POLICY CONTRACT

DEFINITIONS

In this Policy, the words set out below shall have the corresponding meaning assigned to them.

You, Your, Yours and **Owner** means the Policy Owner named in the application until changed and is named in the Policy Schedule. The Owner may be someone other than the Insured..

We, Us, Our, Ours and **Company** means AXA AFFIN LIFE INSURANCE BERHAD at its registered office in Kuala Lumpur, Malaysia.

Accident means a sudden unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of the Bodily Injury.

Age means the Age on last birthday.

Annual Premium means the premium for the Basic Plan and is shown in the Policy Schedule or any latest endorsement issued by Us.

Basic Plan means Your chosen plan as stated in the Policy Schedule.

Bodily Injury means an injury caused directly and independently of all other causes by Accident of which there is evidence of a visible bruise or wound on the body, and not by Sickness, Disease or gradual physical or mental deformity or infirmity.

Company's Office means the Company's Service Department located in its main office, or as determined by Us from time to time.

Congenital Condition means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. This will include all Congenital Conditions as classified and listed by the World Health Organization on congenital, malformations, deformations and chromosomal abnormalities. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured was continuously covered under this Policy.

Date Applied means the date the Policy is applied and is shown in the Policy Schedule.

Day Surgery or **Daycare Surgical Procedure** means a surgical procedure performed at a Hospital or Specialist clinic which requires the use of a recovery facility on a pre-plan basis, without any overnight stays at the Hospital or Specialist clinic.

Deductible refers to the amount of Eligible Expenses payable by You before We pay the benefit as stated in the Schedule of Benefits.

Dental Treatment means the treatment required to establish or maintain oral health, tooth repair, scaling, filings, tooth extraction, malocclusion, restoration of tooth function and alignment.

Disability means a Sickness, Disease, Illness or the entire Bodily Injuries arising from a single or continuous series of causes. **Any One (1) Disability** shall mean all of the periods of Disability arising from the same cause including any and all complications there from. However, if the Insured completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) for the Disability for at least ninety (90) days following the latest date of discharge, subsequent Disability from the same cause shall be considered as a new Disability.

Doctor, **Physician**, **Surgeon** or **Anaesthetist** means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his/her licence and training in the geographical area of practice, but excluding a Doctor, Physician, Surgeon or Anaesthetist who is the Insured himself/herself.

Eligible Expenses means Medically Necessary expenses incurred due to a covered Disability but not exceeding the Limits as stated in the Schedule of Benefits.

Expiry Date means the date when the Policy expires and is shown in the Policy Schedule.

General Practitioner means a Physician whose practice is not oriented to specific medical specialty but instead covers a variety of medical problems in patients of all ages.

Hospital means an establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:

(a) has facilities for diagnosis and major Surgery;
(b) provides twenty-four (24) hours a day nursing services by graduate and Registered Nurses;
(c) is under the supervision of a Physician; and
(d) is not primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the aged or similar establishment.

Hospitalisation means admission to a Hospital as a registered In-Patient for Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an In-Patient if the patient does not physically stay in the Hospital for the whole period of Hospitalisation.

Illness, **Disease** or **Sickness** means a physical condition marked by a pathological deviation from the normal healthy state.

In-Patient means an overnight admission of an Insured into a Hospital in order to receive treatment.

Insured means the person insured under this Policy and is named in the Policy Schedule.

Intensive Care Unit means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

Issue Date means the date We issue this Policy as specified in the Policy Schedule, or in the case of any attached supplement or endorsement as specified in the supplement or endorsement. It is the month, day and year this Policy and any supplement or endorsement takes effect.

Lifetime means the entire duration where the Insured is covered under this Policy.

Limit means Annual Limit, Lifetime Limit and/or Maximum Limit Per Disability, whichever is/are applicable.

Medically Necessary means a medical service which is:
(a) consistent with the diagnosis and customary medical treatment for a covered Disability;
(b) in accordance with standards of accepted medical practice, consistent with current standard of professional medical care, and/or absolutely required for the Disability;
(c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an In-Patient);
(d) not of an experimental, investigational or research nature, clinical trials, preventive or screening nature; and
(e) not directly related to the final treatment or diagnosis.

MYR means the currency of Malaysia (i.e. Ringgit Malaysia (RM)) and it is used interchangeably with RM.

Out-Patient means the Insured is receiving medical care or treatment without being hospitalised and includes treatment in a daycare center.

Policy Anniversary means the same day and month each year as the Policy Date.

Policy Date means the Policy Date as shown in the Policy Schedule.

Policy Year means twelve (12) months period from the Policy Date and each succeeding twelve (12) months period thereafter from the Policy Anniversary to the next Policy Anniversary.

