



SMARTSTUDENT CARE

IMPORTANT NOTICE

1. This is Your **SmartStudent Care 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 from the time 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. Where You have applied for this Insurance 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; or
- (e) by sending an SMS to 15888.

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; and

8.2 We will –

- (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;
- (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 seventh 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.

HOW YOUR INSURANCE OPERATES

Your SmartStudent Care Policy is a contract between You and AXA AFFIN GENERAL INSURANCE BERHAD and it consists of:

- the Policy Contract,
- the Policy Schedule and any Endorsements, which have details relating to You, the type of cover and Period of Insurance.

This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in Your Proposal Form (or when You applied for this insurance) and any other disclosures made by You between the time of submission of Your Proposal Form (or when You applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by You shall form part of this contract of insurance between You and Us. However, in the event of any pre-contractual misrepresentation made in relation to Your answers or in any disclosures given by You, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

This Policy reflects the terms and conditions of the contract of insurance as agreed between You and Us.

ELIGIBILITY AND SCOPE

1. Person Eligible

Persons eligible to be covered under this Policy must be:

- (a) aged between three (3) and twenty-three (23) years; and
- (b) registered as a full time student at a Recognized Educational Institution in Malaysia and is financially dependent upon the Policyholder.

2. Geographical Area

This Policy provides You with 24-hour worldwide protection.

BENEFITS

Any payment by Us for any of the following benefits is subject to:

- (a) the terms, exceptions, limits and conditions contained in this Policy and any Endorsement;
- (b) the requisite premium having been paid; and
- (c) the incident from which any claim arises occurring within the Period of Insurance and Geographical Area.

PART B: GENERAL POLICY DEFINITIONS

Any word or expression, which has a specific meaning, should have this meaning attached to the word or expression found in the Policy and/or Schedule.

No. TERMS	MEANING
1. Accident	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. Accidental Death	Death by reason of Accident
3. Clinic	Any premises, private or government-run, used or intended to be used for the practice of medicine on an outpatient basis including: (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; (b) preventive or promotive healthcare services; and (c) the curing or alleviating of any abnormal condition of the human body by the application of any apparatus, equipment, instrument or device
4. Cover(s)/Coverage	The extent of insurance protection afforded by this Policy as a whole or in respect of a specific Insured Person, where specified

5. **Damage** Harm to property, resulting in Loss of value or the impairment of usefulness
6. **Endorsement** An endorsement, if any, annexed to this Policy modifying, varying or adding any terms or conditions contained in this Policy
7. **Hospital** 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
8. **Hospital Patient** A person who is Hospitalised and is necessarily and continuously confined to a Hospital for more than six (6) hours
9. **In-Patient** An Insured Person who has been admitted overnight in a Hospital for Treatment. An Inpatient must physically stay in a Hospital for the whole period of confinement
10. **Infectious or Contagious Disease** Any disease capable of being transmitted from an infected person, animal or species to another person, animal or species by any means
11. **Injury** Bodily Injury caused solely and directly by an Accident, independent of any other cause and excludes any illness, disease or medical disorder
12. **Insured / Insured Person** Any person named as an Insured Person in the Policy Schedule, including the Policyholder if so named
13. **Loss** In relation to the Scale of Compensation of Accidental Permanent Disablement Benefits, "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
14. **Limb** 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

