PACIFIC & ORIENT INSURANCE CO BERHAD

Registration No. 197201000959 (12557-W)

A Member Of The Pacific & Orient Group

HEAD OFFICE : 11th Floor, Wisma Bumi Raya, No. 10, Jalan Raja Laut, 50350 Kuala Lumpur

INTERNET : www.poi2u.com

SST Registration No. CP W10-1808-31021805

TEL:03-26985033 FAX:03-26938145

TOLL FREE NO: 1 800 88 2121

The benefit(s) payable under eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Pacific & Orient Insurance Co. Berhad or PIDM (visit www.pidm.gov.my)

PRO PERSONAL ACCIDENT INSURANCE POLICY

NOTICE

For all intents and purposes where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract shall prevail.

WHEREAS the Policyholder named in the Schedule and following the occupation stated in the Schedule is desirous of insuring in the manner hereinafter mentioned and has made a Proposal which shall form the basis of this Insurance and has paid to **PACIFIC & ORIENT INSURANCE CO. BERHAD,** (hereinafter called the "Insurance" and the "Company" respectively) the Premium as consideration for the Insurance stated herein.

NOW THIS POLICY WITNESSETH that if during the Period of Insurance, the Insured Person stated in the Schedule shall sustain bodily injury caused by violent accidental external and visible means which injury shall solely and independently of any other cause result in the Insured Person's death or disablement or necessitate medical treatment as provided. The Company will subject to the terms exclusions and conditions of and endorsed on this Policy pay the Sum Insured specified in the Schedule of Benefits.

Consumer Insurance Contracts

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 or omission 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.

(A) DEFINITION

1. **ACCIDENT** - an event of violent, accidental external and visible nature that is unforeseen or unexpected which shall independently of any other cause be the sole cause of bodily injury.

2. **COMATOSE** - a state of continuous unconsciousness for a period of (365) three hundred and sixty five days where the Insured Person cannot be awakened and the activity of the brain as a whole is depressed.

3. **HOSPITAL** - any lawfully registered and operating facility which:

   a) has facilities for diagnosis and major surgery
   b) provides (24) twenty four hours nursing services by registered graduate nurses
   c) is under the supervision of one or more physicians at all time; and

d) shall not primarily be a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or homes for the aged or similar establishment.

4. **INJURY** - bodily injury to an Insured person caused solely by an accident and not by sickness, disease or gradual physical or mental deterioration. Successive medical treatment or hospitalisation due to the same and/or related causes shall be considered as one injury.

5. **INSURED PERSON** - the person who has completed and/or whose spouse name is included on the Proposal and Declaration Form for this insurance and in respect of whom commencement of cover has been confirmed through an Official Cover Note issued by the Company's Authorised Representative. The insured shall not be Less than thirty (30) days of age nor more than sixty-five (65) years of age.

6. **PERMANENT TOTAL DISABLEMENT** - total and permanent disablement which prevents the Insured Person totally and absolutely from engaging in any employment or occupation of any description within twelve calendar months after the accident and without any hope of improvement beyond the expiry of such period. The opinion of the Company's panel of physician(s) shall be final and conclusive.

7. **PHYSICIAN OR SURGEON** - registered allopathic medical practitioner legally licensed to render medical and surgical services. Practitioners of traditional medicines are excluded.

8. **POLICYHOLDER** - the person to whom the insurance contract is issued and who is responsible for payment of premiums and claim documentation.

9. **LICENSED COMMON CARRIER** - a vehicle licensed for public conveyance and offering transport to any fare-paying passenger.

10. **SPOUSE** - the Policyholder's legal husband or wife who is not separated or divorced at the commencement of each period of the insurance cover or at the material time of accident. Should there be more than one legal spouse, only the spouse named in the Policy Schedule will be covered.

11. **CHILD** - any unmarried child of the Policyholder who is at least 30 days old and less than eighteen (18) years old or twenty-four (24) years old, if completing tertiary studies, is eligible. Those insured under this category is entitled to maximum sum insured RM100,000.00 excluding weekly benefits.