Pre-Existing Illness means the Disability that the Insured has reasonable knowledge of. An Insured may be considered to have reasonable knowledge of a Pre-Existing Illness where the condition is one (1) for which:
(a) the Insured had 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) a reasonable person in the circumstances could be expected to know.

Prescribed Medicine means the medicine that is dispensed by a Physician, a registered pharmacist or a Hospital and which has been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

Reasonable and Customary Charges means charges for medical care which is Medically Necessary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same gender and of comparable age for a similar Sickness, Disease or Bodily Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured's medical condition. In Malaysia, Reasonable and Customary Charges shall be deemed to be those laid down in the Malaysian Medical Association's Schedule of Fees and appropriate conditions governed by the Private Healthcare and Facilities Act of Malaysia, including any amendments or enactments to it.

Registered Nurse means a nurse qualified and licensed to practice nursing within the scope of his/her licence and training in the geographical area of practice, but excluding a Registered Nurse who is the Insured himself/herself.

Regulator means Bank Negara Malaysia.

Specialist means a medical or dental practitioner registered and licensed as such in the geographical area of his/her 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, but excluding a Specialist who is the Insured himself/herself.

Specified Illnesses mean any one (1) of the following Disabilities and its related complications:
(a) Hypertension, diabetes mellitus or cardiovascular Disease;
(b) Growths of any kind including tumours, cancers, cysts, nodules, polyps, kidney stones or gallbladder stones;
(c) Any Diseases of the ear, nose (including sinuses) or throat;
(d) Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
(e) Any Diseases of the reproductive system including endometriosis; or
(f) Any disorders of the spine (including but not limited to a slipped disc) or any knee conditions.

Surgery means any of the following medical procedures:
(a) To incise, excise or electrocauterise any organ or body part, except for dental services;
(b) To repair, revise, or reconstruct any organ or body part;
(c) To reduce by manipulation a fracture or dislocation; or
(d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

Waiting Period means the first one hundred and twenty (120) days for Specified Illnesses and thirty (30) days for any other Illnesses from the Issue Date. The Waiting Period shall not be applicable to Bodily Injuries arising from Accidents.

ELIGIBILITY AND SCOPE

1. Eligible Persons
Persons eligible to be covered under this Policy must be a person who legally resides in Malaysia, Singapore or Brunei. Persons become ineligible when they have resided continuously for ninety (90) days, or spend more than one hundred and eighty (180) days in a calendar year, outside Malaysia, Brunei or Singapore.

2. Overseas Treatment
If an Insured who is a Malaysian citizen and elects to or is referred to be treated outside Malaysia by the attending Physician, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary Charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment. Reasonable and Customary and Medically Necessary Charges shall be deemed to be those listed in the Malaysian Medical Association's Schedule of Fees inclusive of any amendments/enactments made to it.

This benefit is not applicable to non-Malaysian citizens. Only treatment sought in Malaysia would be covered.

3. Overseas Residence
No benefit whatsoever shall be payable for any medical treatments received outside Malaysia, Singapore or Brunei by an Insured who is a Malaysian citizen, if the Insured resides or travels outside these countries for more than ninety (90) consecutive days or spend more than one hundred and eighty (180) days in a calendar year, outside these countries.

For an Insured who is not a citizen of Malaysia, no benefit whatsoever shall be payable for any medical treatments provided outside Malaysia.

4. Waiting Period
Eligibility for benefits starts one hundred and twenty (120) days for Specified Illnesses and thirty (30) days for any other Illnesses from the Issue Date. The Waiting Period shall not be applicable to Bodily Injuries arising from Accidents.

GENERAL PROVISIONS

1. Contract
This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to Your answers to the questions in Your enrolment form or in any of Our subsequent questionnaires on any matters relating to Your enrolment form and any disclosures that You made between the time of submission of Your enrolment form and the time this contract is entered into (collectively referred to as "the material information") and such material information shall form part of this contract of insurance between Us and You.

However, in the event of any pre-contractual misrepresentation made in relation to such material information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If You are required by Us, before this Policy is renewed or varied, to answer any question or if You are required to confirm or amend any matter previously disclosed by You to Us in relation to this Policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

The entire contract is made up of this Policy with all its pages, the attached copy of the enrolment form, Policy Schedule and any attached endorsement or supplement provided that the name and form number for such endorsement or supplement is listed in the Policy Schedule and shall constitute the entire contract between You and Us.

No intermediary, nor anyone other than Our duly authorised officer, has the power to change this contract or waive any of its rights or requirements. The contract cannot be changed after this Policy has been issued without Your consent and Our agreement, except that We may, without Your consent, amend this Policy to reflect changes required by law.

This Policy is governed by the laws of Malaysia and the parties agree to be subjected to the exclusive jurisdiction of the Malaysian courts.