15. **Loss of Sight** Total and irrecoverable Loss of eyesight rendering the Insured Person absolutely blind and beyond remedy by surgical or other treatment
16. **Medical Expenses** means Medically Necessary expenses incurred for Treatment and other services essential to treating any Injury
17. **Medically Necessary** A Treatment or medical service is Medically Necessary if it is:
- (a) consistent with the diagnosis and customary medical Treatment for an Injury;
 - (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - (c) not for the convenience of the Insured or the Medical practitioner, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient); and
 - (d) not of an experimental, investigational or research nature, preventive or screening nature
18. **Pandemic** Any Infectious or Contagious Disease that is declared as pandemic by the World Health Organization ("WHO") or the Ministry of Health Malaysia ("MOH") and valid as of the time such declaration is made.
19. **Period of Insurance** The period specified in the Schedule or in any Endorsement
20. **Permanent** Lasting a period of at least twelve (12) consecutive months from the date of the Accident
21. **Accidental Permanent Disablement** A Permanent Injury by reason of Accident which entirely prevents an Insured Person from engaging in, or attending to, his usual daily or business activities and for which there is no hope of recovery
22. **Policy** The following documents:
- (a) this Policy document;
 - (b) the Schedule of Benefits; and
 - (c) Endorsement(s), if any
23. **Policyholder** An individual or any Recognized Educational Institution to whom this Policy is issued, to provide Cover for the Insured Person
24. **Pre-existing Condition** 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:
- (a) the Insured Person has received or is receiving treatment;

- (b) medical advice, diagnosis, care or treatment has been recommended;
 - (c) clear and distinct symptoms are or were evident; or
 - (d) its existence would have been apparent to a reasonable person in the circumstances
25. **Premises** The compound of a Recognized Educational Institutional with which the Insured Person is a registered student
26. **Premium** The specified amount of payment required periodically by Us to provide Coverage under this Policy for the Benefits specified in the Schedule
27. **Proposal Form** The form signed by You and which provides details of:
- (a) Yourself, and
 - (b) all material information relevant to the cover You have requested for
28. **Public Common Carrier** Any land, air or water conveyance which is duly licensed by the relevant authorities or Government for the regular transportation of fare-paying passengers and shall include any school bus, chartered bus, public bus, coach, taxi, trishaw, aircraft, ferry, hovercraft, hydrofoil, ship, tram, monorail, train and underground train but shall exclude any hired or rental car or any conveyance operated for the purpose of amusement or entertainment
29. **Reasonable and Customary Charges** Any charge for Medically Necessary medical care and/or Treatment which:
- (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;
 - (b) is in accordance with accepted medical standards and practice; and
 - (c) could not have been omitted without adversely affecting the Insured Person's medical condition.
- In Malaysia, Reasonable and Customary Charges shall be deemed to be those laid down in the Malaysian Medical Association's prevailing Schedule of Fees
30. **Recognized Educational Institution** Any:
- i. pre-school, primary school, secondary school and tertiary educational institutions which is recognized by the Ministry of Education; or
 - ii. duly registered tuition center within Malaysia
31. **Registered Medical Practitioner / Physician** 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

32. **Schedule** The document which provides details of:
(a) yourself, and
(b) any terms and conditions that are specific to your contract.
33. **Semi-Government Hospital** A Hospital that is not owned by the Ministry of Health, Malaysia but is funded (partially/fractionally) by the Federal Government of Malaysia
34. **Sum Insured** The sum specified for each Benefit stipulated in the Schedule of Benefits which is the maximum amount We will pay for any approved claim
35. **Total Disablement** A state of being wholly and continuously disabled as a result of Injury and such disablement prevents an Insured Person from engaging in, or attending to, his usual daily or business activities
36. **Traditional Medical Treatment** Medical treatment by a registered traditional medicine practitioner, osteopath, physiotherapist and/or chiropractor
37. **Treatment** 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
38. **Unlawful Act** 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
39. **We/Us/Our** AXA AFFIN GENERAL INSURANCE BERHAD or Our successors in title
40. **You/Your/Yourself** The person(s) named as the Policyholder in the Policy Schedule and/or to whom this Policy is issued. Provided that the Insured aged between 3 and 23 years old named in the Schedule who are registered as a full time student at a Recognized Educational Institution in Malaysia and is financially dependent upon the Policyholder

PART C: BENEFITS

During the Period of Insurance, the following are the Benefits provided to the Insured Person under this Policy subject to all terms, conditions and exclusions in this Policy:

Section a) – Accidental Death

If the Insured Person sustains Injury caused by Accident resulting in his/her death within one (1) year from the date of that Accident, We will pay the amount specified in the Schedule for “Accidental Death”, provided that the death was caused solely and directly by the Accident, independent of any other cause.

