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## SmartPA Enhanced

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### IMPORTANT NOTICES

1. This is Your **SmartPA Enhanced** Policy. This Policy is issued by Us in consideration of the premium paid or to be paid to Us as specified in the Policy Schedule and contains the terms and conditions of the contract of insurance as agreed between You and Us. Please read this Policy carefully to ensure that You understand the terms and conditions and that the insurance You require is being provided. If You have any questions after reading this Policy, please contact Us or Your insurance advisor. If there are any changes in Your circumstances which may affect the insurance provided, please notify Us immediately. If You do not, You may not receive any or some of the Benefits set out in this Policy.
2. Please keep this Policy in a safe place. If this Policy is renewed or if there are any amendments to the terms and conditions, We will send You a new Schedule or an Endorsement only. Do contact us if You would like another copy of this Policy or a copy of this Policy in Bahasa Malaysia; We will be happy to provide one.
3. In deciding to issue this Policy, We have relied on the answers and information given when application was made for this Policy. We have also relied on other disclosures, if any, made to Us when the application was made up to the time this Policy was issued. Those answers, information and other disclosures, if any, therefore also form part of the contract of insurance between You and Us.
4. If You had applied for this Policy wholly for purposes unrelated to Your trade, business or profession, You had a duty to take reasonable care not to make a misrepresentation in answering the questions or providing the information requested when You applied for this Policy. You should have answered the questions and provided the information fully and accurately. Failure to have taken reasonable care in answering the questions or providing the information requested may result in avoidance of this Policy, refusal or reduction of any claim made by You under this Policy, change of terms or termination of this Policy in accordance with the relevant law. You were also required to disclose any other matter that You knew to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied.
5. If at any time the law requires Us to collect from You any tax in connection with the insurance provided or the premium You have paid, please note that We will be entitled to recover from You such tax if it has not yet been paid.
6. If, for any reason, You are not happy with the service You have received from Us, You may:
  - 6.1 write to Our Customer Service Department at Ground Floor, Wisma Boustead, 71 Jalan Raja Chulan, 50200 Kuala Lumpur; or
  - 6.2 e-mail Us at customer.service@axa.com.my.
7. If You are still not satisfied with the way any issue has been handled by Us, You may:
  - 7.1 refer matters concerning claims to:

The Ombudsman for Financial Services  
Level 14, Main Block, Menara Takaful Malaysia  
No. 4, Jalan Sultan Sulaiman,  
50000 Kuala Lumpur  
Tel: (603) 22722811 / Fax: (603) 22721577

or
  - 7.2 submit Your complaints or feedback:
    - (a) at Laman Informasi, Nasihat dan Khidmat (LINK), Bank Negara Malaysia;
    - (b) by calling BNMTELELINK at 1-300-88-5465;
    - (c) by sending a fax to (603) 21741515;

- (d) by sending an e-mail to [bnmtelelink@bnm.gov.my](mailto:bnmtelelink@bnm.gov.my); or
  - (e) by sending an SMS to 15888.
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8. In respect of any communication between You and Us including, without limitation, the giving of any notice or demand under this Policy:

8.1 You are to –

- (a) write to Our Customer Service Department at Ground Floor, Wisma Boustead, No. 71 Jalan Raja Chulan, 50200 Kuala Lumpur; or
- (b) e-mail Us at [customer.service@axa.com.my](mailto:customer.service@axa.com.my); and

8.2 We may –

- (a) write to You at the address given to Us in Your proposal for this Policy or at Your address last notified to Us in writing; or
- (b) email You at the email address given to Us in Your proposal for this Policy or at Your email address last notified to Us in writing; or
- (c) communicate with You by mobile phone or any form of electronic messaging We may consider fit at a contact number or electronic address which You have given to Us;

If sent by post, the notice or demand, if correctly addressed, will be deemed to have been received on the third day after posting. If sent by email, mobile phone or any form of electronic messaging, the notice or demand will be deemed to have been received on the day it was sent.

## **PART A – ELIGIBILITY AND SCOPE**

### **1. Eligibility**

1.1 To be a Policyholder or an Insured Person under this Policy, one must be:

- (a) a Malaysian citizen;
- (b) a Permanent Resident of Malaysia; or
- (c) a holder of a work permit, employment pass, dependent pass, long-term social visit pass, or student pass issued by the relevant authorities in Malaysia which is valid throughout the Period of Insurance and who is legally residing in Malaysia.

1.2 In addition to the requirements in Paragraph 1.1 above, one must also satisfy the following age requirements:

- (a) to be a Policyholder, You must be at least eighteen (18) years old;
- (b) to be an Insured Person, one must be at least eighteen (18) years old and at most sixty-nine (69) years old at the time of First Inception and Cover for an Insured Person is renewable up to age one-hundred (100);
- (c) for Your unmarried dependent children to be Insured Persons, Your children must be at least thirty (30) days old and, at most eighteen (18) years old, or if pursuing full time education in a recognized educational institution of higher learning, at most twenty-three (23) years old.

### **2. Coverage and Termination**

2.1 The insurance provided under this Policy in respect of an Insured Person begins on the Effective Date of the Policy and ends at the end of the Period of Insurance in respect of that Insured Person.

2.2 Upon any Insured Person reaching the age of eighty (80), the Sum Insured for Benefits 1, 2 & 4 in respect of that Insured Person will be reduced to 50% of the Sum Insured upon the next renewal of the Policy.

- 2.3 The insurance provided under this Policy in respect of an Insured Person shall automatically terminate on the earliest of the following dates:
- (a) upon that Insured Person's death;
  - (b) upon expiry of the Period of Insurance in respect of that Insured Person; or
  - (c) on the renewal date after the date on which the Insured Person ceases to be eligible in accordance with Paragraph 1.1 above.
- 2.4 For the avoidance of doubt, the termination of insurance in respect of one Insured Person does not affect the insurance in respect of another Insured Person, if any.

3. Area and Duration of Coverage

- 3.1 Geographical Coverage under this Policy is worldwide.
- 3.2 An Insured Person Travelling Overseas will be fully covered under this Policy provided that the trip is wholly within the Period of Insurance and does not exceed ninety-five (95) consecutive days from the commencement date of the trip; Benefit 4 and Benefit 5 will cease to be available to that Insured Person from the 96<sup>th</sup> consecutive day after the commencement date of the trip onwards.