2. Incontestability
Except for fraud, We will not contest the validity of this Policy after it has been in force during the Insured's Lifetime for two (2) years from the Issue Date. However, if We can show that there is a suppression of a material fact or a statement by You/the Insured on a material matter was inaccurate, false, misleading or it was fraudulently made or omitted, We shall have the right to void this Policy accordingly.

Where this Policy has been inforce during the Lifetime of the Insured for two (2) years or less from the Issue Date, We may void this Policy and refuse all claims if a misrepresentation was found to be deliberate or reckless.

If the misrepresentation was careless or innocent, We may:

(a) void this Policy and refuse all claims, in which case We shall refund all premiums paid. This payment shall be a complete and valid discharge of any of Our liability under this Policy;
(b) include different terms if We would have entered into this Policy with different terms had the information been disclosed to Us; or
(c) take any necessary remedies in accordance with the Financial Services Act 2013.

3. Misstatement of Age

Subject to Our rights in the case of fraud, if the Insured's Age has been misstated, the benefits, the premiums and the coverage terms under this Policy will be adjusted according to the correct Age.

(a) If the Age of the Insured is misstated and if the premium paid is lower than supposed premium, We will pay the benefits that the premium paid would have purchased according to the rate at the true Age, and not the benefits as shown in Policy Schedule or any subsequent endorsement issued by Us;
(b) If the Age of the Insured is misstated and if the premium paid is higher than supposed premium, We will refund the excess of premium paid without interest; or
(c) If the Insured was not insurable under this Policy according to Our requirements, this Policy (including any attached endorsement and supplement) will be void from the Policy Date and all premiums paid without interest will be refunded.

Proof of Age of the Insured shall be required prior to payment of any benefit under this Policy.

4. Non-participating

This is a non-participating Policy and is not entitled to participate in the distribution of surplus by Us.

5. Termination

This Policy will be automatically terminated upon the first occurrence of any one (1) of the following events:

(a) when this Policy is or is deemed to be surrendered according to the terms of this Policy;
(b) upon termination in accordance with the Grace Period clause under the Premium and Charges Provision;
(c) on the Expiry Date; or
(d) death of the Insured.

Once terminated, this Policy shall cease to be in force. The payment or acceptance of any premium hereunder subsequent to the termination of this Policy shall not create any liability on Our part but We shall refund any such premium without interest.

6. Notice

Any notice to be given to You under this Policy will be sent to You via the e-mail address that You have registered with Us during the enrolment or change request in Our records at the Company's Office. Any such notice will run from the time such notice is sent. In the case that any notice is returned undelivered to You, We may withhold all subsequent notices until We have been notified by You of Your new e-mail address.

Every notice or communication to Us shall be in writing and sent to Us at Our authorised e-mail address and/or Company's Office.

7. Claim Procedure

(a) The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give Us written notice stating full particulars of such event, including all original bills and receipts, and a completed Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claims if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
(b) The Insured shall immediately procure and act on proper medical advice and We shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

8. Incomplete Claims

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all bills for such claims have been submitted and agreed upon by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be determined by Us.

9. Currency of Payment

All payments under this Policy shall be made in the legal currency of Malaysia. Should You request any payments to be made in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

10. Source of Funds; No Money Laundering; No Tax Evasion

The Owner represents, warrants and certifies to Us that:

(a) all amounts invested in this Policy have been or will be properly declared to relevant tax authorities in the jurisdiction of the Owner's tax residence and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and
(b) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion.

11. Breach of Representations; Company's Right to Rescind and Impose Surrender Charges; Right to Freeze Refund Amount

The Owner acknowledges that in the event of a violation of the foregoing Owner's representation and warranty, the Owner hereby expressly acknowledges and agrees that We shall, to the fullest extent permitted by applicable law and regulation, have the right to:

(a) terminate this Policy immediately;

(b) notwithstanding the actual date of termination pursuant to clause (a) above, impose the maximum surrender and any other charges imposable on the Owner under this Policy as if this Policy had been surrendered immediately after issuance;

(c) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Insurer concerning the Owner and/or this Policy; and

(d) if deemed appropriate after consultation with governmental authorities and legal counsel, either

  (i) refund the premiums paid less any medical expenses which may have been incurred, any applicable surrender and other charges in accordance with clause (b) above (the "Refund Amount"), or

  (ii) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as the competent governmental authorities may request or require.

12. Sanction and Limitation Exclusion

We shall not be deemed to have provided any insurance cover and/or shall not be liable to pay any claims or provide any benefits pursuant to this Policy, including but not limited to, making any cancellation, refund or surrender payments under this Policy, to the extent that the provision of such insurance cover and/or the payment of such claim and/or the provision of such benefits and/or the making of such payments, would expose Us to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

13. Tax

We reserve the right to levy such taxes allowable under the laws of Malaysia.

