



Policy Wording

Student Guard

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Presented by:

AIG Malaysia Insurance Berhad (200701037463)

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Schedule of Benefits

NO.	BENEFITS	SUM INSURED (RM)		
		ESSENTIAL	SMART	ULTIMATE
Section A: Medical Related Benefits				
1	Medical Expenses (due to Accident & Illness, including dental expense caused by accidents) a) Treatment in Country of Study* b) Treatment Out of Country of Study* (Coverage up to 60 days) <i>* Excess of RM50 due to Illness</i>	Up to 10,000	Up to 30,000	Up to 50,000
2	Emergency Medical Evacuation & Repatriation of Mortal Remains	Up to 250,000	Up to 500,000	Unlimited
3	Compassionate Visit	N/A	Up to 10,000	Up to 12,000
Section B: Personal Accident Benefits				
4	Accidental Death & Permanent Disablement	Up to 100,000	Up to 200,000	Up to 300,000
5	Felonious Assault	N/A	100,000	100,000
6	Education Loan Protection	Up to 100,000	Up to 200,000	Up to 300,000
7	Sponsor Protection	50,000	100,000	150,000
8	Study Interruption	Up to 10,000	Up to 20,000	Up to 30,000
Section C: Travel Inconvenience Benefits				
9	Travel Delay (RM150 for every 6 consecutive hours of delay)	Up to 150	Up to 300	Up to 450
10	Baggage Delay due to Air Common Carrier (RM150 for every 6 consecutive hours of delay)	Up to 150	Up to 300	Up to 450
11	Baggage Damage due to Air Common Carrier	N/A	100	200
12	Damage or Loss of Personal Effects (due to robbery, burglary, snatch theft and/or negligence of Common Carrier) (Maximum Limit Any One Item – RM500 (Except for Laptop)) (Maximum Limit for Laptop – RM1,000)	Up to 2,000	Up to 3,000	Up to 4,000
13	Loss of Travel Documents (Loss of Passport/Visa)	N/A	Up to 1,500	Up to 3,000
14	Loss of Money	N/A	Up to 150	Up to 300
15	Trip Postponement	N/A	Up to 5,000	Up to 8,000
16	Lounge Access Allowance (due to Flight Delay (in excess of 6 hours))	N/A	Up to 200	Up to 200
Section D: Disaster Relief Benefits				
17	Damage or Loss of Electronical Device (as a result of fire, flood, earthquake, etc)	Up to 1,000	Up to 1,000	Up to 1,000
18	Temporary Accommodation (as a result of fire, flood, earthquake, etc)	Up to 2,000	Up to 2,000	Up to 2,000
Section E: Other Benefits				
19	Personal Liability	Up to 100,000	Up to 300,000	Up to 500,000
20	Fraudulent Use of Credit Card	Up to 500	Up to 1,000	Up to 1,500
21	24/7 Worldwide Travel Assistance	Included	Included	Included
Section F: Optional Benefit				
22	Medical Expenses (due to Accident & Illness, including dental expense caused by Accident) a) Treatment in Country of Study* b) Treatment out of Country of Study* (Coverage up to 60 days) <i>*Excess of RM50 due to Illness</i>	Up to 150,000	Up to 250,000	Up to 500,000

Part 1 – The Contract

This policy is issued to the Insured Person upon the terms and conditions set out within. This policy wording, together with the Policy Schedule, Schedule of Benefits, and any endorsements forms the basis of the contract between the Insured Person and the Insurance Company. The Insurance Company agrees to provide the Insured Person the insurance coverage as described in this policy provided that the Insured Person pays the premium when due and the Insurance Company agrees to accept it subject to the terms and conditions of this policy.

This policy must be read together with the Schedule of Benefits and any Endorsements to ensure that the terms and conditions are fully understood, and that the coverage meets the requirements of the Insured Person.

Please contact the Insurance Company or the insurance agent if the Insured Person requires any further information after reading this policy.

All terms and conditions of this policy must be continuously satisfied by the Insured Person 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

A. CONSUMER INSURANCE CONTRACT

Where the Policyholder and Insured Person(s) have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the Policyholder and Insured Person(s) have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. the Policyholder and Insured Person(s) should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in the cancellation of the contract of insurance, refusal or reduction of claim(s), change of terms or termination of the contract of insurance in accordance with Schedule 9 of the Financial Services Act 2013. The Policyholder and Insured Person(s) 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 Policyholder and Insured Person(s) also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into or varied 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.

B. NON-CONSUMER INSURANCE CONTRACT

Where the Policyholder and Insured Person(s) have applied for this insurance for purposes related to their trade, business or profession, the Policyholder and Insured Person(s) 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 Policyholder and Insured Person(s) also have a duty to inform the Insurance Company immediately if at any time after the contract of insurance has been entered into or varied 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 do so may:

1. void this policy from inception (which means treating it as invalid) and the Insurance Company may not return the premium or recover any unpaid premium;
2. result in refusal or reduction of claims that has been or will be made under the policy;
3. change the terms of this policy;
4. terminate this policy and return any premium less the 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 Policyholder and Insured Person the total amount of any claim already paid under the policy or any claim the Insurance Company have to pay under any relevant legislation, plus any recovery costs.

Eligibility

All requirements as specified in this section of this policy must be continuously satisfied by the Policyholder/Insured Person(s) to be eligible for coverage under this policy.

A. AGE

Entry age for an Insured Person under this policy is 15 to 45 years of age (inclusive).

In event that the Insured Person is below the age of 18, the Insured Person's Parent or Guardian shall enter into this contract of insurance with the Insurance Company for the benefit of the Insured Person.

All ages referred to in this policy shall be the age as at the last birthday.

B. RESIDENCY

The Insured Person must be ordinarily resident in Malaysia. The coverage under this policy is null and void as to non-residents of Malaysia.

C. STUDENT ENROLMENT STATUS

The Insured Person must be enrolled to study and should be studying at a registered and accredited Educational Institution on a full-time basis (as determined by the Educational Institution) during the Period of Insurance.

Part-time study courses and/or internships that are not part of the full-time studies are excluded from coverage under this policy.

Part 2 – 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:

Accident/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 Period of Insurance.

Activities of Daily Living means the ability to carry out the following activities:

- (a) Transfer: Getting in and out of a chair without requiring physical assistance.
- (b) Mobility: The ability to move from room to room without requiring any physical assistance.
- (c) Continence: The ability to voluntarily control bowel and bladder functions to maintain personal hygiene.
- (d) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance from another person.
- (e) Bathing/Washing: The ability to take a bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating: Physical ability to eat food and put food into mouth.

AIDS means 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 Insurance Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus).

Air Common Carrier means any fixed-wing aircraft operated by a licensed airline or Chartered Flights and helicopters operating only between established and recognized commercial airports or licensed commercial heliports, of which both the said aircrafts and helicopters must have current and valid air worthiness certificates issued by the appropriate authority of the country of its registry for the transportation of passengers.

Civil Unrest, Riot or Commotion means any illegal group gathering (organized or unorganized) for any purpose including but not limited to promotion, manifestation, making heard of views, beliefs and/or grievances which leads to violence whether with or without the presence of police and/or military authorities save and except for the gathering of individuals for purposes of asserting sovereign rights and/or operating on behalf of a sovereign state.

Chartered Flights means flights organized and scheduled for travel on regular and published routes for a period of 1 month or more provided that the aircraft is a properly licensed private and/or commercial aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry for the transportation of passengers.

Common Carrier means any licensed registered operator which provides regular scheduled transportation services for individuals who travel as fare paying passengers in vehicles as listed below:

- (a) airport limousine, bus, coach, taxi, ferry, hovercraft, hydrofoil, ship, train, tram or underground train; and
- (b) Air Common Carrier.

Competent Age means the age eligibility for the Insured Person to qualify for cover under this policy which is from the age of 15 to 45 years old. In event that the Insured Person is below the age of 18, the Insured Person's Parent or Guardian shall enter into this contract of insurance with the Insurance Company for the benefit of the Insured Person. All ages referred to in this policy shall be the age as at the last birthday.

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

Country of Origin means the country which is domiciled by the Insured Person whereby they are:

- (a) granted with the right of citizenship; or
- (b) granted with the right to reside as a permanent resident.