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**PART B - DEFINITIONS**

Unless expressly stated otherwise, the following words and terms have the following meanings in this Policy:

<b>NO.</b>	<b>WORDS / TERMS</b>	<b>MEANINGS</b>
1.	<b>Accident / Accidental</b>	A sudden, unintentional, unexpected, unforeseen and fortuitous event caused by external, violent and visible means that occurs at an identifiable time and place and is, independently of any other cause, the sole cause of Injury.
2.	<b>Accidental Death</b>	Death by reason of Accident.
3.	<b>Accidental Permanent Disablement</b>	Permanent Disablement by reason of Accident.
4.	<b>Alternative Medical Treatment</b>	Medical treatment administered by a registered traditional medicine practitioner, osteopath, chiropractor, herbalist and/or bonesetter.
5.	<b>Bank</b>	Any bank duly licensed by Bank Negara Malaysia (BNM) (or any other regulatory authority in Malaysia) to carry out banking business in Malaysia.
6.	<b>Clinic</b>	Any premises, private or government-run, used or intended to be used for the practice of medicine on an outpatient basis including: <ul style="list-style-type: none"> <li>(a) the screening, diagnosis or treatment of any person suffering from, or believed to be suffering from, any disease, injury or disability of mind or body;</li> <li>(b) preventive or promotive healthcare services; and</li> <li>(c) the curing or alleviating of any abnormal condition of the human body by the application of any apparatus, equipment, instrument or device.</li> </ul>
7.	<b>Cover / Coverage</b>	The extent of insurance protection afforded by this Policy as a whole or in respect of a specific Insured Person, where specified.
8.	<b>Damage</b>	Harm to property, resulting in loss of value or the impairment of its usefulness.
9.	<b>Effective Date</b>	The effective date stated in the Policy Schedule and means the first day of the Period of Insurance.

10.	<b>Endorsement</b>	An endorsement, if any, annexed to this Policy modifying, varying or adding any terms or conditions contained in this Policy.
11.	<b>Extreme Sports or Activity</b>	Any sport or activity involving a high degree of danger or risk of Injury; Extreme Sports or Activities include, but are not limited to, big wave surfing, canoeing down rapids, cliff-jumping, horse-jumping, Ultramarathons, stunt-riding and other activities where a high level of physical exertion and/or highly specialised gear is required; Extreme Sports or Activities excludes tourist activities accessible to the general public and conducted under the supervision of qualified licensed personnel of a registered tour operator.
12.	<b>First Inception</b>	The first day of the first Policy Year of this Policy or Cover in respect of a specific Insured Person.
13.	<b>Home Country</b>	Any country of which an Insured Person is a citizen or a permanent resident, excluding Malaysia.
14.	<b>Hospital</b>	Any premises and/or institution lawfully operating twenty-four (24) hours a day, used or intended to be used for the reception, lodging, treatment, medical supervision, diagnosis, surgery, nursing service and care of persons who require medical attention or suffer from any disease that requires hospitalization, but excluding any premises and/or institution used or intended to be used solely for healthcare facility on an outpatient basis, nursing care centre, convalescent, geriatric care, mental care, rehabilitation or extended care, and/or the care or treatment of alcoholics or drug addicts.
15.	<b>Hospitalised / Hospitalisation</b>	Admission into and confinement at a Hospital as a registered inpatient as a result of an Accident; such confinement must have been upon the recommendation and under the care of a Physician.
16.	<b>Hospital Patient</b>	A person who is Hospitalised and is necessarily and continuously confined to a Hospital for more than six (6) hours.
17.	<b>Immediate Family</b>	In respect of an Insured Person, means that Insured Person's spouse, children and parents.
18.	<b>Injury</b>	Bodily injury caused solely and directly by an Accident, independent of all other causes, and excludes any illness, disease or medical disorder.
19.	<b>Insured Person</b>	Any person named as an Insured Person in the Policy Schedule, including the Policyholder if so named.
20.	<b>Limb</b>	Hand at or above the wrist, or foot at or above the ankle, and if Loss of Limb includes total and Permanent Loss of use of the hand, arm or leg.
21.	<b>Loss</b>	In relation to the Scale of Compensation under Benefit 2, "Loss" means:  (a) physical separation of that body part and includes total and Permanent loss of use of that body part; or  (b) total and irrecoverable loss of a specified ability which cannot be resolved or remedied by surgery or other treatment  due to Injury.  "Loss" also refers to any unrecoverable, unanticipated and non-recurring removal of, or decrease in, the value of property, belongings or Personal Effects.
22.	<b>Loss of Sight</b>	Total and irrecoverable Loss of eyesight rendering the Insured Person absolutely blind and beyond remedy by surgical or other treatment.
23.	<b>Medically Necessary</b>	A Treatment or medical service is Medically Necessary if it is:  (a) consistent with the diagnosis and customary medical Treatment for an Injury;

		<p>(b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;</p> <p>(c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient); and</p> <p>(d) not of an experimental, investigational or research nature, preventive or screening nature.</p>
24.	<b>Period of Insurance</b>	The period specified in the Policy Schedule or in any Endorsement.
25.	<b>Permanent</b>	Lasting a period of at least twelve (12) consecutive months from the date of the Accident.
26.	<b>Permanent Disablement</b>	A Permanent Injury which is confirmed by a Physician to entirely prevent an Insured Person from engaging in gainful employment of any and every kind and for which there is no hope of recovery.
27.	<b>Personal Effects</b>	Hand-carried bags, wallets or purses which are in an Insured Person's possession together with the contents therein and/or valuables or jewellery worn by an Insured Person.
28.	<b>Policy</b>	<p>The following documents:</p> <p>(a) this Policy document;</p> <p>(b) the Schedule of Benefits; and</p> <p>(c) Endorsement(s), if any.</p>
29.	<b>Policy Year</b>	Each period of one (1) year starting from the Effective Date and, thereafter, an anniversary of the Effective Date, during which Cover under the Policy is effective.
30.	<b>Pre-existing Condition</b>	<p>Any physical or mental defect or infirmity, illness, disease, bacterial or viral infections even if contracted by accident that the Insured Person has reasonable knowledge of; an Insured Person may be considered to have reasonable knowledge of a Pre-existing Condition where the condition is one for which:</p> <p>(a) the Insured Person has received or is receiving treatment;</p> <p>(b) medical advice, diagnosis, care or treatment has been recommended;</p> <p>(c) clear and distinct symptoms are or were evident; or</p> <p>(d) its existence would have been apparent to a reasonable person in the circumstances.</p>
31.	<b>Premium</b>	The specified amount of payment required to be paid to Us to provide Cover under this Policy for the Benefits specified in the Schedule of Benefits.
32.	<b>Principal Sum Insured</b>	The original Sum Insured at First Inception of the Policy or Cover in respect of an Insured Person as stated in the Policy Schedule.
33.	<b>Public Transport</b>	Transport services such as a licensed bus, taxi, or other legal, licensed and scheduled ride-hailing services available for use by the general public as fare-paying passengers at recognised public stops/stations, and which services are not obtained through a private arrangement basis; this excludes all modes of transportation which are privately arranged, chartered or arranged as part of a tour, even if the services are regularly scheduled.