14. Policy of Cooperating with Tax and other Governmental Authorities; Consent to Disclose Information to Tax and other Governmental Authorities

The AXA Group and the Company have a longstanding Policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where the Owner is not a tax resident of the jurisdiction in which this Policy is issued (a "Cross-Border Transaction") the AXA Group may disclose to the Owner's home country tax and/or other governmental authorities the identity of the Owner and certain information concerning this Policy and the Owner hereby consents and agrees that We may make such disclosure.

15. Alterations

We reserve the right to amend the terms and provisions of this Policy by giving a ninety (90) days prior written notice via e-mail or ordinary post to Your last known e-mail address or address in Our record, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by Us and such approval is endorsed thereon. This Policy shall then be read subject to such amendment.

16. Waiver

No failure or delay on Our part in exercising any right or power under this contract shall operate as a waiver thereof, nor any single or partial exercise of any such right or power preclude any other right or power.

17. Ownership of Policy

You may exercise all Policy rights and privileges while the Insured is living. You may change the Owner of this Policy by providing satisfactory written notice in Our prescribed form to be sent to Us at the Company's Office. Such change is valid only if the request is dated and signed by Us at the Company's Office during the Lifetime of the Insured while this Policy is in force and the request duly endorsed in this Policy. We will not be responsible for any payments We make or other action We take before We date and sign the request.

18. Certification, Information and Evidence

All certificates, information, medical reports and evidence as required by Us shall be furnished at the expense of the Insured, and in such a form that We may require. In any event all notices which We require You to give must be in writing and addressed to Us. An Insured shall, at Our request and expense, submit to a medical examination whenever such is deemed necessary.

19. Period of Cover and Renewal

This Policy shall become effective following the Issue Date stated in the Policy Schedule or the endorsement, if any. The Policy Anniversary shall be one (1) year after the Policy Date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time and We shall notify You in writing of any changes in the renewal premium at least ninety (90) days before the change takes effect.

This Policy will be renewable at Your option subject to Our terms, conditions and termination at each of the anniversary of the Policy Date. The renewal premium will increase with Age and is not guaranteed. We reserve the right to revise the premium rate based on risk factors applicable at the time of renewal. Such changes, if any, shall be applicable to all Owners irrespective of their claim experience according to Our risk assessment.

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

(a) Non-payment of premium or premium not made on time;

(b) Fraud or misrepresentation of material fact during application;

(c) This Policy is cancelled/surrendered at Your request;

(d) The Insured attains the coverage Age as specified in Policy Schedule; or
(e) On the death of the Insured.

20. Change in Risk

The Insured shall give Us immediate written notice of any material change in his/her occupation, business, duties or pursuits and pay any additional premium that We may require.

21. Subrogation

If We become liable for any payments under this Policy, We shall be subrogated to the extent of such payment to all the rights and remedies of the Insured against any parties and shall be entitled at Our own expense to sue in the name of the Insured. The Insured shall give or cause to be given to Us all such assistance in his/her power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively bring a suit in the name of the Insured.

22. Contribution

If the Insured carries other insurance covering any Illnesses or Bodily Injuries insured by this Policy, We shall not be liable for a greater proportion of such Illness or Bodily Injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such Illness or Bodily Injury.

23. Upgraded Room and Board

If the Insured is hospitalised at a published Hospital Room and Board rate which is higher than his/her eligible benefit, You/the Insured shall pay the difference in the Room and Board rate.

24. Change of Plan

Any increase or decrease in the insurance coverage for the Insured, which is due to a change this Policy will become effective only on the next Policy Anniversary date provided We approved such change. Any increase in the insurance coverage shall be subjected to further evidence of health satisfactory to Us. Upon change of plan, Inflation Defender will be reset and all accumulated Inflation Defender will not be carried forward to the upgraded or downgraded plan.

25. Free Look Cancellation

If You are not satisfied with this Policy for any reason, You may return it to Us by sending an email to Us requesting for cancellation to reach Our Office within fifteen (15) days from the date of receipt of this Policy. We will cancel this Policy and refund to You the premium paid. However, no refund can be made when a claim has been admitted.

26. Surrender

You may cancel this Policy at any time by giving a written notice to Us. This Policy will be terminated at the end of the month in which We approve Your request for the cancellation. We will refund to You a portion of the premium (if any) as follows, provided no claim has been made under the Policy:

Period from Policy Anniversary, Not exceeding	Premium Payment Mode	
	Annually	Monthly
15 days*	90%	No Refund
1 month	80%	Not Applicable
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%	
Period exceeding 11 months	No Refund	

* Not applicable to first (1st) Policy Year.

