Policy is automatically cancelled if premium is not paid by the Master Policyholder on the Premium Due Date;
- c) the Master Policyholder requests that the Certificate Holder be removed from this Policy;
- d) of the Certificate Holder's death, from any cause;
- e) the Certificate Holder ceases to satisfy any of the eligibility requirements as stated under '[Part 2 – Eligibility](#)';
- f) any fraud or misrepresentation to the Insurance Company is discovered as mentioned under '[Part 6 – General Policy Conditions](#)', '[12. Misrepresentation or Fraud](#)'.



PART 9 - CLAIMS PROCEDURES

1. Steps to Make a Claim

Step 1: The Certificate Holder must notify the Insurance Company immediately or as soon as it is reasonably practical but no later than 30 days after the event which could give rise to a claim under '[3. Claim Notification](#)'.

- a) Call the Insurance Company at 1800 88 8811 / 603 2118 0188; or
- b) Complete and submit a claim online via [this link](#).

Step 2: The Certificate Holder must prepare and submit the relevant basic supporting documents as per the claim checklist according to the nature of claim.

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

2. Compliance

The Insurance Company shall not be liable for any consequences arising by reason of the Certificate Holder's failure to obtain or follow a Doctor's advice and use such appliances or remedies as may be prescribed in the event of an Injury when claiming Compensation.

3. Claim Notification

- a) The Insurance Company must be notified as soon as it is reasonably practical and in any event within 30 days after the date of the Accident which leads to a claim.
- b) Failure to comply with a) above may result in the Insurance Company's rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the Insurance Company is unable to investigate it fully, or may result in the Certificate Holder not receiving the full amount claimed if the amount payable changes as a result of the delay.

4. Burden of Proof

If the Insurance Company alleges that by reason of any of the exclusions listed, an event is not covered by this Policy, the burden of proving the contrary shall be on the Claimant.

5. Claims Evidence / Information

- a) The Insurance Company must be provided with all reasonable and necessary evidence required by the Insurance Company to support a claim within 90 days after the date of Accident which leads to a claim. Information provided to the Insurance Company to support a claim includes but is not limited to original reports, invoices and receipts, medical certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the information supplied is insufficient, the Insurance Company will confirm the additional information required.
- b) If the Insurance Company does not receive the information it requires within the time period advised, the Insurance Company may reject the claim or withhold payment until the information it requires has been received.
- c) Where medical certificates or reports are required, the Insurance Company will only accept original medical certificates or reports issued by a Doctor. For the avoidance of doubt, medical certificates or reports issued by other practitioners, including but not limited to Chinese physician, will not be accepted.
- d) The Insurance Company may refuse to refund any expense for which the Claimant cannot provide original receipts or invoices.
- e) The Insurance Company may require the Certificate Holder to undergo a medical examination by a Doctor appointed by the Insurance Company before the initial or additional Compensation can be paid.



- f) The Insurance Company may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

6. Settlement of Claim

- a) Compensation will be paid in accordance to the Policy terms and conditions. It can only be made once the Insurance Company has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the Policy. Compensation will generally be paid immediately unless the claim is for any periodic payment which will be paid according to the terms set out in the Policy.
- b) The Compensation for each Benefit is payable as specified on the Schedule of Benefits. Any Compensation that the Insurance Company makes under this Policy will not exceed the limit specified in the Schedule of Benefits for the claim event. Compensation under each Benefit is included only for the events specified in the Schedule of Benefits.
 - (i) Unless otherwise specified in the Policy, Compensation for 'Accidental Death', 'Permanent Total Disablement' and 'Daily Hospitalisation Income Due To An Injury' Benefits will be paid to the Claimant. The process of claim including settlement will be handled directly between the Insurance Company and the Claimant whose sole discharge will constitute full and final discharge of the claim lodged.
 - (ii) 'Bills Protection Benefit' will be paid to the Master Policyholder. The Compensation amount under this Benefit will be paid towards any outstanding redONE mobile bills expenses due and payable to the Master Policyholder, and any excess will be utilised towards future redONE mobile bills expenses charged by the Master Policyholder. The process of claim including settlement will be handled directly between the Insurance Company and the Master Policyholder whose sole discharge will constitute full and final discharge of the claim lodged.
- c) In the course of the Insurance Company's claims process, the Claimant is to render full cooperation to the Insurance Company and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

7. Subrogation

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

8. Rights to Recovery

If the Insurance Company makes a payment and subsequently is made aware that the claim is not payable, the Insurance Company has the right to recover the amount paid from the Master Policyholder / Certificate Holder.



PART 10 – COMPLAINTS PROCEDURES

1. If there is any occasion when the Insurance Company's service does not meet the Certificate Holder's expectations, the Certificate Holder may contact the Insurance Company using the appropriate contact details below, providing the Policy/Claim Number and the name of the Certificate Holder to help the Insurance Company deal with Certificate Holder'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
Fax: 603 2118 0288
Email: ALGMYComplain@aig.com

2. Any Certificate Holder who is not satisfied with the decision of the Insurance Company may refer to the Financial Markets Ombudsman Service (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 Markets Ombudsman Service
(Formerly known as Ombudsman for Financial Services)
Address: Level 14, Main Block, Menara Takaful Malaysia,
No 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur
Phone: 03 - 2272 2811
Fax: 03 - 2272 1577
Website: www.fmos.org.my

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

Bank Negara Malaysia
Laman Informasi Nasihat Khidmat (BNMLINK)
Mailing address: BNMTLELINK, Bank Negara Malaysia, 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."