34.	<b>Physician</b>	A medical practitioner (other than the Insured Person and a member of his/her Immediate Family or relatives) qualified by a medical degree and duly licensed and registered to practice western medicine and who, in rendering treatment, is practising within the scope of his/her licensing and training in the geographical area of practice.
35.	<b>Reasonable and Customary Charges</b>	<p>Any charge for Medically Necessary medical care and/or Treatment which:</p> <ul style="list-style-type: none"> <li>(a) is considered reasonable and customary to the extent that it does not exceed the general level of charges made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable Treatment, services or supplies to an individual of the same sex and of comparable age for a similar Injury;</li> <li>(b) is in accordance with accepted medical standards and practice; and</li> <li>(c) could not have been omitted without adversely affecting the Insured Person's medical condition.</li> </ul> <p>In Malaysia, Reasonable and Customary Charges shall be deemed to be those laid down in the Malaysian Medical Association's prevailing Schedule of Fees.</p>
36.	<b>Reimbursement Basis</b>	Payment by Us only after a particular expense has first been paid for by You and duly proved to Us.
37.	<b>Robbery</b>	The act or attempt of taking something of value from an Insured Person illegally by force, threat of force, intimidation or fear, and with the intent to permanently deprive the Insured Person of that something of value.
38.	<b>Schedule of Benefits</b>	The document containing a list of the Benefits provided under this Policy and their prescribed Sum Insured limits according to the Plan selected.
39.	<b>Snatch Theft</b>	The act of taking Personal Effects from an Insured Person illegally by abrupt force and fleeing from the scene with the intention of permanently depriving the Insured Person of that Personal Effects; such act must have happened to the Insured Person on a public walkway, on Public Transport or at a public place outside the Insured Person's place of residence or work.
40.	<b>Specialist</b>	A medical or dental practitioner (other than the Insured Person and a member of his/her Immediate Family or relatives) registered and licensed as such in the geographical area of his practice where Treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry.
41.	<b>Sum Insured</b>	The sum specified for each Benefit stipulated in the Schedule of Benefits which is the maximum amount We will pay for any approved claim.
42.	<b>Surgery / Surgical Procedure</b>	<p>Any of the following medical procedures:</p> <ul style="list-style-type: none"> <li>(a) incision, excision or electrocauterisation into or of any organ or body part, except for dental services;</li> <li>(b) repair, revision or reconstruction of any organ or body part;</li> <li>(c) reduction by manipulation of a fracture or dislocation;</li> <li>(d) use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.</li> </ul>
43.	<b>Temporary Total Disablement</b>	<p>A state of being wholly and continuously disabled as a result of Injury and such disablement:</p> <ul style="list-style-type: none"> <li>(a) is certified by a Physician to last for a period of time but for which there is a reasonable chance of recovery; and</li> </ul>

		(b) prevents an Insured Person from engaging in, or attending to, his usual daily or business activities.
44.	<b>Travelling Overseas</b>	A round-trip not exceeding ninety-five (95) consecutive days to any destination outside Malaysia for leisure or business purposes provided that the entire trip takes place within the Period of Insurance.
45.	<b>Treatment</b>	Surgery or medical procedures (other than for diagnostic purposes) carried out by a Specialist strictly for Injury and excludes any treatment for illness or disease.
46.	<b>Ultramarathon</b>	Any footrace longer than the traditional marathon length of 42.195 kilometres.
47.	<b>Unlawful Act</b>	Any act which is an offence or prohibited by the law or rules of the geographical area in which the act is committed this includes but is not limited to: driving motorised vehicles without appropriate and valid license, exceeding any stipulated speed limit, driving whilst under the influence of alcohol, generally any non-conformance or breach of the Road Traffic Act or any applicable laws and regulations, and participation in or acting as an accessory to any crime or attempted crime or offence.
48.	<b>Waiting Period</b>	The first thirty (30) days starting from the First Inception of the Policy or Cover in respect of a specific Insured Person.  If there is any break in Cover, Waiting Period means the first thirty (30) days starting on the date the Policy is reinstated.
49.	<b>We/Us/Our/AXA</b>	AXA AFFIN GENERAL INSURANCE BERHAD or Our successors in title
50.	<b>You/Your/Yourself/Policyholder</b>	The person(s) named as the Policyholder in the Policy Schedule and/or to whom this Policy is issued,

## **PART C – BENEFITS**

**NOTE 1: The following Benefits, if payable, are subject to:**

- (a) the maximum limits for each Benefit under Your chosen plan as described in the Schedule of Benefits unless stated otherwise;
- (b) the event giving rise to a claim for a Benefit occurring within the Period of Insurance; and
- (c) all the terms, conditions and exclusions set out in this Policy.

**NOTE 2: Please refer to the table of “ACTIONS AND/OR DOCUMENTS REQUIRED TO PROCESS YOUR CLAIM” under “10. Claims Notification” of PART F – GENERAL CONDITIONS for prerequisites to any claim for Benefits.**

### **Benefit 1 – Accidental Death**

1. We will pay the amount shown in the Scale of Compensation for Accidental Death if, during the Period of Insurance, an Insured Person sustains Injury which results in the death of that Insured Person within 365 days of the Injury.
2. If the Accident resulting in the Accidental Death of an Insured Person satisfies the criteria in Benefit 4, in respect of that Accidental Death, this Benefit 1 will not be available and only Benefit 4 will be available.

### **Benefit 2 – Accidental Permanent Disablement**

1. We will pay the percentage of the Sum Insured shown in the Scale of Compensation corresponding to any Permanent Disablement sustained by an Insured Person if, during the Period of Insurance, that Insured Person sustains Injury

which results in the Permanent Disablement (total or partial) of that Insured Person within 365 days of the Injury.

2. If the Accident resulting in any Accidental Permanent Disablement for which 100% of the Sum Insured is payable satisfies the criteria in Benefit 4, in respect of that Accidental Permanent Disablement, this Benefit 2 will not be available and only Benefit 4 will be available.

## SCALE OF COMPENSATION

DESCRIPTION OF ACCIDENTAL DEATH AND ACCIDENTAL PERMANENT DISABLEMENT		PERCENTAGE OF SUM INSURED	
<b>A</b>	<b>Accidental Death</b>	100%	
<b>B</b>	<b>Accidental Permanent Disablement:</b>	100%	
	B0. Coma *	100%	
	B1. Loss of Limb	100%	
	B2. Total Loss of Sight of one eye or both eyes	100%	
	B3. Total paralysis	100%	
	B4. Complete and incurable insanity	100%	
	B5. Loss of hand at or above the wrist	100%	
	B6. Loss of foot at or above the ankle	100%	
	B7. Loss of Sight of eye except perception of light	50%	
	B8. Loss of lens of eye	50%	
	B9. Loss of four fingers and thumb of one hand	50%	
	B10. Loss of four fingers of one hand	40%	
	B11. Loss of thumb	-both phalanges	25%
		-one phalanx	10%
	B12. Loss of index finger	-three phalanges	15%
		-two phalanges	10%
		-one phalanx	5%
	B13. Loss of middle finger	-three phalanges	10%
		-two phalanges	7%
		-one phalanx	3%
	B14. Loss of ring finger	-three phalanges	10%
		-two phalanges	7%
		-one phalanx	3%
	B15. Loss of little finger	-three phalanges	10%
		-two phalanges	7%
		-one phalanx	3%
	B16. Loss of metacarpals	-first or second	3%
		-third, fourth or fifth	2%
	B17. Loss of toes	-all	18%
		-big, both phalanges	5%
		-big, one phalanx	2%
		-big, one phalanx or any toes	2%
	B18. Permanent and Total Loss of hearing	-both ears	75%
		-one ear	20%
	B19. Permanent and Total Loss of speech	50%	
	B20. Permanent Disablement which is not specified above (excluding Loss of sense of taste or smell)	A percentage determined by Us based on medical assessment and the opinion of Our advisor(s)	

\* The Sum Insured for Coma is payable by Us in respect of an Insured Person only if that Insured Person has been in a comatose state for one (1) year.