27. Condition Precedent to Liability

Your and the Insured's due observance and the fulfillment of the terms, provisions and conditions of this Policy and in so far as they relate to anything to be done or complied with by You and the Insured shall be conditions precedent to any of Our liability.

28. Legal Proceedings

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy, the Insured may, within the grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit to Us the relevant proof of loss with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be determined by Us. After such grace period has expired, We will not accept, for any reason whatsoever, such written proof of loss.

PREMIUM AND CHARGES PROVISION

1. Premium

Premium as specified in the Policy Schedule is the first premium payable to Us. Premium must be paid in the same payment frequency and payable to Us on or before the due date.

2. Grace Period

You are allowed a grace period of thirty one (31) days after the due date for payment of each premium. This Policy will remain in force during this grace period.

If the premium remains unpaid after the grace period, this Policy will lapse.

3. Change or Addition of Charges or Fees

We have the right to change or apply additional charges or fees, by giving You at least ninety (90) days' written notice prior to the Policy Anniversary date.

BENEFIT PROVISION

SCHEDULE OF BENEFITS

BENEFIT		**Plan 150**	**Plan 100**	**Plan 50**	**Plan 20**
Annual Limit (applicable to Section A and B)		RM150,000	RM100,000	RM50,000	RM20,000
Inflation Defender		Annual Limit will be increased by 10% of the initial Annual Limit at the end of every five (5) Policy Years starting from the Issue Date, subject to a maximum of 50% of the initial Annual Limit.			
Lifetime Limit		No Limit			
Deductible per Hospitalisation (applicable to Section A and B)		RM1,000			
Section A	**In-Patient and Surgical Benefit**				
1	Hospital Room and Board (daily maximum)	RM250			
2	Intensive Care Unit	As charged			
3	In-Patient Related Fees (a) Hospital Supplies and Services (b) Surgical Fees (c) Anaesthetist Fees (d) Operating Theatre (e) Prescribed Medicines (f) Diagnostic Procedures and Physiotherapy (g) Physician/Specialist Visit (up to two (2) visits per day per Physician/Specialist)	As charged			
4	Ambulance Fees	As charged			
5	Daily Allowance for Hospitalisation due to Accident	RM50 per day, up to thirty (30) days per Policy Year			
6	Daily Allowance for Hospitalisation in Intensive Care Unit	RM100 per day, up to thirty (30) days per Policy Year			
Section B	**Out-Patient Benefit**				
7	Daycare Surgical Procedure	As charged			
8	Consultations and Diagnostic Procedures (including medication) (up to three (3) times and within thirty one (31) days before Hospitalisation)				
9	Post Hospitalisation Care and Physiotherapy Treatment (within sixty (60) Days from Hospital discharge)				
10	Emergency Accidental Treatment (up to three (3) times per Any One (1) Disability)				
Section C	**Special Benefit**				
11	No Claim Rewards	RM60	RM50	RM30	RM20

DESCRIPTION OF BENEFITS

Annual Limit
Benefits payable in respect of Eligible Expenses incurred in excess of Deductible amount, if any, for treatments provided to the Insured for benefits under Section A and B during the period of insurance shall be limited to the Annual Limit plus the accumulated Inflation Defender, if any, for any one (1) Policy Year irrespective of the type of Disability. In the event the Annual Limit plus the accumulated Inflation Defender, if any, for a Policy Year is fully exhausted, all coverage for benefits under Section A and B of the Schedule of Benefits shall immediately cease to be payable for the remaining Policy Year.

Inflation Defender
Annual Limit of the Basic Plan will be increased by 10% of the initial Annual Limit as stated in the Schedule of Benefits at the end of every five (5) Policy Years starting from the Issue Date. The amount of this benefit shall not exceed 50% of the initial Annual Limit as stated in the Schedule of Benefits.

Deductible
Total accumulated Eligible Expenses incurred for each Hospitalisation are subject to the Deductible amount as stated in the Schedule of Benefits, whereby You will be responsible for paying the Deductible and We will reimburse the balance of the Eligible Expenses in excess of the Deductible, if any, subject to the Limit of the plan as stated in the Schedule of Benefits. Deductible applies to benefits under Section A and B of the Schedule of Benefits.

The benefits described below may be subject to maximum Limits as stated in the Schedule of Benefits.

A. <u>Section A: In-Patient and Surgical Benefit</u>

1. Hospital Room and Board
Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals, subject to the Limit of the plan as stated in the Schedule of Benefits. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured's Hospitalisation, but in no event shall the payment of benefit exceed, for any one (1) day, the rate of Hospital Room and Board benefit as stated in the Schedule of Benefits. The Insured will only be entitled to this benefit while confined to a Hospital as an In-Patient or for Day Surgery.