Section b) – Accidental Permanent Disablement

If the Insured Person sustains Injury caused by an Accident resulting in his/her Permanent Disablement (total or partial) within one (1) year from the date of that Accident, We will pay the Insured Person the amount specified in the Schedule for “Accidental Permanent Disablement” according to the “Scale of Permanent Disablement Benefits”, provided that the Permanent Disablement was caused solely and directly by the Accident, independent of any other cause.

Section c) – Accidental Death on Public Common Carrier

In addition to the Accidental Death benefit, if the Insured Person sustains Injury caused by an Accident while traveling on a Public Common Carrier from home to school or vice versa for school lessons and/or official school activities, resulting in his/her death within one (1) year of the date of that Accident, We will pay the amount specified in the Schedule for “Accidental Death on Public Common Carrier”, provided that the death was caused solely and directly by the Accident, independent of any other cause.

Section e) – Accidental Medical Expenses

We will reimburse the Reasonable and Customary Charges for Medically Necessary medical expenses (including daily room and board expenses) incurred by the Insured Person for treatment while he/she is a patient at the Clinic or Hospital following an Accident up to the amount specified in the Schedule for “Accidental Medical Expenses”, per Accident.

Section f) – Ambulance Fee

We will reimburse the Reasonable and Customary Charges for Medically Necessary fee for domestic ambulance services inclusive of attendant to and/or from the Hospital of confinement up to the amount specified in the Schedule for “Ambulance Fee”, per Accident. No payment will be made if the Insured Person is not hospitalized. For Government Hospital (which includes Semi-Government Hospital), the limit shall be up to 50% of the “Ambulance Fee” specified in the Schedule.

Section g) – Kidnapping Extension

In addition to the Accidental Death benefit or Permanent Total Disablement benefit, if the Insured Person becomes a victim of kidnapping resulting in his/her death or Permanent Total Disablement within one (1) year from the date of the kidnap, We will pay the amount specified in the Schedule for “Kidnapping Extension”.

Section h) – Compassionate Death Allowance

In the event of death of the Insured Person resulting from an Accident, We will pay the amount specified in the Schedule for “Compassionate Death Allowance”, provided that a valid claim is payable under Section a) of this Part.

Section i) – Hospital Cash Allowance

We will pay the amount specified in the Schedule for “Hospital Cash Allowance” if the Insured Person is hospitalized as an In-Patient in a Hospital in Malaysia for at least twenty-four (24) consecutive hours up to a maximum of sixty (60) days for treatment or surgery due to an Accident. For Government Hospital (which includes Semi-Government Hospital), the limit will be 50% of the amount specified in the Schedule.

Section j) – Education Allowance

If either one of the Insured Person’s parents or legal guardian suffers Accidental Death or Loss of Limb, We will pay the “Education Allowance” specified in the Schedule.

Section k) – Traditional Medical Treatment

We will pay the amount specified in the Schedule for “Traditional Medical Treatment” for the Insured Person’s actual traditional medical treatment charges provided that the treatment is received within ninety (90) days of the date of the Accident and the Insured Person had first consulted a Registered Medical Practitioner. However, payment per Accident shall not exceed the total amount specified in the Schedule for “Traditional Medical Treatment”.

Section l) – Accidental Dental Treatment

We will pay the amount specified in the Schedule for “Accidental Dental Treatment” for the Insured Person’s actual dental treatment charges for replacement of or repairs to his/her sound natural teeth damaged due to the Accident, provided that the Insured Person had consulted a Registered Dental practitioner at a Clinic or Hospital within twenty-four (24) hours following the date of the Accident and follow up dental treatments within fourteen (14) days thereafter. However, payment per Accident shall not exceed the total “Accidental Dental Treatment” specified in the Schedule.

Section m) – Loss & Damage Of Textbooks

If the Insured Person suffers Loss of or Damage to textbook(s) (beyond use) due to an Accident, We will reimburse Loss & Damage of Textbooks up to the amount specified in the Schedule.