### **Benefit 3 – Renewal Bonus**

1. Each time You renew this Policy, We will increase the Sum Insured for Benefit 1 and Benefit 2 by 15% of the Principal Sum Insured (subject to a maximum increase of 120%), if:
  - 1.1 no claim has been made under Benefit 1 or Benefit 2 during the Policy Year immediately preceding the Period of Insurance; and
  - 1.2 the Policy has been continuously renewed without having lapsed.
2. If either one of the above criteria is not satisfied, any accumulated increase in the Sum Insured will be forfeited upon the next renewal and the Sum Insured will then revert to the Principal Sum Insured as stated in the Policy Schedule.

### **Benefit 4 – Double Indemnity**

1. We will pay double the Principal Sum Insured if an Accident results in an Insured Person's Accidental Death or an Insured Person sustaining any Accidental Permanent Disablement for which 100% of the Sum Insured is payable according to the Scale of Compensation above, and such Accident occurred in the following circumstances:
  - 1.1 whilst the Insured Person was travelling on Public Transport;
  - 1.2 whilst the Insured Person was Travelling Overseas;
  - 1.3 as a result of the Insured Person being a victim of Snatch Theft or Robbery; or
  - 1.4 during the following festive seasons including 3 days before and 3 days after the first day of:
    - (a) Hari Raya Aidilfitri (nationwide);
    - (b) Chinese New Year (nationwide);
    - (c) Deepavali (nationwide);
    - (d) Christmas (nationwide);
    - (e) Gawai Festival (if the Insured Person's residential address is in Sarawak); and
    - (f) Harvest Festival (if the Insured Person's residential address is in W.P. Labuan and Sabah).
2. In respect of an Insured Person, only one claim per Accident may be made for this Benefit 4 regardless of the circumstances of the Accident.
3. If this Benefit 4 is payable in respect of any Accidental Death or Accidental Permanent Disablement, Benefit 1 and Benefit 2 will not be available.

### **Exclusions applicable to Benefit 4**

1. This Benefit 4 is not available if the Insured Person has been out of Malaysia for more than 95 days in a Policy Year or if the Accident, Accidental Death or Accidental Permanent Disablement occurred:
  - 1.1 in a country where the Insured Person has permanent residence;
  - 1.2 in a country where the Insured Person, if Malaysian, is legally employed; or
  - 1.3 in the Home Country of the Insured Person, if non-Malaysian.

### **Benefit 5 – Medical Expenses**

#### **Benefit 5A – Medical Expenses**

##### **1. Accidental Medical Expenses**

We will pay on a Reimbursement Basis the Reasonable and Customary Charges for Treatment of the Insured Person for

any Injury at a Clinic or as a Hospital Patient at a Hospital, including all daily room and board charges.

After the Waiting Period, We will extend this Benefit to cover medical expenses incurred as a Hospital Patient as a result of the Insured Person having contracted Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya, up to a maximum of 50% of the limit for this Benefit 5A 1 stated in the Schedule of Benefits.

## 2. Alternative Medical Treatment

We will pay on a Reimbursement Basis the Reasonable and Customary Charges for Alternative Medical Treatment of the Insured Person for any Injury up to a limit of RM50 per day of treatment and up to the maximum limit for this Benefit 5A 2 stated in the Schedule of Benefits.

### **Exclusion applicable to Benefit 5A**

We will not pay for any costs or expenses in connection with services of a non-medical nature, such as the usage of television, telephones, telex services, radios or similar facilities, admission kit/pack or in respect of any other ineligible non-medical items.

### **Benefit 5B – Cashless Admission Guarantee**

#### 1. Admission

If an Insured Person requires admission into a Participating Hospital\* as a result of an Accident, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya, We will ensure that the admission is cashless up to the amount payable under Benefit 5A 1.

\* Kindly refer to our website: [www.axa.com.my](http://www.axa.com.my) for our list of Participating Hospitals.

#### 2. Discharge

Subsequent to an Insured Person's admission as in Paragraph 5B 1 above, We will also pay on a Reimbursement Basis the cost of the Insured Person's discharge if all items in the Hospital bill fall within the scope of Benefit 5A 1.

3. This Benefit 5B will only be available after seven (7) working days from the First Inception of that Insured Person.

### **Exclusion applicable to Benefit 5B**

We will not pay for any costs or expenses in connection with services of a non-medical nature, such as the usage of television, telephones, telex services, radios or similar facilities, admission kit/pack or in respect of any other ineligible non-medical items.

### **Benefit 5C – Dental and Corrective Surgery**

We will pay on a Reimbursement Basis the Reasonable and Customary Charges incurred for an Insured Person's dental correction and/or corrective surgical operations to the face, neck, head or chest (navel up) due to an Injury.

### **Benefit 5D – Daily Hospital Allowance**

We will pay the amount stated in the Schedule of Benefits for each completed twenty-four (24) hours an Insured Person is Hospitalised for Treatment as a result of an Accident, up to a maximum of one hundred and eighty (180) days in any one Policy Year.

### **Benefit 5E– Compassionate Care Allowance**

We will pay RM200 per week for the reasonable travel and accommodation expenses incurred for one (1) family member to care for and/or accompany an Insured Person who is a child (not more than twelve (12) years old) throughout the child's period of Hospitalisation.

### **Benefit 5F – Weekly Nursing Care Charges**

We will pay on a Reimbursement Basis the Reasonable and Customary Charges for nursing care for an Insured Person on a weekly basis at the Insured Person's home after being discharged from Hospital following an Accident up to the maximum limit stated in the Schedule of Benefits for a maximum of four (4) weeks in any one Policy Year.

### **Benefit 5G – Local Ambulance Fees**

We will pay on a Reimbursement Basis the ground ambulance costs incurred for transportation of an Insured Person to a Hospital following an Accident.

### **Benefit 5H – Protheses**

We will pay on a Reimbursement Basis the Reasonable and Customary Charges incurred for the one-off purchase of a wheelchair, artificial arm or leg, or crutches, as recommended by a Physician, if such equipment is necessary to assist in Your mobility following an Accident. For the avoidance of doubt, we will not pay for any replacements, repairs, up-grades or spare parts in respect of such equipment.