2. Intensive Care Unit
Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during Hospitalisation as an In-Patient in the Intensive Care Unit of the Hospital, subject to the Limit of the plan as stated in the Schedule of Benefits. This benefit shall be payable equal to the actual charges made by the Hospital.

No Hospital Room and Board benefit shall be payable for the same period of Hospitalisation where the daily Intensive Care Unit benefit is payable.

3. In-Patient Related Fees
Reimbursement of the charges incurred for the In-Patient Related Fees as stated below, and subject to the Limit of the plan as stated in the Schedule of Benefits:

(a) Hospital Supplies and Services
The medical report charges, general nursing services, any tax imposed by Government of Malaysia on eligible Hospital Room and Board charges and any charges incurred for Medically Necessary ancillary services and consumable items which relate directly to the treatment that the Insured receives as an In-Patient or for Day Surgery. Payment will not be made for the acquisition, extraction procedure and cultivation of tissues and cells (inclusive of stem cells) required for the treatment.

(b) Surgical Fees
The Reasonable and Customary Charges for a Medically Necessary Surgery performed by the Specialist or Surgeon, including pre-surgical assessment, Specialist's visits and post-surgery care while the Insured is confined to a Hospital as an In-Patient.

(c) Anaesthetist Fees
The Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia.

(d) Operating Theatre
The Reasonable and Customary Operating Room charges for the use of the operating theatre and equipment incidental to the Medically Necessary surgical procedure.

(e) Prescription Medicines
The Prescribed Medicines which are Medically Necessary and directly for the treatment of the Disability, excluding any traditional and complementary medicines, supplementary medicines, vitamins or nutritional herbs.

(f) Diagnostic Procedures and Physiotherapy
The Reasonable and Customary Charges for In-Patient diagnostic procedures and In-Patient physiotherapy that relate directly to the Disability and are Medically Necessary for which the Insured receives treatment as an In-Patient.

(g) Physician/Specialist Visit
The Reasonable and Customary Charges for Medically Necessary visits by a Physician or Specialist to the Insured while confined to a Hospital as an In-Patient, subject to a maximum of two (2) visits per day per Physician or Specialist.

4. Ambulance Fees

Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic road ambulance services (inclusive of attendant) to and/or from the Hospital of Hospitalisation. Payment will not be made if the Insured is not hospitalised and subject to the Limit of the plan as stated in the Schedule of Benefits.

5. Daily Allowance for Hospitalisation due to Accident

If the Insured is hospitalised in a Hospital within twenty-four (24) hours from the date of Accident, for Medically Necessary treatment resulting from a Bodily Injury arising from an Accident, We will pay the amount of benefit as stated in the Schedule of Benefits for each day of Hospitalisation, up to the maximum number of days as stated in the Schedule of Benefits.

6. Daily Hospital Allowance for Intensive Care Unit

If the Insured is hospitalised in an Intensive Care Unit for a Disability, We will pay the amount of benefit as stated in the Schedule of Benefits for each day of Hospitalisation, up to the maximum number of days as stated in the Schedule of Benefits.

This benefit is payable in addition to the Daily Allowance for Hospitalisation due to Accident.

B. <u>Section B: Out-Patient Benefit</u>

7. Daycare Surgical Procedure

Reimbursement of the Reasonable and Customary Charges charged by the Hospital or Specialist centre for a Medically Necessary Day Surgery or Daycare Surgical Procedure performed as an Out-Patient. This benefit covers all incidental services and supplies provided for the procedures and subject to the Limit of the plan as stated in the Schedule of Benefits.

The Day Surgery and Daycare Surgical Procedure should include minor operations such as but not limited to: adenoidectomy, arthroscopy, bronchoscopy, bunionectomy, cataract removal, cholecystectomy, colonoscopy, coronary angiography, digestive tract endoscopy, dilatation and curettage of uterus, excision of pilonidal cyst, haemorrhoidectomy, hammer toe repair, laparoscopy, laryngoscopy and tracheoscopy, lumbosacral manipulation, myringotomy, prostate biopsy, reduction of nasal fracture, strabismus repair and tonsillectomy, that is commonly performed safely on an Out-Patient basis.

Any Day Surgeries or Daycare Surgical Procedures done for investigative and diagnostic purpose not related to treatment for any Disabilities will not be covered.

8. (a) Consultations before Hospitalistion

Reimbursement of the Reasonable and Customary Charges for consultation (including medication) by a Physician, General Practitioner or Specialist, and directly related to the same Disability preceding the Hospitalisation, up to three (3) times for Any One (1) Disability and within the maximum number of days and subject to the Limit of the plan as stated in the Schedule of Benefits. Such consultation is Medically Necessary and has been recommended in writing by the attending Physician, General Practitioner or Specialist.