Country of Study means the country in which the Insured Person is enrolled to study and is studying (during the Period of Insurance) at a registered and accredited Educational Institution on a full time basis.

Covered Condition means an Illness or Injury. All bodily injuries sustained in any one Accident shall be considered as one disablement. All disability existing simultaneously, which are due to the same or related causes, shall be considered as one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications therefrom) the disablement shall be considered as a continuation of the prior disablement and not a separate disablement.

Date of Loss/Accident means the day when any of the Covered Condition and other covered incident(s):

- (a) occurs;
- (b) is inflicted to and/or;
- (c) contracted by the Insured Person.

Disablement means the conditions which are described in item 3 to 12 in the Compensation Table provided under Part 4 - Benefits described in Section B 'Accidental Death and Permanent Disablement' of this policy.

Dentist means an individual who is registered, licensed and qualified to practice dentistry within the scope of his/her expertise in the geographical area and jurisdiction in where his/her medical services are provided excluding someone who is the Insured Person himself/herself or an Immediate Family Member of the Insured Person.

Doctor means an individual who is registered, licensed and qualified to practice western medicine within the scope of his/her expertise in the geographical area and jurisdiction in where his/her medical services are provided excluding someone who is the Insured Person themselves or an Immediate Family Member of the Insured Person.

Educational Institution means any school, vocational institute, polytechnic, college, university or institute of higher learning which is licensed to provide educational services by trained or qualified teachers and is situated outside of Malaysia.

Emergency Medical Evacuation means the act of moving an Insured Person from one place to another by an Approved Transportation Medium, undertaken on an emergency basis by reasons as set out below:

- (a) the Insured Person's Covered Condition necessitates immediate medical attention; or
- (b) the Insured Person's Covered Condition necessitates immediate medical attention not readily available at the immediate medical facilities and/or Hospital where the Insured Person was at the time of necessity; or
- (c) after an Insured Person has received medical treatment at a Hospital situated outside Malaysia, when necessary the Travel Assistance Partner will evacuate the Insured Person back to Malaysia for further medical attention or recuperation.

Felonious Assault means any willful or unlawful use of physical force inflicted upon the Insured Person which is felonious and/or considered as a criminal act within the jurisdiction where such act has taken place which results in the Insured Person sustaining Injury.

Financial Markets Ombudsman Service (FMOS) refers to an independent body that provides a free and efficient avenue to help resolve financial disputes between the Policyholder/Insured Person and the Insurance Company under this policy as an alternative to the Malaysian courts.

Guardian means an individual who has legal guardianship over the Insured Person before they reach the age of 18.

Hijack/Hijacking means the act of unlawful seizing or illegal exercise of control of a conveyance along with the passengers and crews, within which the Insured Person is traveling in.

Household Contents means household furniture, fixtures, fittings and furnishing, clothing and personal effects belonging to the Insured Person or to members of his/her family or domestic servants permanently residing with him/ excluding antiques, artifacts, paintings, objects of art or intrinsic value, manuscripts, financial securities of any kind, Money, stamps, travel documents, credit cards, bonds, coupons, negotiable instruments, title deeds, driving license and identity cards.

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 nurse(s);
- (c) operated under the supervision of Doctor(s), and
- (d) which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.

Hospitalisation/Hospitalised means admission to a Hospital as a registered in-patient for Medically Necessary treatments for a minimum period of 6 hours upon the recommendation of a Doctor for a Covered Condition sustained by the Insured Person. For the avoidance of doubt, Hospitalization shall be evidenced by daily boarding charges imposed by a Hospital.

Illness means a sickness, disease or other physical condition marked by a pathological deviation from the normal healthy state suffered by the Insured Person during the Period of Insurance for which it is Medically Necessary to seek treatment.

Immediate Family Member means the Insured Person's legal spouse, biological/legally adopted/stepchild, biological/legally adopted/stepparent and their siblings, parent-in-law, grandparent, grandchild, sibling, sibling-in-law, niece or nephew.

Injury means bodily injury sustained by the Insured Person during the Period of Insurance caused by an Accident, solely and independently of any other causes including any Illness (except illness directly resulting from medical or surgical treatment rendered necessary by such Injury), pre-existing or congenital condition. This includes food poisoning.

Insurance Company means AIG Malaysia Insurance Berhad (200701037463).

Insured Person means any individual of Competent Age:

- (a) who is named in the Policy Schedule and is accepted for insurance coverage by the Insurance Company; and
- (b) is enrolled to study and is studying (during the Period of Insurance) at a registered and accredited Educational Institution on a full time basis (as determined by the Educational Institution);
- (c) who has paid the applicable premium to enjoy the benefit of coverage provided by this policy; and
- (d) ordinarily resident in Malaysia.

Jewelry means objects such as but not limited to rings, bracelets, brooches, necklaces, bangles, ear rings, lockets that are worn on the body as decoration which have inclusions of precious metals, precious stones or semi precious-stones.

Laptop Computer means the complete laptop including accessories or attachments that come as standard equipment with the laptop. Any handheld computers or devices are excluded from this category.

Loss of Hearing means 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

$1/6$ of $(a+2b+2c+d)$ is 80dB

Loss of Limb means loss by physical severance of a hand at or above the wrist or of a foot at or above ankle.

Loss of Sight means the total, absolute and irrecoverable loss of sight.

Loss of Speech means the Permanent 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 total loss of vocal cord or damage of speech center in the brain resulting in Aphasia.

Loss of Use means Permanent limitation in function in relation to limb, finger or toe following an Injury.

Medically Necessary means a medical service and/or treatment provided on a Doctor's recommendation/advice for a Covered Condition, which is:

- (a) required and consistent with the diagnosis;
- (b) customary medical treatment for such diagnosis;
- (c) in accordance, consistent, current and proven with accepted medical practice standards generally observed in the industry at the time of service and/or treatment;
- (d) not for the convenience of the Insured Person, Doctor and unable to be rendered out of a Hospital (if admitted as an in patient);
- (e) not experimental or investigational in nature;
- (f) not carried out for preventive or screening purposes;
- (g) not for research purposes;
- (h) not for routine health checks;
- (i) not for private nursing, rest cures, sanitarium care or detoxification;
- (j) not AIDS or AIDS related;
- (k) not due to venereal disease and its sequel or any communicable diseases which requires quarantine by law subject to the Insurance Company's discretion;
- (l) not for cosmetic or plastic surgery unless caused by an Accident and recommended by the Doctor or any elective surgery;
- (m) not for dental care or surgery unless caused by an Accident and recommended by a Dentist; and
- (n) is Reasonable and Customary in terms of charges.

Medically Necessary Expenses means costs and expenses incurred as a result of a Covered Condition sustained by the Insured Person as a result of services provided by Doctor and/or Hospital which shall only include the following listed items. For the avoidance of doubt, any of the items stated below shall only be applicable should it be prescribed by a Doctor.

- (a) surgery;
- (b) consultancy;
- (c) diagnostic test(s);
- (d) nursing service;
- (e) medical consumables and supplies;
- (f) ambulance service;
- (g) dental treatment required of which the Insured Person's condition is caused solely by a covered Accident and recommended by a dentist;
- (h) boarding charges; and/or
- (i) any applicable tax associated with all of the abovementioned.

Money means cash, bank or currency notes or travelers cheques.

Natural Catastrophe means cyclone, flood, hurricane, earthquake, landslide, tornado, tsunami, typhoon, volcanic eruption, windstorm, hailstorm and wildfire.

Overseas Education Term means travel undertaken by an Insured Person during the Period of Insurance for the purposes of studying at a registered and accredited Educational Institution on a full-time basis and includes:

- (a) a leisure trip of not more than 60 consecutive days outside the Country of Study and Malaysia; or
- (b) a return trip back to Malaysia of not more than 60 consecutive days.

Parent means a legal parent (whether biological, step or adopted) of the Insured Person.

Period of Insurance means the duration between the policy effective date and its expiry for when an Insured Person is insured, subject to the terms, conditions and exclusions as set out in this policy and the specific dates set out in the Policy Schedule.

Permanent means a physical condition of the human body which lasts for a full period of 6 months commencing from the Date of Loss/Accident, which at the end of such period is concluded to be beyond any hope of recovery or improvement.

Policyholder shall mean the person named as the Policyholder in the Policy Schedule to whom this policy is issued to. Also, the Policyholder owns this insurance policy, is responsible for premium payments and has the right to exercise all privileges under this policy.