### **Exclusions applicable to Benefit 5A to Benefit 5H**

1. Benefit 5A to Benefit 5H are not available if the Insured Person has been out of Malaysia for more than 95 days in a Policy Year; those Benefits are also not available if the Treatment for which the Medical Expenses were incurred or if the Accident occurred:
  - 1.1 in a country where the Insured Person has permanent residence;
  - 1.2 in a country where the Insured Person, if Malaysian, is legally employed; or
  - 1.3 in the Home Country of the Insured Person, if non-Malaysian.

### **Benefit 6 – Repatriation of Mortal Remains**

If Benefit 4 of this Policy is payable in respect of the Accidental death of an Insured Person which occurred outside Malaysia, We will also pay on a Reimbursement Basis the Reasonable and Customary Charges incurred to transport the body, or to cremate the body and transport the ashes, back to Malaysia.

### **Benefit 7 – Bereavement/Funeral/Cash Relief**

#### **Benefit 7A– Bereavement Allowance**

We will pay the bereavement allowance stated in the Schedule of Benefits if a claim made for Benefit 1 or Benefit 4 in respect of an Insured Person is approved and payable by Us. This Benefit 7A is extended to cover death due to Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya.

#### **Benefit 7B – Funeral Expenses**

We will pay on a Reimbursement Basis the funeral expenses for an Insured Person up to the maximum limit stated in the Schedule of Benefits if a claim made for Benefit 1 or Benefit 4 in respect of that Insured Person is approved and payable by Us. This Benefit 7B is extended to cover death due to Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya.

#### **Benefit 7C – Cash Relief**

We will pay the cash relief stated in the Schedule of Benefits if a claim made for Benefit 1 or Benefit 4 in respect of an Insured Person is approved and payable by Us.

### **Benefit 8 – Snatch Theft or Robbery**

We will pay the amount stated in the Schedule of Benefits for each incident of Loss of or Damage to the Insured Person's Personal Effects as a result of Snatch Theft or Robbery . This Benefit 8 is payable only if a police report is lodged within 24 hours of the incident and is available for a maximum of two (2) incidents per year.

### **Benefit 9 – Kidnap**

#### **Benefit 9A – Kidnap – Lump Sum Payment**

We will pay the lump sum amount stated in the Schedule of Benefits if the Insured Person is kidnapped and a ransom demand is made, provided that:

- (a) a police report regarding the kidnapping is lodged within twenty four (24) hours of the time it was discovered that the Insured Person had been kidnapped; and
- (b) the police confirms in writing that the ransom demand has been made in connection with the kidnapping.

#### **Benefit 9B – Kidnap – Reward**

If Benefit 9A is payable, We will also offer a reward of RM25,000 for information leading to the recovery of the Insured Person provided that the Insured Person is alive at the time of recovery.

#### **Benefit 9C– Kidnap – Insured Person Not Recovered**

If Benefit 9A is payable, and if the Insured Person is not recovered after a period of one (1) year from the day of the kidnapping, We will also pay the Principal Sum Insured under Benefit 1 if there is sufficient evidence produced to Us for Us to conclude that the Insured Person has died.

For the avoidance of doubt, the benefits in Benefit 9B and Benefit 9C:

- (a) would only be available pursuant to the occurrence of a kidnapping as described in Benefit 9A; and
- (b) are in addition to the lump sum amount under Benefit 9A.

#### **Benefit 10 – Loan Protector**

We will contribute to the repayment of an Insured Person's outstanding debts owing in respect of charge or credit cards or owing to any Bank in respect of personal loan, overdraft, educational loan, housing loan, car loan or renovation loan facilities up to the maximum limit stated in the Schedule of Benefits, if a claim made for Benefit 1 in respect of an Insured Person is approved and payable by Us.

#### **Benefit 11 – Personal Liability**

1. We will indemnify an Insured Person, up to the maximum limit stated in the Schedule of Benefits, if that Insured Person becomes legally liable, and has paid, to a third party for:
  - (a) Accidental Injury (including death) to that third party;
  - (b) Accidental Loss of or Damage to that third party's property;
  - (c) the third party's costs and expenses recoverable from the Insured Person; and
  - (d) the costs and expenses incurred, with Our prior written consent, in relation to the Insured Person's legal liability.
2. No person can represent an Insured Person or admit liability or make legal promises on the Insured Person's behalf unless We agree to it in writing. We have the right to conduct all proceedings arising out of or in connection with the third party claim against an Insured Person in the Insured Person's name, and to instruct solicitors of Our own choice for this purpose.

#### **ADD-ON BENEFITS**

##### **Benefit A1 or A2 – Temporary Total Disablement**

1. We will pay the amount shown in the Schedule of Benefits, according to the Insured Person's class of occupation (Class 1, 2 or 3), up to a maximum of one hundred and four (104) weeks, if an Insured Person sustains Temporary Total Disablement as a result of an Accident.
2. If the period of Temporary Total Disablement includes an incomplete week, the weekly payment for that week will be adjusted proportionately to cover only that part of the week when there was Temporary Total Disablement.
3. To be eligible for this Benefit A1 or A2, the Insured Person must be gainfully employed or engaged in a lawful occupation at the time of the Accident.

## **PART D – EXTENSIONS**

Subject to the General Conditions and General Exclusions of this Policy, the Benefits in this Policy, where applicable, are extended to cover the following circumstances:

### **1. Amateur Sports**

Accidental Death or Injury due to participation in any amateur sport other than in any kind of speed contests.

### **2. Disappearance**

Disappearance following an Accident where the Insured Person is still not found after a period of one (1) year from the day of the Accident, and there is sufficient evidence produced to Us for Us to conclude that the Insured Person has died due to the Accident.

### **3. Drowning**

Death as a result of drowning.

### **4. Exposure**

Death or Injury of the Insured Person as a result of exposure to the elements as a result of an Accident; this includes exposure to extreme temperatures, environmental conditions or dangerous substances.

### **5. Food and/or Beverage Poisoning**

Death or Injury caused by food or beverage poisoning.

### **6. Hijack**

Death or Injury as a result of the hijacking or attempted hijacking of the Public Transport in which the Insured Person was travelling on as a passenger.

### **7. Intoxication by Alcohol**

Death or Injury as a result of alcohol intoxication (this excludes death or Injury sustained while driving under the influence of alcohol).

### **8. Motorcycling**

Death or Injury whilst riding a motorcycle, motor scooter, moped or mechanically assisted pedal cycle (except as a result of racing, speed tests/trials or competitions).

### **9. Murder and Assault**

Death or Injury as a result of unprovoked physical assault, murder or attempted murder.

### **10. Snake / Insect Bites (excluding Mosquito Bites)**

Death or Injury caused by the bite of a snake or any other harmful insect (excluding mosquito bites) such as bees, wasps, spiders, centipedes or scorpions.

### **11. Suffocation due to Smoke, Fumes or Poisonous Gas**

Death or Injury as a result of suffocation caused by smoke, fumes or poisonous gas.

