



SmartMedi Cash

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the **SmartMedi Cash Insurance Policy**. Be sure to also read through the general terms and conditions.
2. You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and discuss with the agent or contact the insurance company directly for more information.
3. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions /declaration and any other disclosures made by you when you apply for this insurance. You must answer /declare fully and accurately.

Failure to take reasonable care in answering the questions /declaration may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions /declaration and any other disclosures made by you when you apply for this insurance, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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 by you when you applied for this insurance is inaccurate or has changed.

1. What is this product about?

This is a Hospital Income Plan which offers cash on daily basis if the insured person is hospitalized for treatment of a medical condition or accident, accidental death benefit and prosthesis allowance. A no claim discount (NCD) will be extended to the policyholder when they do not make any claim towards their insurance during the policy period. Thus, when policyholder renew their insurance for the next 12 months period, they are entitled to this NCD.

2. What are the covers / benefits provided?

This policy covers:

BENEFITS	PLAN 1	PLAN 2
Daily Hospital Income Maximum number of days per medical condition during insured person's lifetime	180 days	180 days
(i) Per day limit within Malaysia	RM400	RM300
(ii) Per day limit outside Malaysia for treatment of medical condition caused by an accident	RM800	RM600
Inconvenience Cash (per incident) Receive additional cash for staying as an inpatient in a hospital for 5 consecutive days for treatment of a medical condition	RM1,200	RM900
Accidental Death	RM 2,000	RM 2,000
Prosthesis Allowance (Annual Limit)	RM 1,000	RM 1,000
No Claim Discount	Enjoy 5% discount for your next renewal (excluding tax & stamp duty) when you do not make any claim towards your insurance during the current policy period.	

Benefits	Clarifications
<p>Daily Hospital Income (Up to 180 days per lifetime)</p>	<p>We will pay per day limit shown for your plan for each completed 24-hour period of insured person's stay as an inpatient in:</p> <ul style="list-style-type: none"> (i) a hospital in Malaysia for treatment of a medical condition. (ii) a hospital outside of Malaysia for treatment of a medical condition caused by an accident. <p>This benefit shall be paid from the first day of insured person's eligible hospital stay as an inpatient up to the period not exceeding the maximum number of days (during insured person's lifetime) stated in the policy schedule for your plan for all such inpatient hospital stay for treatment of a particular medical condition including all associated medical conditions arising thereof.</p> <p>The benefits under (i) and (ii) above are mutually exclusive and are payable up to the limits shown in the policy schedule.</p>
<p>Inconvenience Cash (per incident)</p>	<p>We will pay the amount shown for your plan upon discharge from a hospital where the insured person has been staying as an inpatient for five (5) consecutive days based on the number of Room & Board day charged by hospital for treatment of a medical condition.</p> <p><u>Please note:</u> this benefit is payable only when the insured person's stay as an inpatient in a hospital is eligible for payment under the 'Daily Hospital Income' benefit above.</p>
<p>Accidental Death</p>	<p>We will pay the amount shown in the Schedule if during the Period of Insurance an Insured Person shall sustain bodily injury caused by an accident resulting directly and independently of any other cause within one year in death.</p>
<p>Prosthesis Allowance (Annual Limit)</p>	<p>We will pay the amount shown in the Schedule for the actual cost of purchasing wheelchair, artificial arm or leg and crutches provided always that such medical equipment is necessary to assist in the mobility of the insured and are recommended by the attending specialist physician/surgeon subject to the cost not being borne by other insurer.</p> <p><u>Please note:</u> this benefit is payable only when the insured person seek treatment as an inpatient in a hospital.</p>
<p>No Claim Discount</p>	<p>At the end of every twelve (12) consecutive months, a No Claim Discount of 5% (excluding interest, any statutory tax and stamp duty) will be extended to you if:</p> <ul style="list-style-type: none"> (a) no claim for an event that occurred in the preceding twelve (12) months has been paid under your policy in the preceding 12 months; (b) no claim for an event that occurred in the preceding twelve (12) months has been submitted under your policy and is pending adjustment; and (c) you renew your insurance for the next 12 months period. <p><u>Please note:</u> a claim is considered to have been made in the preceding twelve (12) months if any event falls within this period, regardless of the date of submission of the claim. Should a claim for the preceding twelve (12) months be reported after we awarded/ and paid the discount, the No Claim Discount shall be void/ and you are required to pay us back the No Claim Discount.</p>

3. How much premium do I have to pay?

Age Band	Annual Premium (RM)	
	Plan 1	Plan 2
21 – 30	371.00	280.00
31 – 40	419.00	316.00
41 – 50	541.00	407.00
51 – 60	854.00	642.00
61 – 65	1,471.00	1,105.00

Note: The premium shown does not include stamp duty.

The total premium that you have to pay may vary depending on your age and selected plan of your choice.

Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on your age next birthday. We may change the premiums in the future as the premium rates are not guaranteed. If we need to change, this will be based on our overall experience in underwriting this class of business and any changes in premiums will be notified and made on your policy anniversary.