Policy Schedule means a document which is issued to the Insured Person after the Insured Person has made payment of applicable premium acting as written proof of insurance coverage provided to the Insured Person under this policy. This document includes details of the Period of Insurance, plan, plan type, optional benefit (if selected), destination and corresponding cluster applicable along with the particulars of the Policyholder, eligible Insured Persons and Sponsor, which should be read with this policy.

Pre Existing Condition means any direct or indirect disability that the Insured Person has reasonable knowledge of in the 90 days prior to the inception of the Period of Insurance. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one of which:

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

Public Place means any place of which the general public have free access to including but not limited to shops, airports, train stations, bus stations, streets, hotel foyers, restaurants, beaches, public toilets, shopping malls, etc.

Reasonable and Customary means charges incurred for treatment, supplies or medical services which is/are Medically Necessary and are:

- (a) consistent with the diagnosis and establish medical treatment;
- (b) generally considered as reasonable and customary in the same industry within the jurisdiction for which such treatment, supplies or medical services is/are received and/or consumed by individuals of the same sex and of comparable age for a similar Covered Condition and are subject to the same set of acceptable medical standards and practice which could not have been omitted without adversely affecting the Insured Person's medical condition.

If the charge incurred is in excess of such Reasonable and Customary charges, such excess amount shall not be recognised as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies, are rendered or obtained.

RM is the denomination used for the Malaysian currency, which is also an abbreviation of “Ringgit Malaysia”.

Serious Covered Condition means Injury or Illness certified by the Doctor as being life threatening and is highly likely to lead to death within 12 consecutive months.

Serious Illness or Serious Injury means a condition which necessitates treatment by a Doctor who certifies that as a direct result of this condition the Insured Person requires urgent medical attention and is unfit to commence the scheduled trip to the Country of Study.

Sponsor means an individual who financially supports the Insured Person’s education who:

- (a) is named in the Policy Schedule; and
- (b) is the Insured Person’s Parent or Guardian.

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

Terrorist Act/Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with stated or unstated objectives of pursuing economic, ethnic, nationalistic, political, racial or religious interest, whether such interests are declared or otherwise. Robberies or other criminal acts primarily committed for personal gains and acts arising primarily as a result of prior personal relationship between perpetrator(s) and victim(s) shall not be considered as a Terrorist Act. Terrorist Act shall also include any such act which is verified or recognized by the (relevant) government as an act of terrorism.

Theft means a permanent loss of belongings:

- (a) where there is physical evidence of a break in of a premises (where applicable); or
- (b) where the Insured Person’s belongings are taken or attempted to be taken by force by causing or attempt to cause death, hurt , wrongful restraint or the fear of the same; or
- (c) where the belongings are taken by force at any place where the general public has free access to. Such forceful snatching shall comprise the elements of stealth and surprise; or
- (d) where the belongings are taken from a pocket, bag or purse at any place where the general public has free access to. Such act shall comprise the elements of stealth.

Total Disablement means Permanent physical disablement as a result of Injury caused by a covered Accident which lasts for at least 180 days from the Date of Loss/Accident causing the Insured Person unable to perform 3 or more Activities of Daily Living which could normally be carried out by him/her in his/her daily life had such disablement not occurred.

Travel Assistance Partner means the business partner appointed by the Insurance Company that provides twenty-four (24) hours world-wide emergency assistance.

Tuition Fees means all fees, charges, expenses and costs required to attend and complete registered courses at a registered and accredited Educational Institution on a full time basis which shall exclude any fees incurred for extra-curricular activities and/or courses not associated with the studies. For the avoidance of doubt, costs and expenses associated with boarding, living expenses and purchase of textbooks or stationary are excluded.

Part 3 – Coverage

In consideration of the payment of premium by the Insured Person; and subject to the terms and conditions herein set out, the Insurance Company agrees to provide insurance coverage to the Insured Person as set out in this policy.

Coverage for Overseas Education Term shall commence 12 hours prior to the Insured Person's departure from Malaysia and expires on the earliest of the following listed events:

- (a) Period of Insurance expiry date;
- (b) 12 hours from the time of arrival back to Malaysia unless Malaysia is a point of transit; or
- (c) date of Emergency Medical Evacuation or Repatriation of Mortal Remains back to Malaysia.

Part 4 – Benefits

The type of benefits and limit of coverage provided under this policy are described below. The combination of which are determined by the type of plan selected by the Insured Person as indicated in the Policy Schedule.

Section A: Medical Related Benefits

MEDICAL AND ACCIDENTAL DENTAL EXPENSES

(a) Treatment in Country of Study

If the Insured Person suffers from a Covered Condition during their Overseas Education Term, the Insurance Company will reimburse the Medically Necessary Expenses (which are Reasonable and Customary) incurred:

- (a) within 52 weeks from the Date of Loss/Accident or upon an Emergency Medical Evacuation, whichever is earlier; and
- (b) at the Country of Study; or
- (c) at the country where the Insured Person was evacuated to due to an Emergency Medical Evacuation

up to the maximum amount stated in the Schedule of Benefits.

(b) Treatment Out of the Country of Study

If the Insured Person suffers from a Covered Condition during their Overseas Education Term and seeks treatment in a country other than the Country of Study, the Insurance Company will reimburse the Medically Necessary Expenses which are Reasonable and Customary, from the Insured Person's date of arrival at the country where the loss occurred, up to the maximum number of days and sum insured stated in the Schedule of Benefits.

In the event of Hospitalization for Section A-No 1 (a) and (b), where permissible the Travel Assistance Partner will advance payment to a Hospital.

The sum payable for Section A-No 1 (b) forms part and parcel of the amount stated in Section A-No 1 (a) of the Schedule of Benefits.

Optional Benefit – Medical Booster

In the event an Insured Person selects to be covered under the Optional Benefit – Medical Booster described in the Schedule of Benefits, the sum insured payable for benefit Section A-No 1. Medical and Accidental Dental Expenses will be revised up to the sum insured specified in Section F-No 22. Medical Booster of the Schedule of Benefits.

In the event an Insured Person becomes entitled to or receives: (1) refund; (2) reimbursement; (3) subsidy; and/or (4) gratuity, of all or part of any part of the total expenses incurred within the ambit of this section from any other source, the Insurance Company shall only be liable for the remaining unpaid amount.

This benefit will not pay any claim in connection with:

1. treatment in the Country of Origin except as described above;
2. diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a Covered Condition or any treatment which is not Medically Necessary;
3. pregnancy or childbirth, miscarriage, abortion and prenatal and postnatal care and surgery, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation;
4. treatments specifically for weight reduction or gain;
5. investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy which includes but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
6. any eye examination, refractive surgery, dental treatment or oral surgery unless they are direct consequences of an Accident;
7. external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, contact lenses, lenses, glasses and prescription thereof;

8. costs and expenses which are of non medical nature such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
9. circumcision unless Medically Necessary or expenses incurred for sex change;
10. vaccinations and their complications;
11. expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
12. any Overseas Education Term undertaken against the advice of a Doctor, or when the purpose of such Overseas Education Term was to obtain any form of medical treatment, consultation or advice;
13. if the first treatment of a Covered Condition occurs 30 days after the Date of Loss/Accident;
14. the first RM50.00 only for each Covered Condition claim. This amount must be borne by the Insured Person;
15. any Medically Necessary Expenses incurred out of Malaysia after the Insurance Company is of the opinion that the Insured Person is fit for return to Malaysia for treatment but was refused by the Insured Person;
16. any Medically Necessary Expenses incurred out of Malaysia which the Insurance Company is of the opinion can be delayed for treatment upon return to Malaysia.

EMERGENCY MEDICAL EVACUATION AND REPATRIATION OF MORTAL REMAINS

(a) Emergency Medical Evacuation

If the Insured Person suffers from a Covered Condition during their Overseas Education Term and if in the opinion of the Travel Assistance Partner, an Emergency Medical Evacuation is Medically Necessary, the Travel Assistance Partner will arrange for the Emergency Medical Evacuation:

- (a) by any means or manner deemed by the Travel Assistance Partner to be most suitable for the Insured Person; and
- (b) based on the severity of the Insured Person's Covered Condition.