### **12. Scuba Diving**

Death or Injury as a result of scuba diving up to a depth of 30 meters for leisure (amateur) purposes provided that the Insured Person was, at the time of the dive, holding a valid Professional Association of Diving Instructors (PADI) certification (or similar, recognized certification) and/or diving with a certified dive master/instructor from a licensed dive operator.

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## **PART E – GENERAL EXCLUSIONS (APPLICABLE TO THE WHOLE POLICY)**

Where there is conflict between specific exclusions under Benefit sections and General Exclusions under this Part E, the specific exclusions will prevail.

We will not pay for claims arising directly or indirectly from, in respect of, or caused by:

1. any Unlawful Act of an Insured Person (except minor traffic-related offences) or his willful exposure to danger (other than in an attempt to save human life), intentional self-Injury, suicide or attempted suicide, while sane or insane;
2. involvement in any illegal, criminal or terrorist acts or activities;
3. any form of outbreak or a series of a contagious disease including, but not limited to, any form of Coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or any mutation or variation thereof (“the Outbreak”); this

exclusion also applies to any claim, loss, liability, cost or expense of whatsoever nature directly or indirectly arising from, contributed to or by, or resulting from:

3.1 any fear or threat (whether actual or perceived) relating to the Outbreak; or

3.2 any action taken to comply with governmental laws, regulations or directive issued in relation to the Outbreak and/or any action taken to control, prevent or suppress the Outbreak.

4. any Pre-existing Conditions;
5. illness, disease, bacterial or viral infections even if contracted by accident, except bacterial infection that is the direct result of an accidental cut or wound;
6. medical or surgical treatment except where such treatment is rendered necessary by Injury within the scope of this Policy;
7. any treatment related to cosmetic surgery for purposes of beautification irrespective if such treatment is rendered as a result of burns;
8. venereal disease, AIDS (Acquired Immunisation Deficiency Syndrome), ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) infection;
9. pregnancy or childbirth;
10. effect or influence of drugs not prescribed by a Physician;
11. travel or flight in any vehicle or device for aerial navigation, other than solely as a passenger on a certificated passenger aircraft operated by a regularly established airline or any regularly scheduled, non-scheduled, special or chartered flight;
12. regular or temporary, military or police duties or fire service of any country;
13. declared or undeclared war or any act thereof, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military or usurped power;
14. riot and civil commotion the Insured Person actively participates in;
15. ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel;
16. radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear components;
17. engaging or participating in any professional sports;
18. any injury whilst engaged in:
  - 18.1 motor rallies or competitions, or any other form of racing other than racing on foot;
  - 18.2 mountaineering with the use of climbing equipment, ropes or guides or outdoor rock climbing, hiking or trekking in remote, uncharted areas without any supervision of qualified licensed personnel/guide of a registered tour operator);
  - 18.3 Extreme Sports or Activities;
  - 18.4 pot-holing, private hunting trips, private white water rafting grade 4 or above;
  - 18.5 any activity involving the Insured Person being airborne (whether suspended or not) except leisure parachuting, leisure bungee jumping, leisure sky diving and leisure hot air balloon rides;
  - 18.6 any underwater activity beyond a depth of 30 metres or in which breathing apparatus is used, except snorkeling and scuba diving up to a depth of 30 metres only; or
19. any injury arising from these occupations or whilst performing these occupational activities:
  - 19.1 working onboard any sea vessel whether as a crew member or otherwise;
  - 19.2 working underground in a tunnel or quarry;

19.3 dealing in any way with explosives or hazardous substances; or

19.4 working at heights 30 feet above the ground.

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## **PART F – GENERAL CONDITIONS (APPLICABLE TO THE WHOLE POLICY)**

### **1. Condition Precedent to Liability**

You must observe and comply with the terms, provisions and conditions of this Policy in order for Us to be liable under this Policy. This means that if You do not do what You are supposed to do, or if You do what you are not supposed to do, under this Policy, We will not be liable under this Policy at all.

### **2. Change of Nature of Occupation**

Unless otherwise specified in the Schedule of Benefits, this Policy will no longer have any effect if an Insured Person changes or alters the nature of his occupation or job unless the change is declared to Us and We agree to continue with the Policy.

### **3. Changes in Your Circumstances**

You must notify Us as soon as possible in writing of any change in any Insured Person's circumstances which may affect this insurance. We will advise You if there is any additional Premium payable for Cover in respect of that Insured Person.

### **4. Fraud**

If You, or anyone acting for You, make a claim under this Policy knowing the claim to be false or fraudulently inflated, We will not pay the claim and all Cover under this Policy will be forfeited.

### **5. Cancellation**

We may cancel this Policy at any time by giving You seven (7) days' notice in writing; the Policy will be deemed cancelled upon the expiry of the seven (7) days' notice period. If no claim has been made and admitted by Us before the cancellation, We will refund the proportionate part of the Premium for the unexpired portion of the Period of Insurance of the Policy.

You may also cancel the Policy at any time by giving Us seven (7) days' notice in writing; the Policy will be deemed cancelled upon the expiry of the seven (7) day notice period. If no claim has been made and admitted by Us before the cancellation, We will retain the customary short period rate as shown in the following Short Period Scale for the time the Policy has been in force.

If a claim has been made by You and admitted by Us before the cancellation, there will be no refund of any premium.

Short Period Scale

<b>Period Not Exceeding</b>	<b>% of Annual Rate</b>
One month	20
Two months	30
Three months	40
Four months	50
Five months	60
Six months	75
Over Six months	100

### **6. Payment of Benefits**

All Benefits payable under this Policy will be paid to You. Benefits payable in the event of Your death, will be paid to Your nominee, if any, in accordance with the relevant laws, or to Your legally appointed personal representative. Such payment shall be a full and final discharge to Us. All Benefits payable under this Policy are subject to the maximum limits stated in the Schedule of Benefits and shall be in Ringgit Malaysia only.

## 7. Dispute Resolution

If there is any dispute in connection with this Policy, You and We mutually agree to first try to amicably resolve the dispute by mediation in accordance with the Mediation Act 2012; if the dispute cannot be resolved by such mediation, the dispute may be referred to a Court of competent jurisdiction in Malaysia.

## 8. Cash Before Cover

Full premium must be paid to Us or Our authorized agent before the Effective Date of the policy.

## 9. Sanction Limitation Clause

No (re) insurer shall be deemed to provide Cover and no (re) insurer shall 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 that (re) insurer to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America, or Malaysia.

## 10. Claims Notification

Should any Accident, Injury, Loss or liability occur which may give rise to a claim, You must: notify Us in writing and give Us the full particulars of the Accident, Injury, Loss or liability:

- within twenty-one (21) days of the occurrence in the case of death or Injury; and
- ensure that proper medical and surgical advice is obtained and followed by You or Your family members as soon as possible after any Accident or Injury; and
- at Your expense, provide Us with all reports, certificates, information and other documents We may require.

We are entitled to request:

- an examination by a medical referee appointed by Us for a non-fatal Injury; or
- a post-mortem examination in the event of death.