Section n) – Allowance For School / Tuition Fees

We will pay the amount specified in the Schedule for “Allowance For School / Tuition Fees” if the Insured Person is unable to attend school for two (2) weeks consecutively due to Injury arising from an Accident.

EXTENSION**Extended Cover**

Subject to the terms and conditions of this Policy, this Policy is extended to cover:

Food and/or Beverage Poisoning

Death or Injury of the Insured Person caused by food and/or beverage poisoning.

PART D: SPECIAL CONDITIONS

Subject to the terms and conditions of this Policy.

1. Upon death of the Insured Person, payment shall be made under Section (a) of Part C only and no payment shall be made under Section (b) of Part C.
2. In any event, during the Period of Insurance, the maximum amount payable under Section (b) of Part C shall not exceed the amount specified in the Schedule.
3. Upon the payment of the benefit under Section (a) of Part C or the maximum amount payable under Section (b) of Part C, We shall be discharged from any further claim under the said Sections; additional benefits and/or expenses incurred under other Sections of Part C arising from the same Injury (solely and directly caused by the same Accident) will still be available.

PART E: GENERAL CONDITION**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 in Your Circumstances

You must notify Us in writing as soon as possible if there is any change to the facts, circumstances, degree or amount of risk which exist at the commencement of this Policy or during the Period of Insurance or at any subsequent renewal date. Upon such notification, We may vary the terms of this Policy and/or charge additional premium as We determine appropriate in the circumstances. If You choose not to accept the variation of the terms of this Policy or the new premium rate, You may terminate this Policy in accordance with the terms hereof.

3. Fraud

You shall not act in a fraudulent manner. If You, or anyone acting for and/or on behalf of You, make a claim under this Policy knowing that the claim is false or fraudulently inflated in any respect or if any Loss or Damage is caused by Your wilful act or with Your connivance, We shall not pay the claim and the Cover under the Policy shall forthwith be forfeited.

4. Cancellation

No cancellation and /or refund of Premium is allowed once the Policy has been issued.

5. Payment of Benefits

Any benefits payable under this Policy will be paid to the beneficiary(ies) or nominee(s) named by the Insured Person or to his legal personal representative upon his/her death, subject to the terms and conditions of this Policy.

6. 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.

7. Claims Notification

In the event of any Accident, Injury or Loss that may or gives rise to a claim under this Policy, You (or the Insured Person, where possible and applicable) shall:

- i. notify Us in writing as soon as practicable and in any case within thirty (30) days after the occurrence of the circumstance or event of such Accident, Injury and/or Loss, with full particulars pertaining to the Accident, Injury and/or Accidental Death, as the case may be; and
- ii. ensure that as soon as possible after any Accident or Injury the Insured Person receives proper medical attention and thereafter observe the advice rendered by the Medical Practitioner; and
- iii. at Your expense, or at the expense of any person representing the Insured Person, provide Us with all reports, certificates, information and other relevant documents as We may reasonably require to process the claim.

We are entitled to request:

- an examination by a medical referee appointed by Us for an Injury; and
- a post-mortem examination in the event of Accidental Death.

Failure to observe the requirements under Clause 7(i) shall not be prejudiced by any inadvertent delay, error or omission in notifying Us within thirty (30) days of any such circumstance or event, provided that in no circumstance shall We be liable for any Loss or Damage not notified to Us within sixty (60) days after the circumstance or event giving rise to a claim.

8. Other Insurance(s) [Applicable to Section e) of Part B only]

If any Accident, Injury and/or Loss insured by this Policy is covered by any other insurance policy(ies), We shall only pay Our rateable proportion.

9. Automatic Renewal

The Policy shall, subject to the terms and conditions and payment of Premium when due, be automatically renewed unless You give Us written notice of non-renewal before the Policy's anniversary date. No renewal notice will be issued. Policy Schedule issued to Insured on or before expiry of existing Policy and payment of Premium is the evidence of validity of Cover.