The Insurance Company shall reimburse the Travel Assistance Partner directly for the Covered Expenses up to the maximum sum insured stated in the Schedule of Benefits.

This benefit excludes:

- (a) any expenses incurred for services provided by another party for which the Insured Person is not liable to pay; or
- (b) any expenses for a service not approved and arranged by the Travel Assistance Partner. This exception may be waived in the event the Insured Person is unable, for reasons beyond his/her control, to notify the Travel Assistance Partner during an emergency medical situation. In any event, the Insurance Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which the Travel Assistance Partner would have provided under the same circumstances and up to the maximum sum insured stated in the Schedule of Benefits.

In addition to the definitions set out in the General Policy Definitions, the following definitions apply to this benefit:

1. **Covered Expenses** means necessary expenses incurred for an Approved Transportation Medium, medical services and/or medical supplies as a result of an Emergency Medical Evacuation carried out for the benefit of the Insured Person.

For the avoidance of doubt, all Approved Transportation Medium arrangements for the purposes of an Emergency Medical Evacuation of the Insured Person shall be made:

- (a) by the most direct and economical route and means;
- (b) subject to the prior approval of the Insurance Company; and
- (c) only by the arrangement provided and carried out by the Travel Assistance Partner.

All expenses made for:

- (a) Approved Transportation Medium (if necessary and applicable and may vary on a case to case basis);
- (b) medical supplies; and/or
- (c) medical services,

must be recommended by the attending Doctor.

2. **Approved Transportation Medium** means any land, water or air conveyance for the transport of the Insured Person during an Emergency Medical Evacuation including but not limited to an air ambulance and/or land ambulance as approved by the Insurance Company and arranged by the Travel Assistance Partner.

(b) Repatriation of Mortal Remains

If the Insured Person dies as a result of a Covered Condition during their Overseas Education Term, the Insurance Company shall:

- (a) reimburse the Travel Assistance Partner for expenses incurred to transport the Insured Person's mortal remains to Malaysia; and
- (b) reimburse the Insured Person's estate the expenses incurred for services and supplies provided by a mortician or undertaker, including but not limited to the standard cost of a casket, embalming and/or cremation, if applicable,

up to the maximum sum insured stated in the Schedule of Benefits.

This benefit will not pay any claim in connection with:

- 1. any expenses incurred for services provided by another party for which the Insured Person is not liable to pay; and
- 2. any expenses for a service not approved and arranged by the Travel Assistance Partner.

COMPASSIONATE VISIT

If as a result of a Covered Condition during their Overseas Education Term, the Insured Person is Hospitalized for 5 or more consecutive days and:

- (a) their medical condition does not allow an Emergency Medical Evacuation to be carried out; and
- (b) no adult member of his/her Immediate Family Member is present

the Insurance Company shall reimburse the reasonable expenses necessarily incurred by 1 Immediate Family Member or a friend to visit and stay with the Insured Person during the Insured Person's stay in a Hospital, as advised by a Doctor up to maximum sum insured stated in the Schedule of Benefits.

In the event the Insured Person's Parent, spouse or child dies or is Hospitalized for 5 or more consecutive days, as a result of a Covered Condition, the Insurance Company shall reimburse the reasonable expenses necessarily incurred by the Insured Person to travel to Malaysia for compassionate visit up to the maximum sum insured stated in the Schedule of Benefits.

The expenses are limited to:

- (i) accommodation;
- (ii) communication;
- (iii) economy class travel fare; and
- (iv) meals.

Section B: Personal Accident Benefits

ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

When, as the result of an Injury occurring during his/her Overseas Education Term, an Insured Person dies or suffers from the conditions set out in the Compensation Table provided below, within 365 days from the Date of Loss/Accident, the Insurance Company will pay up to the amount stated in the Schedule of Benefits subject to the applicable percentage of payable sum insured as set out in the said Compensation Table.

COMPENSATION TABLE

NO.	CONDITIONS	PERCENTAGE OF PRINCIPAL SUM INSURED
1	Accidental Death	100%
2	Permanent Total Disablement	100%
3	Permanent paralysis of all limbs	100%
4	Loss of two Limbs or Permanent Loss of Use of two Limbs	100%
5	Loss of one Limb or Permanent Loss of Use of one Limb	100%
6	Permanent and incurable insanity	100%
7	Loss of Speech and Hearing	100%
8	Loss of Sight of both eyes	100%
9	Loss of Sight of one eye	100%
10	Permanent loss of the lens of one eye	50%
11	Loss of Hearing in (a) Both ears (b) One ear	75% 25%
12	Permanent Loss of Speech	50%

In the event of any Permanent Disablement not otherwise provided for under the Compensation Table, the Insurance Company reserves the right to adopt such percentage as in the Insurance Company's opinion which is not inconsistent with the indemnities provided under the Compensation Table.

Compensation Limit: Compensation limit shall apply in respect of each Insured Person. Compensation for each Insured Person shall not be payable for more than once in respect of each event in the Compensation Table in respect of the same Accident. The admission of any one benefit (item 1 to 12 in the Compensation Table) will exhaust that particular benefit coverage for the Insured Person. The policy will continue as if that coverage benefit had been cancelled for that Insured Person.

Total compensation payable for each Insured Person during the Period of Insurance is limited to 100% of the Accidental Death and Permanent Disablement coverage benefit. Should this 100% limit be reached before the expiry of the Period of Insurance, the coverage for the Insured Person will lapse at the moment the last event giving rise to the 100% benefit or that difference making up the balance of the 100% benefit occurs.

FELONIOUS ASSAULT

When, as the result of a Felonious Assault occurring during the Overseas Education Term, an Insured Person suffers from death or Permanent Total Disablement, within 365 days from the Date of Loss/Accident, the Insurance Company will pay the amount stated in the Schedule of Benefits.

Felonious Assault covered under this policy shall meet the following criteria:

- (a) that such Felonious Assault must be a result of Theft; or
- (b) a criminal act of violence which shall include but is not limited to Hijacking, assault, murder or civil disturbance; and
- (c) that such Felonious Assault must be inflicted upon the Insured Person by individuals other than:
 - (i) the students of the Education Institution where the Insured Person is studying;
 - (ii) the Insured Person's Immediate Family Member; or
 - (iii) any individual who resides with the Insured Person on a permanent basis.

EDUCATION LOAN PROTECTION

When, as the result of an Injury occurring during the Overseas Education Term, the Insured Person suffers from Permanent Total Disablement, within 365 days from the Date of Accident and is unable to repay their Education Loan, the Insurance Company will reimburse the Insured Person up to the amount stated in the Schedule of Benefits towards any existing Valid Education Loan Commitment(s) as on the date of Accident.

In addition to the definitions set out in the General Policy Definitions, the following specific definitions apply:

1. **Education Loan** means the sum of money lent at an interest or otherwise, to the Insured Person or on behalf of the Insured Person in the event the Insured Person is below 18 years old, by any registered bank or financial institution licensed to operate in Malaysia or relevant Government authority in Malaysia as identified by a valid and enforceable Education Loan agreement issued for education expenses, covering tuition, fees, and related costs. This excludes overdrafts and outstanding credit card payments.
2. **Valid Education Loan Commitment(s)** means the outstanding balance amount which is required to settle the Insured Person's Education Loan.

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

1. This benefit is payable only upon producing the following documents to the Insurance Company:
 - (a) Statement or letter from the Insured Person's bank or financial institution licensed to operate in Malaysia or relevant Government authority stating their Valid Education Loan Commitment(s).
 - (b) Any other supporting documents as may be required by the Insurance Company to validate the authenticity of the Education Loan and Valid Education Loan Commitment(s).
2. This benefit is only payable once during an Insured Person's Overseas Education Term.
3. When the maximum 100% Compensation is paid under this benefit for Insured Person's Valid Education Loan Commitments, the Insurance Company is completely discharged of all liabilities in respect of this benefit.

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with:

1. Any loan jointly taken by the Insured Person and other persons who are not insured under this policy.
2. Any administration fees or costs related to the outstanding Education Loans.
3. Any Education Loan repayments that:
 - a) are overdue and unpaid by the Insured Person prior to the date of Accident. This includes any interest or penalties applicable on such overdue and unpaid Education Loan repayments.
 - b) exceed the maximum sum insured specified in the Schedule of Benefits.
 - c) were taken from unlicensed creditors or moneylenders.