## ACTIONS AND/OR DOCUMENTS REQUIRED TO PROCESS YOUR CLAIM

We require You to take certain actions and / or submit certain documents to Us before Your claim can be processed. These documents and / or actions are listed in the table below and will depend on the type of claim You intend to submit to Us. Take note that the documents and / or actions required from You are not limited only to those that are stated in the table below. We reserve the right to request additional documents, information, confirmation or certification from You to process Your claim. If You are unable, for good reason acceptable to Us, to provide any documents, information, confirmation or certification requested, We reserve the right to waive the requirement.

Type of Claim	Action / Document Required
<b>All claims</b>	<ul style="list-style-type: none"><li>• Claim Form</li></ul>
	<b>Plus the following where applicable:</b>
<b>Benefit 1 &amp; 2 Accidental Death / Accidental Permanent Disablement</b>	<ul style="list-style-type: none"><li>• Medical Report from the attending Physician</li><li>• Death Certificate</li><li>• Post Mortem Report</li><li>• Police Report</li><li>• Photographs showing the amputation part (s)</li></ul>
<b>Benefit 4 Double Indemnity</b>	<ul style="list-style-type: none"><li>• All the documents required for the Accidental Death / Permanent Total Disablement Benefit under Benefit 1</li><li>• Ticket or document showing the details of your travel</li><li>• Police Report</li></ul>
<b>Benefit 5 Medical Expenses Benefit 5A(i) Accidental Medical Expenses Benefit 5A(ii) Alternative Medical Treatment Benefit 5B Cashless Admission Guarantee Benefit 5C Dental and Corrective Surgery</b>	<ul style="list-style-type: none"><li>• Medical Report from the attending Physician (for claim amount RM300 and above)</li><li>• Original Medical Invoice &amp; Receipts for amount RM300 and above</li><li>• Original receipts for additional expenses claimed for additional travel and accommodation (Benefit 5E only)</li><li>• Hospital discharge summary confirming the date of Your admittance and discharge from the Hospital (Benefit 5D only)</li></ul>



<b>Benefit 5D</b> <b>Daily Hospital Allowance</b> <b>Benefit 5E</b> <b>Compassionate Care Allowance</b> <b>Benefit 5F</b> <b>Weekly Nursing Care Charges</b> <b>Benefit 5G</b> <b>Local Ambulance Fees</b> <b>Benefit 5H</b> <b>Prostheses</b>	
<b>Benefit 6</b> <b>Repatriation of Mortal Remains</b>	<ul style="list-style-type: none"> <li>• Medical Report from the attending Physician abroad and / or in Malaysia</li> <li>• Original receipts for additional expenses claimed for cost of cremation or transporting of mortal remains</li> </ul>
<b>Benefit 7</b> <b>Bereavement/Funeral/Cash Relief</b>  <b>Benefit 7A</b> <b>Bereavement Allowance</b> <b>Benefit 7B</b> <b>Funeral Expenses</b> <b>Benefit 7C</b> <b>Cash Relief</b>	<ul style="list-style-type: none"> <li>• All the documents required for the Accidental Death Benefit under Benefit 1</li> <li>• Original itemised receipts for all amounts claimed for funeral expenses</li> </ul>
<b>Benefit 8</b> <b>Snatch Theft or Robbery</b>	<ul style="list-style-type: none"> <li>• Police Report with details of the Snatch Theft or Robbery</li> </ul>
<b>Benefit 9</b> <b>Kidnap</b>  <b>Benefit 9A</b> <b>Kidnap – Lump Sum Payment</b>	<ul style="list-style-type: none"> <li>• Police Report with details of the kidnapping</li> <li>• Written confirmation by the Police that a ransom demand was made in connection with the kidnapping</li> <li>• If the kidnapping occurred outside of Malaysia, A written confirmation from the Malaysian Embassy confirming the incident, its duration and that a ransom was demanded</li> </ul>
<b>Benefit 9B</b> <b>Kidnap – Reward</b>  <b>Benefit 9C</b> <b>Kidnap – Insured Person Not Recovered</b>	<ul style="list-style-type: none"> <li>• Documentary evidence showing: <ul style="list-style-type: none"> <li>- the amount of money you paid the informer for information leading to the recovery of the Insured Person; and</li> <li>- that the Insured Person has been recovered alive (e.g. medical report or police report).</li> </ul> </li> <li>• Written confirmation from the Police that the Insured Person has not been found one (1) year from the date of kidnap.</li> </ul>
<b>Benefit 10</b> <b>Loan Protector</b>	<ul style="list-style-type: none"> <li>• All the documents required for the Accidental Death Benefit under Benefit 1</li> <li>• Documents pertaining to Your loan</li> </ul>
<b>Benefit 11</b> <b>Personal Liability</b>	<ul style="list-style-type: none"> <li>• DO NOT ADMIT LIABILITY.</li> <li>• Forward all correspondence from the 3rd party unanswered to Us immediately</li> </ul>
<b>ADD-ON BENEFITS</b> <b>Benefit A1 &amp; A2</b> <b>Temporary Total Disablement</b>	<ul style="list-style-type: none"> <li>• Medical Report from the attending Physician</li> <li>• Copy of medical certificate issued by the attending Physician</li> <li>• Police Report</li> </ul>

#### 11. Other Insurance Policies [Applicable to Accidental Medical Expenses only]

If You have purchased insurance policies from other insurers which cover the same risks covered by this Policy, We will only pay You any excess beyond the amount which would have been covered under the other insurance policy or policies.

## 12. Period of Cover and Renewal

This Policy shall become effective based on the date stated in the Schedule. The Policy Anniversary shall be one (1) year after the Effective Date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time and any change in the renewal premium shall be notified by Us in writing at least thirty (30) days before change is affected. It shall not be incumbent on Us to give notice that any premium for Renewal is due and such premium shall be deemed to be due on the date the Policy expires.

This Policy will be renewable at the option of Policyholder subject to the terms, conditions and termination on each anniversary of the Policy date. Unless stated otherwise in the Schedule of Benefits, You may not renew this Policy once You reach the age of one hundred (100) during the Period of Insurance. We reserve the right to revise the premium rate applicable at the time of Renewal.

This Policy is renewable at the option of Policyholder until the occurrence of any of the following:

- (a) non-payment of premium or premium not being paid on time;
- (b) fraud or misrepresentation of material fact during application;
- (c) cancellation of the Policy;
- (d) the Insured Person attaining the Coverage age limit specified;
- (e) the death of the Insured Person; and
- (f) the withdrawal of this Policy product from the market for any reason.

## 13. No Claim Discount

For every Policy Year that no claim is made under this Policy, We will give You a discount of 10% of the premium to be paid for Your selected Plan for the following Policy Year at the point of renewal.

## 14. General

Words in their singular form include the plural and vice versa and words importing any gender include all genders.