12. **PERIOD OF INSURANCE** - shall mean the period of cover of the Policy and shall be as specified in this Policy and/or in the Schedule.

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TABLE OF BENEFITS

SCHEDULE OF BENEFITS		SUM INSURED (RM)					
		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
1	Accidental Death	100,000	200,000	300,000	500,000	1,000,000	1,200,000
2	Permanent Disablement (up to)	100,000	200,000	300,000	500,000	1,000,000	1,200,000
3	Renewal Bonus	Increase of 10% per year up to 110% of Principal Sum Insured					
4	(a) Medical Expenses	5,000	6,500	7,500	8,500	12,000	15,000
	(b) Traditional Medical Treatment (per accident)	100 per visit, up to a maximum of 1,000					
5	Mobility Expenses	up to 3,000					
6	Medical/Specialist report/Post-Mortem Report	up to 500					
7	Ambulance Fee	up to 500					
8	Blood Transfusion Infection (as defined herein)	20% of Principal Sum Insured					
9	Dental Correction and/or corrective Cosmetic Surgery	up to 5,000					
10	Post Hospitalisation Supplement allowance (limited to one event per policy period)	up to 150					
11	Double Indemnity (whilst travelling in a public transport or whilst travelling overseas)	available					
12	Bereavement Allowance	up to 5,000					
13	Funeral Expenses	5,000					
14	Repatriation Expenses	up to 20,000					
15	Snatch Theft/Attempted Snatch Theft (limited to one event per policy period)	up to 1,000					
16	Miscarriage due to Accident	2,000					
17	Kidnap	10,000 for expense and 50,000 for reward					
18	Home Nursing Care	up to 250 per month, up to 1 year only					
19	Hospital Income (per day / maximum up to 120 days)	90	100	120	150	220	250
20	Personal Liability (up to)	100,000	200,000	300,000	500,000	1,000,000	1,200,000
OPTIONAL BENEFITS							
1	Weekly benefit for Occupation Class 1 & Class 2 (per week/maximum up to 52 weeks per accident)	100	150	200	300	500	600
2	Weekly Benefits for Occupation Class 3 (per week/maximum up to 52 weeks per accident)	75	100	125	NA	NA	NA

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SCHEDULE OF BENEFITS		PREMIUM (RM)					
		PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
Annual premium WITHOUT Weekly Benefits							
1	Class 1 and Class 2	185	305	405	665	1,235	1,435
2	Class 3	355	595	835	N/A	N/A	N/A
Annual premium WITH Weekly Benefits							
1	Class 1 and Class 2	225	365	485	785	1,435	1,725
2	Class 3	415	685	955	N/A	N/A	N/A

OCCUPATION

This policy only offered to the following occupation classes:

(a) Class 1 and Class 2 - Persons whose occupation is generally sedentary in nature, that is, persons engaged in professional, managerial, administrative, clerical positions or persons engaged in wholesale or retail trade, sales, marketing, or work of a supervisory nature and whose duties involve travelling in connection with his or her profession or business purposes but not involving manual labor or the use of tools and machinery or exposure to any special hazard.

(b) Class 3 - Occupation involving occasional or regular manual work not particularly hazardous in nature but involving the use of tools or machinery (Not using woodworking machinery)

13. **ELIGIBILITY** - (i) This policy covers individuals who are:
- Malaysians;
- Malaysian permanent residents;
- Work permit holders
- Student pass holders; or
- Individuals otherwise legally employed in Malaysia or legally residing in Malaysia

aged from thirty (30) days up to the age of sixty-five (65) years, and their respective dependents who are legally residing in Malaysia is eligible to be covered under this Policy

(ii) The insured person's coverage is renewable up to the age of eighty (80) years

(iii) Child/Children refers to the policyholder's unmarried Child/children over thirty (30) days but under eighteen (18) years old, or under twenty-four (24) years old if the child is still a full-time student at a higher education institution and is not gainfully employed. Maximum Sum Insured allowed is RM100,000.00, excluding weekly benefits