SPONSOR PROTECTION

When, as the result of an Injury occurring during the Overseas Education Term, an Insured Person's Sponsor suffers from death, within 365 days from the Date of Accident, the Insurance Company will pay the Insured Person the amount stated in the Schedule of Benefits.

STUDY INTERRUPTION

If the Insured Person needs to be absent from their study for the remaining part of a term or semester due to:

- (a) a Medically Necessary hospitalization for 14 or more consecutive days, as a result of a Covered Condition during his/her Overseas Education Term; or
- (b) Serious Covered Condition or;
- (c) Emergency Medical Evacuation; or
- (d) the death of an Immediate Family Member,

during which period, the Tuition Fees has already been paid for the remaining period of the term semester, the Insurance Company will reimburse the Insured Person the non-refundable portion of the Tuition Fees which has already been advanced to the accredited Educational Institution up to maximum sum insured stated in the Schedule of Benefits.

Specific Exclusions – Applicable to Section A: Medical Related Benefits & Section B: Personal Accident Benefits

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with:

1. any Pre Existing Conditions;
 2. any Congenital Conditions;
 3. driving or riding in any kind of race, competition or contest whether casual or otherwise involving motorized land, water or air vehicles including any related activities;
 4. engaging, practicing or participating in a sport in a professional capacity or when the Insured Person would or could earn income or remuneration from engaging in such sport;
 5. suicide or intentional self-inflicted injuries or any attempted act in connection thereof whether sane or insane;
 6. alcoholism, drug abuse or any other complications arising therefrom;
 7. psychotic, mental and nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
- pregnancy, miscarriage or childbirth, or any treatment relating to birth control or treatment pertaining to infertility or any other complication arising therefrom.

Section C: Travel Inconvenience Benefits

TRAVEL DELAY

If the Insured Person's covered scheduled Common Carrier during his/her Overseas Education Term is delayed for 6 hours consecutively from the original scheduled departure time as specified in his/her printed itinerary, the Insurance Company shall pay the Insured Person RM150.00 only for the first 6 consecutive hours of delay, followed by the sum of RM150.00 for the next 6 consecutive hours of delay and so on, up to the maximum sum insured stated in the Schedule of Benefits as attached hereto save and except for:

- (a) the Insured Person missing a scheduled Common Carrier as a result of the Insured Person's failure to check in within the stipulated time as specified in his/her printed itinerary supplied to him/her;
- (b) any Strike or industrial action by the scheduled Common Carrier existing on the date their Overseas Education Term is arranged; or
- (c) the Insured Person's late arrival to a Common Carrier terminal where their covered scheduled Common Carrier is to depart from save and except when such late arrival is caused by a Strike or an industrial action.

BAGGAGE DELAY

If during the Insured Person's Overseas Education Term, the checked-in baggage of the Insured Person is delayed for collection at the Insured Person's scheduled arrival port for more than 6 consecutive hours by the Air Common Carrier, the Insurance Company shall pay the Insured Person up to the maximum sum insured stated in the Schedule of Benefits.

If the baggage which has been delayed becomes permanently lost and this results in a claim under 'Loss or Baggage & Personal Effect' Benefit, the Insurance Company will deduct the amount already paid for this benefit from the payment under 'Loss or Damage of Personal Effects' Benefit.

This policy will only pay for any claim either under the 'Baggage Delay' benefit or "Damage or Loss of Personal Effects' benefit but not both, for the same event.

BAGGAGE DAMAGE DUE TO COMMON CARRIER

If the Insured Person's accompanying checked-in baggage in an Air Common Carrier during their Overseas Education Term, is damaged to the extent that it is no longer useable, the Insurance Company shall pay the Insured Person up to the maximum sum insured stated in Schedule of Benefits, except for claims not declared to a personnel of the Common Carrier authorized to receive such a claim, as soon as the Insured Person is aware that the baggage is damaged.

DAMAGE OR LOSS OF PERSONAL EFFECTS

If the Insured Person's personal effects taken or purchased during their Overseas Education Term are lost or damaged due to:

- (a) Theft; or/and;
- (b) the negligence of a Common Carrier.

the Insurance Company may choose to replace, repair, or pay for the cost of the lost item(s) subject to the maximum sum insured stated in the Schedule of Benefits provided always that:

- (i) such loss must be reported to the police or other relevant authorities having jurisdiction at the place of loss within 24 hours from the Date of Loss/Accident;
- (ii) the Insurance Company shall not be liable for more than the sum insured stated in the Schedule of Benefits in respect of the Laptop, any 1 article or pair or set of articles. A pair or set of items is personal property which belong together and cannot be worn or used or work separately for the purpose intended. For example, a pair of earrings.
- (iii) cover on baggage damage, Jewelry and electronic items are only in respect of Theft.

At no time, will the Insurance Company reimburse the Insured Person for more than the sum insured specified in the Schedule of Benefits. The basis of settlement will be the replacement value of the item/article:

- (a) as per the value at the time it was lost, stolen or accidentally damaged with a deduction determined at the Insurance Company's sole discretion, made for wear, tear and loss of value depending on the age of the item/article; and
- (b) equivalent to the value of an item of like kind and quality to that being replaced.

This policy will only pay for any claim either under benefit 'Baggage Damage due to Common Carrier' or "Damage or Loss of Personal Effects' but not both.

This benefit will not pay any claim in connection with:

1. the following classes of property including its accessories and peripherals if applicable:
 - a) motor vehicles, motorcycles, boats, motors, any other conveyances;
 - b) sports equipment excluding golfing equipment;
 - c) perishable and consumable items;
 - d) household furniture, fixtures, fittings and furnishing, antiques, artifacts, paintings, objects of art or intrinsic value;
 - e) manuscript, financial securities of any kind, Money, stamps, travel documents, credit cards, bonds, coupons, negotiable instruments, title deeds, driving license and identity cards;
 - f) external prosthetic appliances or devices which includes but is not limited to artificial limbs, hearing aids, implanted pacemakers, contact lenses, lenses, glasses artificial teeth and dental bridges;
 - g) musical instruments and;
 - h) fragile articles.
2. any one of the following events or situations. The Insured Person shall, if so required, and as a condition precedent to any liability of the Insurance Company, prove that the loss did not in any way arise under or through any of the exclusion set out:
 - a) loss or damage caused by wear and tear or damage due to any process of repair, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process or while actually being worked upon or resulting therefrom;
 - b) loss or damage to hired or leased equipment and loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by governmental authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulations, confiscation by order of any government or public authority or risk of contraband or illegal transportation or trade;
 - c) loss or damage to property insured under any other insurance policy or reimbursed by any other carrier, hotel or any other party;
 - d) loss to Insured Person's baggage sent in advance, mailed or shipped separately;
 - e) loss to Insured Person's baggage left unattended in any Public Place or as a result of the Insured Person's failure to take due care and precautions for the safeguard and security of such property or left with a person that the Insured does not know;
 - f) loss of business goods or samples or equipment of any kind;
 - g) loss of data recorded on tapes, cards, discs or otherwise;
 - h) loss of or damage to golf balls and clubs and golf equipment whilst actually in the course of play or practice;
 - i) loss or damage caused by fragile items;
 - j) loss in respect of shortage due to error, omission, exchange transactions or depreciation in value; and
 - k) mysterious disappearance.

LOSS OF TRAVEL DOCUMENTS

(a) Loss of Passport/Visa

If the Insured Person loses his/her passport or visa during their Overseas Education Term as a result of Theft, the Insurance Company will reimburse the following additional reasonable expenses, incurred by the Insured Person up to the maximum sum insured stated in the Schedule of Benefits for:

- (i) the replacement of passport and/or visa;
- (ii) accommodation;
- (iii) communication;
- (iv) travel at the place of loss; and
- (v) meals.

LOSS OF MONEY

If the Insured Person loses their Money during their Overseas Education Term as a result of Theft, the Insurance Company will pay the Insured Person the amount stated in the police report up to the maximum sum insured stated in the Schedule of Benefits.

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with:

1. loss in respect of shortage of currency due to error, omission, exchange transaction or depreciation in value;
2. loss which is not reported to the police within 24 hours after the discovery of such loss;
3. loss as a result of detention or confiscation by any lawfully constituted authorities;
4. mysterious disappearance; and
5. loss of personal money and/or passport left unattended in any Public Place or as a result of the Insured Person's failure to take due care and precautions for the safeguard and security of such property or left with a person whom the Insured Person does not know.