No payment shall be made for any consultations, medications and treatments after the Illness is diagnosed or do not result in Hospitalisation of the Insured.

(b) Diagnostic Procedures before Hospitalisation

Reimbursement of the Reasonable and Customary Charges for Medically Necessary diagnostic tests which include but not limited to Electrocardiogram (ECG), X-ray and laboratory tests, which are performed for diagnostic purposes on account of a Bodily Injury or Illness that directly related to the same Disability preceding the Hospitalisation and in conjunction with the pre-hospitalisation consultation for the same Disability, up to three (3) times for Any One (1) Disability and within the maximum number of days and subject to the Limit of the plan as stated in the Schedule of Benefits. The diagnostic tests must be recommended by the same Physician or Specialist providing that pre-hospitalisation consultation.

No payment shall be made if upon such diagnostic tests do not result in Hospitalisation of the Insured. No payment shall be made for any diagnostic tests and investigation should such tests are not available in Malaysia.

9. (a) Post Hospitalisation Care

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary follow-up treatments by the same attending Physician or Specialist after a Surgery or In-Patient treatment, within the number of days and Limit of the plan as stated in the Schedule of Benefits immediately following discharge from Hospital for a surgical or non-surgical Disability. This shall include Prescribed Medicines during the follow-up treatments but the total supply needed shall not exceed the maximum number of days of the plan as stated in the Schedule of Benefits.

(b) Physiotherapy Treatment

Reimbursement of Reasonable and Customary Charges for Medically Necessary Out-Patient physiotherapy treatments referred in writing by the same Physician or Specialist after Surgery or In-Patient treatment within the number of days and the Limit of the plan as stated in the Schedule of Benefits. Such physiotherapy treatment must be performed in the same Hospital which the Insured is hospitalised. However, no payment will be made for medication or treatment and subsequent consultations from the same Specialist or Physician.

10. Emergency Accidental Treatment

Reimbursement of the Reasonable and Customary Charges incurred for up to the Limit of the plan as stated in the Schedule of Benefits, as a result of a Bodily Injury arising from an Accident up to three (3) times for Any One (1) Disability for Medically Necessary treatment as an Out-Patient at any registered clinic or Hospital provided the Insured received the first (1st) Medically Necessary treatment within twenty-four (24) hours of the Accident causing the Bodily Injury.

If the damage on sound natural teeth is caused by an Accident, We will reimburse charges for pain relieving Dental Treatment excluding restorative procedure such as crowning, bridging, as well as root canal treatment.

C. Section C: Special Benefit

11. No Claim Rewards

If You have not made any claims under this Policy for at least one (1) Policy Year, You will be eligible for the No Claim Rewards as stated in the Schedule of Benefits at the end of the Policy Year. The payment of No Claim Rewards will be processed within sixty (60) days from the end of the Policy Year. This benefit will be payable to You in cash equivalents such as but not limited to e-voucher or cash voucher. The payment method of this benefit is subject to change from time to time as determined by Us, however, the amount payable for this benefit will not be reduced.

Once there is any claim made under this Policy, No Claim Rewards on a specified Policy Year will cease. You will be eligible for the No Claim Rewards again if no claim is made for the following Policy Year.

This benefit is not subject to the Deductible and Annual Limit as stated in the Schedule of Benefits.

If an eligible claim from the preceding Policy Year is subsequently registered after the No Claim Rewards has been paid, We reserve the right to deduct the amount of No Claim Rewards for the corresponding Policy Year from You.

EXCLUSIONS

This Policy does not cover any Hospitalisation, Surgeries or charges incurred caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-Existing Illnesses;

2. Specified Illnesses occurring within the Waiting Period;

3. Any Disabilities, medical or physical conditions and its signs and symptoms occurring within the Waiting Period, except for Injuries due to Accidents;

4. Circumcision, eye examination, refractive Surgery or surgical procedure for visual impairments due to astigmatism, farsightedness or nearsightedness (Radial Keratotomy or Lasik), glasses or contact lenses, intraocular lens (except monofocal intraocular lenses in cataract Surgery), High-intensity Focused Ultrasound (HIFU), rhizolysis, robotics Surgery that aided surgical procedure and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;

5. Dental conditions including Dental Treatment or oral Surgery except as necessitated by Injuries due to Accidents to sound natural teeth occurring during the period of insurance;

6. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal Disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases, and any communicable Diseases requiring quarantine by law;

7. Any treatments or surgical operation for Congenital Conditions or deformities including hereditary conditions;

8. Pregnancy, pregnancy related condition or its complications, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilisation;