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SCOPE OF COVER

01. **ACCIDENTAL DEATH**

In the event of an Accident during the Period of Insurance causing an Injury resulting in death of the Insured Person occurring within twelve (12) calendar months from the Date of Accident, the Company shall pay the death benefit according to the percentage of the Principal Sum Insured as stated in Table - Scale of Compensation

02. **PERMANENT DISABLEMENT**

If during the Period of Insurance the Insured Person sustains Bodily Injury which results in Permanent Disablement within three hundred and sixty-five (365) days from the date of Accident, We will pay the relevant Benefits to the extent specified below up to the maximum amount as stated in the Policy Schedule under Permanent Disablement. This benefit will not apply to claims which are payable under the Double Indemnity Provision.

SCALE OF COMPENSATION

Description of Loss		Percentage (%) of Principal Sum Insured
Death		100%
Permanent Disablement		
Loss of two limbs		100%
Loss of both hands or of all fingers and both thumbs		100%
Loss of sight of both eyes		100%
Total paralysis from neck down		100%
Injury resulting in being permanently bedridden		100%
Loss of arm at shoulder		100%
Loss of arm between shoulder and elbow		100%
Loss of arm at elbow		100%
Loss of arm between elbow and wrist		100%
Loss of hand at wrist		100%
Loss of leg	at hip	100%
	between knee and hip	100%
	below knee	100%
Eye: Loss of	whole eye	100%
	all sight in one eye	100%
	sight of except perception of light	50%
Loss of four fingers and thumb of one hand		50%
Loss of four fingers		40%
Loss of thumb	both phalanges	30%
	one phalanx	15%
Loss of index finger	three phalanges	15%
	two phalanges	10%
	one phalanx	5%
Loss of middle finger	three phalanges	8%
	two phalanges	5%
	one phalanx	3%
Loss of ring finger	three phalanges	6%
	two phalanges	5%
	one phalanx	3%

Description of Loss		Percentage (%) of Principal Sum Insured
Loss of little finger	three phalanges	5%
	two phalanges	4%
	one phalanx	3%
Loss of metacarpals	first or second (additional)	4%
	third, fourth or fifth (additional)	3%
Loss of toes	all	20%
	great, both phalanges	8%
	great, one phalanx	3%
	other than great, if more than one toe lost, each	2%
Permanent loss of hearing in both ears and speech		100%
Loss of hearing	both ears	75%
	one ear	15%
*Loss of speech		50%
Shortening of arm	more than 1" up to 2"	2.50%
	more than 2" up to 4"	5%
	more than 4"	12.50%
Shortening of leg	more than 1" up to 2" more than 2" up to 4" more than 4"	5% 10% 25%
**Coma		100%
***Disappearance		100%

Any permanent disablement not specified above other than loss of sense of taste or smell:

- such percentage to be assessed by Company in accordance with the opinion of the Company's panel of physicians, consistent with the percentages specified above and without regard to the Insured Person's employment or occupation

(a) Comatose cases – The Company will pay the Principal Sum upon certification by a Medical Specialist that the Insured Person has been in such a state

(b) Shortening of leg – The measure for shortening of leg must be certified by Orthopedic medical report.

(c) Permanent total loss of use of limb shall be treated as loss of limb. Loss of speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentage payable in respect of any one accident shall not exceed (100%) one hundred percent. In the event of a total of (100%) one hundred percent having been paid. This Policy shall immediately cease to be in force. In the event of claims having paid for losses not exceeding (100%) one hundred percent, the coverage shall be reduced by the amount paid from the date of accident until the expiration of the Policy.

03. **RENEWAL BONUS**

Upon renewal of this Policy, provided such renewal is continuous and the Policy has not lapsed in any given year, a renewal bonus shall be applicable in the form of an increase in the Insured Person's Original Principal Sum Insured by Ten (10) percent per year up to a maximum of one hundred and ten (110) percent except for participants ages of thirty (30) days to seventeen (17) years old provided there is no claim under the Permanent Disablement and/or Medical Expenses and/or Personal Liability benefits

In the event of a claim having made under benefit Permanent Disablement and/or Medical Expenses and/or Personal Liability of this policy, Computations for future renewal bonus will begin anew from the next renewal date of this policy.