TRIP POSTPONEMENT

If it is necessary and unavoidable that the Insured Person has to postpone their scheduled trip to the Country of Study as a result of 1 or more of the covered events listed below, the Insurance Company will reimburse the reasonable and necessary additional travel costs incurred by the Insured Person to re-schedule their trip, up to the maximum sum insured stated in the Schedule of Benefits.

List of covered events

An event described below that first occurs after the policy issuance date, and within 7 consecutive days before their travel start date preventing them from travelling to their Country of Study.

- (i) unexpected outbreak of Strike, Civil Unrest, Riot or Commotion or Natural Catastrophe arising out of circumstances beyond the control of the Policyholder or Insured Person at the destination in the Country of Study;
- (ii) the Insured Person's Serious Injury or Serious Sickness;
- (iii) unexpected death of an Insured Person's parents, grandparents, siblings, child or spouse.

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with

1. costs which have been paid for or incurred by a person other than the Insured Person.
2. any disinclination to travel or change in travel plans on the part of the Insured Person.
3. the Insured Person not advising the travel agent as soon as they know they have to alter the scheduled trip.
4. costs which will be paid or refunded by an airline, travel agent, or any other provider of travel.
5. costs the Insured Person would need to pay irrespective of the travel period to which this insurance applies.

LOUNGE ACCESS ALLOWANCE

If the Insured Person's covered scheduled Air Common Carrier during their Overseas Education Term is delayed for 6 consecutive hours from the original scheduled departure time as specified in their printed itinerary, the Insurance Company shall reimburse the Insured Person the cost to access the airport lounge, up to the maximum sum insured stated in the Schedule of Benefits.

This benefit is only payable if a valid claim under 'Travel Delay Benefit' is paid under this policy to the Insured Person.

Section D: Disaster Relief Benefits

DAMAGE OR LOSS OF ELECTRONIC DEVICES (AS A RESULT OF FIRE, FLOOD, EARTHQUAKE ETC)

If as a result of fire or Natural Catastrophe at the Country of Study during the Overseas Education Term, the Insured Person's Electronic Device(s) is lost or damaged, the Insurance Company will pay up to the maximum sum insured stated in the Schedule of Benefits.

At no time, will the Insurance Company reimburse the Insured Person for more than the sum insured specified in the Schedule of Benefits. The basis of settlement will be the replacement value of the Electronic Device:

- (a) as per the value at the time it was lost, stolen or accidentally damaged with a deduction determined at the Insurance Company's sole discretion, made for wear, tear and loss of value depending on the age of the Electronic Device; and
- (b) equivalent to the value of an item of like kind and quality to that being replaced.

Additional definitions for the purpose of this benefit:

1. Electronic Device means smartphones, laptop and/or tablets excluding accessories.

This benefit is payable provided:

1. The loss is reported to the police at the place of the loss within 24 hours from the incident in the event of fire. Any claim must be accompanied by proper documentation from such authorities; and
2. The Insured Person must take every possible step to ensure that their Electronic Device is not left unattended.

This benefit will not pay any claim in connection with:

1. Any fire deliberately caused by the Insured Person or with their knowledge, including acts of arson or failure to take reasonable precautions.
2. Damage caused by the burning of property by order of any public authority (e.g., government, police).
3. Damage caused by smoke, pollution, or contamination, unless directly resulting from a fire.
4. Damage to Electronic Devices caused by internal electrical issues (e.g., short circuit, self-heating, arcing, overloading).
5. Fire occurring at the Insured Person's premises when the premises have been left empty for a period of over 30 days.
6. Loss of Electronic Device due to theft during or after a fire.
7. Physical damage related to the cost of recovering or recreating data or software.

TEMPORARY ACCOMMODATION (AS A RESULT OF FIRE, FLOOD, EARTHQUAKE ETC)

If during the Overseas Education Term, the Insured Person's accommodation in the Country of Study is severely damaged by a fire or Natural Catastrophe, leaving it uninhabitable for more than 24 consecutive hours, the Insurance Company will reimburse the additional accommodation costs incurred at the Country of Study, up to the maximum sum insured stated in the Schedule of Benefits.

If the Insured Person is entitled to receive payment of all or part of the expenses covered by this section from any other source, the Insurance Company will pay the difference between what was actually incurred and paid by Insured Person and the amount the Insured Person is entitled to receive from such other source.

This benefit is payable provided the loss is reported to the police at the place of the loss within 24 hours from the incident in the event of fire. Any claim must be accompanied by proper documentation from such authorities.

This benefit will not pay any claim in connection with any costs which have been paid for or incurred on behalf of a person other than the Insured Person.

Section E: Other Benefits

PERSONAL LIABILITY

If the Insured Person is held legally liable to a third party as a result of any of the following listed incidents which takes place during his/her Overseas Education Term, the Insurance Company will reimburse the Insured Person up to the maximum sum insured stated in the Schedule of Benefits. This would include all costs and expenses incurred with the written consent of the Insurance Company in connection with the defense of any claims made against the Insured Person which is the subject of indemnity under this cover.

- (a) death or Accidental bodily Injury caused to a third party; and/or
- (b) Accidental loss of or damage to property belonging to any third party.

provided always that the Insured Person must not:

- (a) make or attempt to make any offer of settlement; or
- (b) promise of payment; or
- (c) admit liability to any party; or
- (d) become involved in any litigation without the Insurance Company's prior written approval.

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with:

1. any claims arising out of the Insured Person's criminal, malicious or deliberate acts;
2. employer's liability, contractual liability or liability to a member of an Insured Person's family;
3. acts of animals belonging to, or in the care, custody or control of an Insured Person or any person for whom the Insured Person is legally responsible;
4. pursuit of trade, business or profession;
5. damaged caused by or to buildings or part of buildings owned, rented or occupied by the Insured Person;
6. ownership, possession or use of any mechanically propelled vehicles, aircraft or water craft by the Insured Person or anyone for whom the Insured Person is legally responsible;
7. legal costs resulting from any criminal proceedings;
8. the Insured Person's participation in any motor rallies or motor racing of any kind;
9. any claim arising out of the Insured Person being insane or under the influence or affected by drugs, alcohol or solvents;
10. judgment(s) that is/are not in the first instance delivered by or obtained from a court of competent jurisdiction within Malaysia;
11. sexual molestation, physical or mental abuse;
12. golfing either in the course of play or practice; and/or
13. any punitive, aggravated or exemplary damages awarded by any courts.
14. any non-pecuniary losses;
15. property belonging to or held in trust or in the care, custody or control of the Insured Person or his/her employees or any member of his/her household;
16. liability for which indemnity is provided under any other contract of insurance under the Insured Person's name.

FRAUDULENT USE OF CREDIT CARD

If during the Overseas Education Terms, the Insured Person's credit card(s) are stolen and the Insured Person is legally liable for payment arising out of the unauthorised use of their credit card(s), the Insurance Company will pay up to the maximum sum insured stated in the Schedule of Benefits for the non-recoverable legal liability and/or the cost of replacing credit card(s).

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

1. The Insured Person must report to the police and the bank within 24 hours of the incidence of loss;
2. It must be accompanied by written documentation from such authorities pertaining to the circumstances of the loss; and
3. The Insured Person must provide the written confirmation from the bank confirming the non-recoverable legal liability and/or the cost of replacing the credit card(s).

Part 5 – Extensions

1. Extension of Coverage

Coverage shall be extended at the Insurance Company's discretion for up to 30 days from the expiry of the Period of Insurance for an Overseas Education Term without payment of any additional premium if the Insured Person is hospitalized and/or quarantined at the Country of Study as recommended by a Doctor or due to the delay or interruption of the public transport services or other circumstances beyond the Insured Person(s)' control that prohibits from him/her returning to Malaysia prior to the expiry of the Period of Insurance

2. Accidental Miscarriage

This policy is extended to cover an Insured Person who sustains an Accidental Injury whilst on an Overseas Education Term and as a result suffers a miscarriage which is not attributed to any natural causes and/or illness relating to pregnancy or childbirth.