4. What are the fees and charges I have to pay?

What you have to pay in addition to the premium

Stamp Duty – RM 10.00

What is included in the premium

Commission paid to insurance intermediaries – 15% of the premium

5. What are some of the key terms and conditions that I should be aware of?

a) Eligibility

- Malaysian Citizen
- Application: Age 21 – 55 as of your next birthday
- Renewal: Up to age 65 provided you were already a member on your 55th birthday

b) Importance of Disclosure

You must disclose all material facts which you know or ought to know such as personal particulars, occupation and any medical condition which you already had when you apply for this policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonably have known about even if you have not consulted a medical practitioner. Kindly ensure that all information provided are complete and accurate as these form the basis of the insurance contract.

c) Policy Renewal / Renewal Premium

- This is a yearly renewable policy and the renewability is not guaranteed. AXA reserves the right to revise the applicable premium rate at the time of renewal. Unless renewed, the coverage will cease on expiry date and the insurance Company shall strictly not be liable for any expenses that take place after the expiry date.
- This policy is renewable at the option of Policyholder until the occurrence of any of the following:
 - i) non-payment of premium or premium not made on time;
 - ii) fraud or misrepresentation of material fact during application;
 - iii) the policy is cancelled at the request of the Policyholder;
 - iv) the Insured Person attains the coverage age limit specified;
 - v) on the death of the Insured Person; and
 - vi) termination of coverage for all policies in a certain market and the Company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition.

d) Cash Before Cover

Premium due must be paid and received by us before cover commences. This insurance policy is automatically null and void if this condition is not complied.

e) Free-look Period

You have a free-look period of 15 days from the date of transmission of your policy to you to review. If you decide that this policy does not suit your needs, you may request to cancel it by giving us clear, written instructions within the free-look period. Provided that no claim has been made during this period, we shall refund the full premium

paid by you, less deduction of expenses incurred by the Company. This free-look period shall not apply to policy renewals.

f) Waiting Period

- 30 days for all claims except for treatment required due to an accident
- Pre-existing medical conditions are covered after 12 months

g) Claim Procedures

Step 1



- Contact AXA Customer Service number (603) 2170 8282; or
 - Visit our website at www.axa.com.my to obtain a printable claim form.
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Step 2



Submit the required documents to AXA.

- Completed claim form and signed by the Insured and the Medical Practitioner.
 - Completed medical report and bill.
 - We may request additional information or report, if necessary.
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Step 3



- Approval & Payout
 - Upon receipt of full documents and information, AXA will revert with claim decision within 14 working days.
 - Once approved, claim payment will be via direct credit within 5 working days.
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- Please note that, we will only consider claims made within 60 days of treatment being received or date of discharge from the hospital.

Note: This list is non-exhaustive. Please refer to Policy Contract for the complete terms and conditions of this policy.

6. What are the major exclusions under this policy?

Generally, the policy does not cover:

- any treatment which commenced within the first 30 days of the commencement date of this policy or from the time an insured person is first covered under the policy; except where such treatment is required due to an accident;
- treatment received within the first 12 months of the commencement date of this policy or from the time an insured person is first covered under the policy, for any pre-existing condition;
- pregnancy related or its complications;
- erectile dysfunction and tests or treatment related to impotence or sterilization;
- intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law;
- treatment related to sex change;
- the removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons;
- treatment related to transplant surgery where insured person is the donor or any costs for collecting donor organs for transplant surgery;
- suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- any treatment to correct long or short-sightedness;
- hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations;
- treatments specifically for weight reduction or gain;
- any claims related to providing or fitting any external prosthesis or appliance, unless it is specified in your plan;
- dental related or its complication;
- treatment of sickness or injury arising from illegal activities, playing professional sports, racing of any kind (except foot racing) or hazardous sports;
- investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy;
- any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
- in-patient rehabilitation;
- cosmetics (aesthetic) surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment.

- treatment which has not been established as being effective or which is experimental;
- treatment which is not medically necessary;
- treatment for psychotic, mental or nervous disorders;
- treatment of injury sustained from private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- treatment of injury caused whilst an insured person is performing occupational activities as professional sportsperson, air/sea crew, construction worker, dealing in any way with explosives or hazardous substance, working at heights 30 feet above the ground, armed and discipline forces including but not limited to the military, navy, air force, policemen, auxiliary police officers, customs officers, firemen, immigration officers or inspectors, correctional service officers or inspectors;
- treatment as a result of ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- treatment as a result of war or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

7. What is Pre-Existing Conditions?

Pre-existing Conditions shall mean medical conditions/disabilities 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:

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

8. Can I cancel my policy?

You may cancel your policy at any time by giving a written notice to the Company. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy.

Period Not Exceeding	Refund of Annual Premium
15 days (for renewal only)	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Exceeding 11 months	No refund

9. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

10. Where can I get further information?

Should you require additional information about our **SmartMedi Cash**, you may contact us or your insurance agent.

For additional information about medical and health insurance or hospital income insurance, please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance', which is available at all our branches or obtain a copy of the booklet from your insurance agent or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Customer Service Centre

AXA Affin General Insurance Berhad (197501002042)

Ground Floor, Wisma Boustead,

71 Jalan Raja Chulan,

50200 Kuala Lumpur, Malaysia

Tel: (603) 2170 8282

Fax: (603) 2031 7282

E-Mail: customer.service@axa.com.my

Website: www.axa.com.my

11. Other types of Insurance cover available

- **SmartCare Optimum**
- **SmartCare Optimum Plus**
- **SmartCancer Cash**
- **InternationalExclusive**

The information provided in this Product Disclosure Sheet is effective from 03/05/2021