9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, general physical or medical examinations that are not related whether directly or indirectly to treatment or diagnosis of a covered Disability, any treatments which is not Medically Necessary, tests and investigations done for the purpose of excluding diagnosis other than the final diagnosis in which final treatment is rendered, any preventive treatments, preventive medicines or examinations carried out by a Physician, and any treatments specifically for weight reduction or gain or bariatric Surgery;

10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;

11. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots, civil commotion or insurrection;

12. Biological or chemical contamination, ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;

13. Expenses incurred for donation of any body parts or organs by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;

14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, placenta/serum therapy, chelation therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to acupressure reflexology, bone setting, herbalist treatment, traditional and complementary medicine (unless otherwise specified), supplementary medicine, vitamin, nutritional herb, massage or aroma therapy or other alternative treatment;

15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;

16. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association;

17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;

18. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;

19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;

20. Expenses incurred for gender changes;

21. Any treatments directed towards developmental delays and/or learning Disabilities of an Insured;

22. Any treatments which only offer temporary relief of symptoms on any long-term Illnesses and Diseases rather than dealing with the underlying medical condition;

23. Any diagnostic tests, procedures, blood tests, investigations or screenings that are not directly related to the final diagnosis and treatment for the covered Disability; or

24. Cosmetic/aesthetic/plastic Surgery or treatment, or treatment which relates to or is needed because of previous cosmetic treatment. However, We will pay for the reconstructive Surgery if:
    (a) it is carried out to restore function or appearance after an Accident or following Surgery for a medical condition, provided that the Insured has been continuously covered under the Policy since before the occurrence of Accident or Surgery;
    (b) it is done at a medically appropriate stage after the Accident or Surgery; and
    (c) We agree, in writing, to the cost of the treatment before it is done.

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APPENDIX: PREMIUM RATES

The illustrated premium rates are only applicable to standard risk. The premium rates for Age 56 to 79 for renewal only.

For individual plan:

Attained Age (Last Birthday)	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 – 5	73.06	833.00	72.45	826.00	65.96	752.00	62.71	715.00
6 – 15	40.78	465.00	39.99	456.00	36.75	419.00	34.64	395.00
16 – 19	40.78	465.00	39.99	456.00	36.75	419.00	34.64	395.00
20 – 24	41.75	476.00	40.35	460.00	38.24	436.00	34.99	399.00
25 – 29	41.75	476.00	40.35	460.00	38.24	436.00	34.99	399.00
30 – 34	44.56	508.00	42.45	484.00	40.35	460.00	37.19	424.00
35 – 39	44.99	513.00	43.33	494.00	40.70	464.00	37.54	428.00
40 – 44	55.52	633.00	53.06	605.00	49.82	568.00	46.57	531.00
45 – 49	92.54	1,055.00	89.21	1,017.00	83.24	949.00	76.75	875.00
50 – 54	130.35	1,486.00	125.43	1,430.00	118.85	1,355.00	108.06	1,232.00
55 – 59	240.26	2,739.00	227.98	2,599.00	214.99	2,451.00	199.91	2,279.00
60 – 64	345.70	3,941.00	333.33	3,800.00	314.73	3,588.00	287.36	3,276.00
65 – 69	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00
70 – 74	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00
75 – 79	520.26	5,931.00	500.52	5,706.00	471.92	5,380.00	431.05	4,914.00

For family plan:

Attained Age (Last Birthday)	Plan 150		Plan 100		Plan 50		Plan 20	
	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)	Monthly Premium (RM)	Annual Premium (RM)
0 – 5	69.47	792.00	68.85	785.00	62.71	715.00	59.64	680.00
6 – 15	38.77	442.00	38.07	434.00	34.99	399.00	32.98	376.00
16 – 19	38.77	442.00	38.07	434.00	34.99	399.00	32.98	376.00
20 – 24	39.73	453.00	38.33	437.00	36.40	415.00	33.33	380.00
25 – 29	39.73	453.00	38.33	437.00	36.40	415.00	33.33	380.00
30 – 34	42.36	483.00	40.35	460.00	38.33	437.00	35.35	403.00
35 – 39	42.80	488.00	41.22	470.00	38.68	441.00	35.70	407.00
40 – 44	52.80	602.00	50.43	575.00	47.36	540.00	44.29	505.00
45 – 49	87.98	1,003.00	84.82	967.00	79.12	902.00	72.98	832.00
50 – 54	123.85	1,412.00	119.21	1,359.00	112.98	1,288.00	102.71	1,171.00
55 – 59	228.33	2,603.00	216.66	2,470.00	204.29	2,329.00	189.99	2,166.00
60 – 64	328.41	3,744.00	316.66	3,610.00	299.03	3,409.00	273.06	3,113.00
65 – 69	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00
70 – 74	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00
75 – 79	494.29	5,635.00	475.52	5,421.00	448.33	5,111.00	409.56	4,669.00

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