3. Drowning and Suffocation

This policy is extended to cover the Insured Person against death or Injury whilst on an Overseas Education Term as a result of drowning or suffocation by poisonous fumes, gas or smoke. The Insurance Company shall not be liable for any claim arising out of or in connection with the Insured Person's own willful or intentional act.

4. Exposure and Disappearance

If as a result of an Accident during an Overseas Education Term, the Insured Person is inevitably exposed to forces of nature and/or weather elements which causes Injury which is covered under "Part 4 - item C4 of Accidental Death and Permanent Disablement benefit", such Injury shall be covered by this policy. Furthermore, an Insured Person shall be deemed dead for purposes of this policy if his/her body is not found for more than 1 year as a result of sinking and/or wreck of public conveyance in which the Insured Person was a fare-paying passenger and onboard at the time of the Accident. In the event the Insured Person is found to be alive after the benefit(s) under this policy has/have been claimed by the Insured Person's named nominee(s) or estate, any sum of monies so paid by the Insurance Company shall be refunded to the Insurance Company by the named nominee(s) or estate forthwith upon written notice for such refund, failing which, such sum shall be a recoverable debt by the Insurance Company.

5. Hijack, Murder and Assault

This policy is extended to cover the Insured Person against Accidental death or Injury as a result of being a victim of Hijack, unprovoked murder or assault whilst on an Overseas Education Term. The Insurance Company shall not be liable for any claims arising out of or in connection with Insured Person's own participation or provocation of any such act.

6. Motor-Cycling

This policy is extended to cover motor-cycling (whether as a rider or a pillion- rider) provided that at the time of sustaining the Injury, the Insured Person was wearing a safety helmet, and not engaging in or practising for a race, hill climbing contests, reliability trials and speed or duration testing.

7. Strike, Civil Unrest, Riot Or Civil Commotion and Terrorism

This policy is extended to cover the Insured Person against death or Injury as a result of Strike, Riot, Civil Commotion or Terrorism whilst on an Overseas Education Term. The Insurance Company shall not be liable for any claim arising out of or in connection with the Insured Person's own participation or provocation of any such act or if such act could reasonably have been avoided by the Insured Person.

SPECIFIC EXCLUSIONS – APPLICABLE TO PART 5 – EXTENSIONS

In addition to the exclusions set out in the General Policy Exclusions, this policy will not pay any claim in connection with:

1. driving or riding in any kind of race, competition or contest whether casual or otherwise involving motorized land, water or air vehicles including any related activities;
2. engaging, practicing or participating in a sport in a professional capacity or when the Insured Person would or could earn income or remuneration from engaging in such sport;
3. suicide or intentional self-inflicted injuries or any attempted act in connection thereof whether sane or insane;
4. alcoholism, drug abuse or any other complications arising therefrom;
5. psychotic, mental and nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).

Part 6 – Termination of Coverage

The insurance coverage provided hereto for each Insured Person shall terminate automatically upon the earliest of any of the following listed events:

- (a) immediately after an admission of 100% liability for a claim of Accidental Death and Permanent Disablement (as indicated in Part 4 – Benefits in the Schedule of Benefits); or
- (b) any premium due which remains unpaid by the Insured Person after the due date; or
- (c) upon the expiry of coverage (as described in Part 3 – Coverage) of this policy; or
- (d) the Insured Person is not within the Competent Age to qualify for this cover; or
- (e) the Insured Person is in the category of excluded persons as expressed in Part 7- General Policy Exclusions, item 1; or
- (f) cancellation made by the Insured Person or Insurance Company as stated in Part 8- item 20 of the General Conditions.

Part 7 – General Policy Exclusions

This policy excludes anyone of the following events or situations. The Insured Person shall, if so required, and as a condition precedent to any liability of the Insurance Company, prove that the loss did not in any way arise under or through any of the exclusions set out below: -

1. the Insured Person is engaged in activities relating to the armed forces, manual work, offshore, testing of any kind of conveyance or ship crews.
2. the Sponsor is a member of the armed force, police, racing driver or rider, stuntman, bodyguard, ship crew, air crew, offshore worker, diver, logger, tunneller and security guard;
3. any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities;
4. any failure by the Insured Person to take reasonable precautions to avoid a claim under the policy following the warning of any intended Strike, Civil Unrest, Riot or Commotion through or by general mass media;
5. air travel other than as a fare-paying passenger in any properly licensed private and/or commercial aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry for the transportation of passengers;
6. the Insurance Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation or any written laws in Malaysia;
7. any act of war, invasion, act of foreign enemy, hostilities or warlike operation (whether war be declared or not) mutiny, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law, or state of siege, of any of the events or causes which determine the proclamation or maintenance of martial law, or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority;
8. any Disability, unless due to a Terrorist Act, resulting directly or indirectly from, attributed to, or accelerated by:
 - (i) the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction, or radiation or radioactive contamination ; or the dispersal or application of pathogenic or poisonous biological or chemical materials ; and/or
 - (ii) the release of pathogenic or poisonous biological or chemical materials.for the purpose of this exclusion, serious physical injury means:
 - (i) physical injury that involves a substantial risk of death; or
 - (ii) protracted and obvious physical disfigurement; or
 - (iii) protracted loss of or impairment of the function of a bodily member or organ;
9. loss, destruction or damage to any property whatsoever or any loss or expense whatsoever arising therefrom or any consequential loss directly or indirectly caused or contributed to by or arising from ionizing radiation or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
10. any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.
11. any loss, injury, damage, or legal liability suffered or sustained directly or indirectly by an Insured Person if that Insured Person is:
 - (i) a terrorist;
 - (ii) a member of a terrorist organization;
 - (iii) a narcotics trafficker; or
 - (iv) a purveyor of nuclear, chemical or biological weapons.
12. This policy will not cover any claim, loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.
13. the Insured Person not taking all reasonable efforts to safeguard his property or to avoid Injury or minimize any claim under the policy;
14. loss or damage which was a result of the Insured Person's willful, malicious or unlawful act or negligence; and
15. any consequential loss.

Part 8 – General Policy Conditions

- Alterations:** The Insurance Company reserves the right to amend the terms and provisions of this policy and this policy may at any time be amended and changed by written agreement between the Insurance Company and the Insured Person. Any amendment made to this policy shall be binding on all persons whether insured under this policy prior to, during, or after the effective date of the amendment. No alteration in this policy shall be valid unless approved by an authorized representative of the Insurance Company and such approval be duly endorsed herein. Should alterations in this policy adversely affect the claims of previous Insured Person, consent of the Insured Person shall be obtained prior to effecting such alteration.
- Discharge of Liability:** The Insurance Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the policy. The receipt of the Insured Person of any compensation payable herein shall in all cases be effectual discharge of the Insurance Company's obligation.
- Rights of Ownership:** The Insured Person shall have the right to exercise every option, benefit or privilege conferred by the provisions of the policy. Every transaction relating to the policy shall be between the Insurance Company and the Insured Person only.
- Rights of Nominee:** Nominee(s) do not have any right to terminate or cancel this policy or change nominee(s) or for that matter effect any change to this policy.
- Assignment:** No assignment of interest by the Insured Person under this policy shall be binding upon the Insurance Company.
- Notice of Claim:** Notice of claim must be given to the Insurance Company within 30 days after the Date of Loss. This can be done by contacting the Insurance Company at 1 800 88 88 11 or completing and submitting a claim online via [this link](#). The Insured Person hereunder shall produce for the Insurance Company's examination pertinent documents at such reasonable times and shall co-operate with the Insurance Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the claim. Notice of claim given by or on behalf of the Insured Person to the Insurance Company, or to any authorized official of the Insurance Company providing information sufficient to identify the Insured Person shall be deemed notice to the Insurance Company.
- Proof of Loss:** Written proof of loss, including but not limited to medical reports, original receipts, police report, original cash withdrawal receipt and such other proof as required to support the nature of the claim, must be furnished to the Insurance Company within 60 days after the Date of Loss/Accident. 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 time proof is otherwise required.
- Limitation of Claims:** No claim benefits shall be payable under this policy if presented to the Insurance Company beyond a period of 1 year from the Date of Loss.
- Medical Examination:** The Insurance Company, at its own expense, shall have the right to require additional proof and request medical examination of the Insured Person when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by laws.
- To whom Benefits are payable:** Indemnities for loss of life of the Insured Person is payable to the estate of the Insured Person or nominees if applicable. All other indemnities of this policy are payable to the Insured Person except for benefits provided under 'Medical and Accidental Dental Expenses', 'Emergency Medical Evacuation & Repatriation of Mortal Remains', and 'Personal Liability'. Under 'Medical and Accidental Dental Expenses' benefit, in the event costs and expenses for emergency medical treatment are guaranteed to be paid to the Hospital by the Travel Assistance Partner, indemnities shall be payable directly to such Hospital. Under 'Emergency Medical Evacuation', the benefit will be paid directly to the service provider(s). Under 'Repatriation of Mortal Remain' benefit, the arrangement and repatriation of the mortal will be paid directly to the service provider(s). Under 'Personal Liability' benefit, claim monies shall be payable directly to whom the Insured Person is legally liable to.