SCHEDULE OF BENEFITS		LIMIT	Sum Insured/Limit of Liability Per Accident (RM)						
			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
<b>Benefit 1</b>	<b>Accidental Death</b>								
	Accidental Death	Per Adult: Age below 80 y/o	50,000	100,000	200,000	300,000	500,000	750,000	1,000,000
		Per Adult: Age 80 y/o and above	25,000	50,000	100,000	150,000	250,000	375,000	500,000
		Per Child	7,500	15,000	30,000	45,000	75,000	112,500	150,000
		Per Family	150,000	300,000	600,000	900,000	1,500,000	2,250,000	3,000,000
<b>Benefit 2</b>	<b>Accidental Permanent Disablement</b>								
	Accidental Permanent Disablement	Per Adult: Age below 80 y/o	50,000	100,000	200,000	300,000	500,000	750,000	1,000,000
		Per Adult: Age 80 y/o and above	25,000	50,000	100,000	150,000	250,000	375,000	500,000
		Per Child	7,500	15,000	30,000	45,000	75,000	112,500	150,000
		Per Family	150,000	300,000	600,000	900,000	1,500,000	2,250,000	3,000,000
<b>Benefit 3</b>	<b>Renewal Bonus</b>								
	Renewal Bonus		15% per year up to 120% of Principal Sum Insured of Benefit 1 and Benefit 2						

SCHEDULE OF BENEFITS		LIMIT	Sum Insured/Limit of Liability Per Accident (RM)						
			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
<b>Benefit 4 Double Indemnity</b>									
	Double Indemnity whilst travelling on public transport, travelling overseas or being a victim of snatch theft or robbery or involved in an accident during festive season	Per Adult: Age below 80 y/o Per Adult: Age 80 y/o and above Per Child Per Family	100,000 50,000 15,000 300,000	200,000 100,000 30,000 600,000	400,000 200,000 60,000 1,200,000	600,000 300,000 90,000 1,800,000	1,000,000 500,000 150,000 3,000,000	1,500,000 750,000 225,000 4,500,000	2,000,000 1,000,000 300,000 6,000,000
<b>Benefit 5 Medical Expenses</b>									
Benefit 5A (i)	Accidental Medical Expenses	Per Adult/Child Per Family	3,000 9,000	4,000 12,000	5,000 15,000	6,000 18,000	7,000 21,000	9,000 27,000	12,000 36,000
Benefit 5A (ii)	Alternative Medical Treatment	Per Adult/Child Per Family	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500
Benefit 5B	Cashless Admission Guarantee	Per Adult	3,000	4,000	5,000	6,000	7,000	9,000	12,000
Benefit 5C	Dental and Corrective Surgery	Per Adult/Child Per Family	5,000 15,000	5,000 15,000	5,000 15,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000
Benefit 5D	Daily Hospital Allowance (maximum 180 days)	Per Day Per Adult/Child Per Family	50 9,000 27,000	75 13,500 40,500	100 18,000 54,000	125 22,500 67,500	150 27,000 81,000	200 36,000 108,000	250 45,000 135,000
Benefit 5E	Compassionate Care Allowance	Per Adult/Child Per Family	3,000 9,000	3,000 9,000	3,000 9,000	3,000 9,000	3,000 9,000	3,000 9,000	3,000 9,000
Benefit 5F	Weekly Nursing Care Charges	Per Adult/Child Per Family	500 1,500	750 2,250	1,000 3,000	1,000 3,000	1,000 3,000	1,000 3,000	1,200 3,600
Benefit 5G	Local Ambulance Fees	Per Adult/Child Per Family	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500
Benefit 5H	Prostheses	Per Adult/Child Per Family	1,000 3,000	1,000 3,000	1,000 3,000	1,000 3,000	1,000 3,000	1,000 3,000	1,000 3,000
<b>Benefit 6 Repatriation of Mortal Remains</b>									
	Repatriation of Mortal Remains	Per Adult/Child Per Family	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000
<b>Benefit 7 Bereavement/Funeral Cash Relief</b>									
Benefit 7A	Bereavement Allowance	Per Adult/Child Per Family	5,000 15,000	5,000 15,000	5,000 15,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000
Benefit 7B	Funeral Expenses	Per Adult/Child Per Family	5,000 15,000	5,000 15,000	5,000 15,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000
Benefit 7C	Cash Relief	Per Adult/Child Per Family	2,000 6,000	3,000 9,000	5,000 15,000	5,000 15,000	7,500 22,500	7,500 22,500	7,500 22,500
<b>Benefit 8 Snatch Theft or Robbery</b>									
	Snatch Theft or Robbery	Per Adult/Child Per Family	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500	500 1,500
<b>Benefit 9 Kidnap</b>									
Benefit 9A	Kidnap - Lump Sum Payment	Per Adult/Child Per Family	5,000 15,000	5,000 15,000	5,000 15,000	10,000 30,000	10,000 30,000	10,000 30,000	10,000 30,000
Benefit 9B	Kidnap - Reward	Per Adult/Child Per Family	25,000 75,000	25,000 75,000	25,000 75,000	25,000 75,000	25,000 75,000	25,000 75,000	25,000 75,000
Benefit 9C	Kidnap - Insured not Recovered	Per Adult/Child Per Family	50,000 150,000	100,000 300,000	200,000 600,000	300,000 900,000	500,000 1,150,000	750,000 2,250,000	1,000,000 3,000,000
<b>Benefit 10 Loan Protector</b>									
	Loan Protector	Per Adult	2,000	3,000	5,000	5,000	7,500	7,500	7,500
<b>Benefit 11 Personal Liability</b>									
	Personal Liability	Per Adult/Child Per Family	50,000 150,000	100,000 300,000	200,000 600,000	300,000 900,000	500,000 1,500,000	750,000 2,250,000	1,000,000 3,000,000

ADD ON									
<b>Benefit A1</b>	<b>Class 1 &amp; 2 - Temporary Total Disablement</b>								
	Temporary Total Disablement	Per Adult/Week	50	75	125	150	200	250	300
<b>Benefit A2</b>	<b>Class 3 - Temporary Total Disablement</b>								
	Temporary Total Disablement	Per Adult/Week	50	50	50	N/A	N/A	N/A	N/A

#### PROVISIONS RELATING TO THE SCHEDULE OF BENEFITS

1. The maximum amount payable for any Benefit is the corresponding amount stated in the Schedule of Benefits. The maximum amounts specified for each Benefit per Adult and per Child are subject to the maximum limit per Family.
2. If Benefit 4 is payable by Us in respect of the death of an Insured Person, We will only pay the amount specified for Benefit 4; We will not pay any amount under Benefit 1.
3. Any amount payable under Benefit 1, Benefit 2 or Benefit 4 arising from an Injury or Accident shall be reduced by the total amount paid out under Benefit A1 or Benefit A2, if any, in respect of the same Injury or Accident.
4. Payments under Benefit A1 or Benefit A2 may, at Our discretion, be made at intervals in back payments / arrears during the Insured Person's period of Disablement. We reserve the right to withhold any such payments until the total amount payable is ascertained and proved to Our satisfaction.