10. Automatic Termination

This Policy will, in respect of an Insured, cease to have any effect:

- a) on the renewal date after the date on which the Insured ceases to be eligible on the grounds of age or status; and/or
- b) If an Accident occurs which give rise to a claim and in respect of Which We make a payment under Accidental Death, Permanent Total Disablement, Permanent Total Loss of Eye, Permanent Total Loss of Limb, Permanent Total Loss of Speech and Permanent Total Loss of Hearing in both ears.

11. Duty of Disclosure

You also have a duty to tell Us immediately if at any time after Your contract of insurance has been entered into, varied or renewed with Us any of the information given in the Proposal Form (or when You applied for this insurance) is inaccurate or has changed.

12. 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.

PART F: EXCLUSIONS

The following are not covered under this Policy:

1. Any unlawful act of an Insured Person or his wilful exposure to danger (other than in an attempt to save human life), intentional self-injury, suicide or attempted suicide, while sane or insane.
2. Any pre-existing physical or mental defect of infirmity, 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.
3. Medical or surgical treatment except where such treatment is rendered necessary by Injury within the scope of this Policy.
4. Treatment related to cosmetic surgery for purposes of beautification no matter the treatment is rendered as a result of burns.
5. Venereal disease, AIDS (Acquired Immunisation Deficiency Syndrome), ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) infection.
6. Pregnancy or childbirth.
7. Effect or influence (temporary or otherwise) of alcohol or drugs not prescribed by a qualified medical practitioner.
8. 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.
9. Regular or temporary, military or police duties or fire service of any country.

10. Declared or undeclared war or any act thereof, terrorism, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military or usurped power.
11. Riot and civil commotion where the Insured Person is actively participating.
12. Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel.
13. Radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
14. Insured Person engaging or participating in any professional sports.
15. Insured Person engaging or participating in dangerous activities or sports such as winter sports skating of any kind, rock climbing, mountaineering (which requires the use of ropes and guides), pot-holing, skin diving, parachuting, under water activities necessitating the use of underwater breathing apparatus, steeple chasing, big game hunting other than on foot, racing of any kind other than on foot.
16. Any form of Pandemic. This exclusion also applies to any claim, loss, liability, cost, or expense of whatsoever nature directly or indirectly arising from, contribute to or by, or resulting from:
 - 16.1 Any fear or threat (whether actual or perceived) relating to the Pandemic; or
 - 16.2 Any action taken to comply with governmental laws, regulations or directive issued in relation to the Pandemic and/or any action taken to control, prevent or suppress the Pandemic

PART G: SCALE OF COMPENSATION FOR ACCIDENTAL PERMANENT DISABLEMENT BENEFITS

1.	Permanent Total Disablements	100%
2.	Loss of limb	100%
3.	Total Loss of sight of one eye or both eyes	100%
4.	Total paralysis	100%
5.	Complete and incurable insanity	100%
6.	Loss of hand at or above the wrist	100%
7.	Loss of foot at or above the ankle	100%
8.	Loss of sight of eye except perception of light	50%
9.	Loss of lens of eye	50%
10.	Loss of fingers and thumb of one hand	50%
11.	Loss of four fingers	40%
12.	Loss of thumbs - both phalanges - one phalanx	25% 10%
13.	Loss of index finger - three phalanges - two phalanges - one phalanx	10% 8% 4%
14.	Loss of middle finger - three phalanges - two phalanges - one phalanx	6% 4% 2%
15.	Loss of ring finger - three phalanges - two phalanges - one phalanx	5% 4% 2%
15.	Loss of little finger - three phalanges	4%

	- two phalanges	3%
	- one phalanx	2%
17.	Loss of metacarpals	3%
	- first of second	2%
	- third, fourth or fifth	
18.	Loss of toes	
	- all	18%
	- big, both phalanges	5%
	- big, one phalanx	2%
	- other than big, if more than one toe lost, each	1%
19.	Permanent and Total Loss of hearing	
	- both ears	75%
	- one ear	15%
20.	Permanent and Total Loss of Speech	50%
21.	Permanent partial disablement which is not specified above (excluding Loss of sense of taste or smell)	The percentage to be determined by Us based on assessment by and opinion of Our advisor(s)