In the event the Insured Person is below the age of 18, the Insurance Company shall pay claims to the Parent or Guardian of the Insured Person who effected this policy. In cases where the Insured Person is below the age of 18 and if such Parent or Guardian is deceased, the Insurance Company may make arrangements to pay claims to the trustee pursuant to the relevant sections of the Financial Service Act 2013 .
- Contribution Clause:** If at the time of any loss covered under this policy, there be any subsisting insurance or insurances in respect of any reimbursement claim whether effected by the Insured Person or by any other person(s), covering the same, the Insurance Company shall not be liable for a greater proportion of such loss than the amount applicable hereto under this policy bears to the total amount of all valid insurance covering such loss or excess of such loss where the apportionment cannot be allocated.
- Right Of Recovery:** In the event of authorisation of payment and/or payment is made by the Insurance Company for Part 4 – Benefits, whereby the Benefits are not payable, the Insurance Company reserves the right to recover against the Insured Person for the full sum which the Insurance Company has paid.

13. **Currency Of Payment:**
- Premium: All premiums must be paid in Malaysian Ringgit.
 - Claims: All payments will be made in Malaysian Ringgit. Settlement in foreign currencies will only be made if the Insured Person is not in Malaysia at the time of payment. The rate of exchange will be based on the prevailing exchange rate on the date of claim settlement as determined by Bank Negara Malaysia. The Insured Person will bear all the administration and costs of conversion.
14. **Time:** In the context of this policy time refers to Malaysian time.
15. **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.
16. **Dispute Resolution:** Any dispute or difference which may arise between the Policyholder or Insured Person and the Insurance Company on any matters relating to this policy involving amounts exceeding RM250,000 shall be referred to the Malaysian courts. For any dispute or difference where the disputed amount is less than or equal to RM250,000, the Policyholder or Insured Person may refer the matter to the Financial Market Ombudsman Services to resolve the dispute. All disputes or differences which may arise between the Policyholder or Insured Person and the Insurance Company must be referred to the Malaysian courts and / or the Financial Market Ombudsman Services within a reasonable time from the date the decision of the claim is communicated to the Policyholder or Insured Person.
17. **Subrogation:** The Insurance Company shall at any time be entitled to undertake in the name of and on behalf of the Insured Person the absolute conduct, control, defence and/or settlement of any proceedings, and at any time to take proceedings at its own expense and for its own behalf, but in the name of the Insured Person, to cover compensation or secure indemnity from any third party in respect of anything covered by this insurance. The Insured Person must cooperate fully with the Insurance Company to this end and do nothing to prejudice the Insurance Company's rights.
18. **Maximum Insurance Cover:** An Insured Person is limited to only 1 insurance cover from the Insurance Company for each Overseas Education Term. For whatsoever reason, if there is more than 1 insurance cover purchased or issued per Insured Person for the same Overseas Education Term, only that insurance cover carrying the highest coverage value will be honored.
19. **Renewal:** This policy may be renewed for a period equal to the expiry policy at the option of the Insurance Company and at the Insurance Company's premium rate proposed at the time of renewal provided that payment of premium is received by the Insurance Company prior to the expiry of the policy.
20. **Cancellation:** The Insurance Company may cancel this policy at any time by sending 30 days' notice in writing to the Policyholder at the last address shown by records of the Insurance Company stating when thereafter such cancellation shall be effective. In event of such cancellation, the Insurance Company will promptly return the premium as specified in the Short Period Scale below. Such cancellation shall be without prejudice to any claim originating prior thereto.

Provided there is no claim made on the policy, the Policyholder can cancel this policy by giving 30 days' prior written notice to the Insurance Company. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is earlier.

On cancellation of the policy by the Policyholder, the Insurance Company will refund the premium as specified in the Short Period Scale below according to their policy period.

NO.	POLICY PERIOD IN FORCE (UP TO)	REFUND OF ANNUAL PREMIUM
1	One month	80%
2	Two months	70%
3	Three months	60%
4	Four months	50%
5	Five months	40%
6	Six months	30%
7	Seven months	20%
8	Eight months	10%
9	Period exceeding eight months	No refund

NO.	POLICY PERIOD IN FORCE (UP TO)	REFUND OF 2-YEAR PREMIUM
1	Two months	80%
2	Four months	70%
3	Six months	60%
4	Eight months	50%
5	Ten months	40%
6	Twelve months	30%
7	Fourteen months	20%
8	Sixteen months	10%
9	Period exceeding sixteen months	No refund

NO.	POLICY PERIOD IN FORCE (UP TO)	REFUND OF 3-YEAR PREMIUM
1	Three months	80%
2	Six months	70%
3	Nine months	60%
4	Twelve months	50%
5	Fifteen months	40%
6	Eighteen months	30%
7	Twenty-one months	20%
8	Twenty-four months	10%
9	Period exceeding Twenty-four months	No refund

Contact Information:

AIG Malaysia Insurance Berhad
P O Box 11768
50756 Kuala Lumpur
Email: ALGMycare@aig.com

21. **Reinstatement:** If any premium is in default beyond the premium due date, the policy may be reinstated with the consent of the Insurance Company within 90 days after the premium due date subject to a written application for reinstatement, production of evidence of insurability satisfactory to the Insurance Company and payment of premium. Benefits will not, however, be payable for any Covered Condition or covered incidents which occurs during the interval when the policy has lapsed and before premium is received by the Insurance Company.
22. **Non Payment of Premium:** In the event this policy is provided to the Insured Person without the Insured Person paying any premium, all clauses in respect of payment of premium provided in this policy shall automatically become inapplicable to the Insured Person.
23. **Conformity with Law:** If any provision of this policy which, on its effective date is in conflict with the written laws and/or directives issued by insurance regulatory bodies, this policy shall be read in conformity to the laws of Malaysia and/or such directives.
24. **Governing Law:** This policy shall be governed by and interpreted in accordance with the laws of Malaysia.
25. **Consent to use of Personal Data:** The Insured Person 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 Insured Person submits information relating to other individuals, the Insured Person further represents and warrants that they have the authority to provide information relating to the other individuals to the Insurance Company, that the Insured Person 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 Insured Person 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
Attn: Customer Care Department
P O Box 11768,
50756 Kuala Lumpur

Email: ALGMycare@aig.com
Phone: 1800-88-8811 / 603 2118 0188
Fax: 603-21180288

26. **General Interpretation:**

- a) Words importing singular meaning, where the context so admits, include the plural meaning and vice versa.
- b) If there is a conflict between a translated text, if applicable, for all purposes, the English text shall prevail.

27. **Sanction:** This policy will not cover:

- a) any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) regions of Ukraine; or
- b) any Claim, loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, or the Crimea, Donetsk People's Republic (DNR), or Luhansk People's Republic (LNR) region of Ukraine.

The Insurance Company shall not be deemed to provide cover and the Insurance 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 Insurance 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.

Part 9 – Complaints Procedures

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

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

Phone: 1 800 88 8811 / 603 2118 0188

Fax: 603 2118 0288

Email: AIGMYComplain@aig.com

- (b) Any Insured Person who is not satisfied with the decision of the Insurance Company may refer to Financial Market Ombudsman Services (FMOS) giving details of the dispute, the name of the insurance 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: 603-2272 2811

Fax: 603-2272 1577

Email: www.fmos.org.my

- (c) Any Insured Person 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- 2174 1717 (Overseas)

Fax: 603-2174 1515

Email: bnm.gov.my/BNMLINK

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

END OF POLICY WORDING



About AIG

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