04. **MEDICAL EXPENSES**

(a) The Company will reimburse the Insured Person for medical expenses incurred by the Insured Person for any Injury, including medical expenses incurred by the Insured Person as a result of the Insured Person having contracted Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya provided that the maximum liability of the Company arising out of any one Accident shall not exceed the amount specified in the Policy schedule. Medical Expenses shall include expenses incurred for hospital (including room and board), clinical, medical and surgical treatments, and the cost for obtaining medical/specialist/post-mortem reports.

Compensation shall be payable only if such medical or surgical treatment is provided to the Insured Person by a Medical Practitioner within two (2) years from the Date of Accident, provided that the first expense is incurred within twenty-six (26) weeks from the Date of Accident, and the original invoice(s)/receipt(s) of the expenses incurred and any other additional documents as the Company may required are submitted to the Company

(b) TRADITIONAL MEDICAL TREATMENT

The Company will reimburse the actual costs of bone setting or traditional treatment (including medicine) incurred by the Insured Person as a result of Bodily Injury Accident. Such costs incurred shall be limited to ringgit Malaysia one hundred (RM100) per visit up to ringgit Malaysia one thousand (RM1000) per Policy Year. It is warranted that such services and traditional treatment should be provided by a legally licensed practitioner registered with Traditional and Complementary Medicine Healthcare (T&CM) Council. This benefit will exclude chiropractic treatment unless it is medically necessary and is recommended by the treating Physician. The maximum amount payable under this Benefit is subject to the sum specified in the Schedule of Benefits.

Compensation shall be payable only if such treatment is provided to the Insured Person within two (2) years from the Date of Accident, provided that the first expense is incurred within twenty-six (26) weeks from the Date of Accident and the original invoice(s)/receipt(s) of the expenses incurred and any other additional documents as the Company may require are submitted to the Company.

05. **MOBILITY EXPENSES**

In the event the Insured Person suffers Permanent Disablement due to an Accident, the Company shall reimburse the Insured Person, up to the amount specified in the Policy schedule, the actual costs of purchasing medical equipment provided always that such medical equipment are necessary to assist in the mobility of the Insured Person and are recommended in writing by the attending Medical Practitioner.

06. **MEDICAL / SPECIALIST REPORT / POST-MORTEM REPORT**
The Company will reimburse the actual cost in full as part of the Medical Expenses but only if such reports are specifically required by the Company for its processing of claims.

07. **AMBULANCE FEE**
The Company will reimburse the Insured Person the charges incurred for necessary ambulance services rendered in Malaysia (inclusive of attendants) to and/or from the hospital up to the amount specified in the Policy schedule provided such ambulance fee was incurred as a result of an Accident.

For the avoidance of doubt and notwithstanding the definition of Accident, this benefit does not cover ambulance fees incurred for transport to and/or from the hospital due to food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of illness or diseases.

08. **BLOOD TRANSFUSION**
The Company will pay the Insured Person twenty percent (20%) of the Principal Sum Insured specified in the Policy schedule if the Insured Person contracts Human Immunodeficiency Virus (HIV) as a result of a blood transfusion whilst the Insured Person is undergoing medical treatment for Injury in a hospital within Malaysia.

Compensation shall only be payable if the Insured Person is positively diagnosed with Human Immunodeficiency Virus (HIV) within two (2) years from the date of the blood transfusion.

09. **DENTAL CORRECTION AND/OR CORRECTIVE COSMETIC SURGERY**
The Company will reimburse the Insured Person up to the amount specified in the Policy schedule in respect of the expenses incurred by the Insured Person for dental correction and/or corrective cosmetic surgery performed on the Insured Person's neck, head or chest (navel up) following injuries sustained as a result of an Accident, provided that such dental correction and/or corrective cosmetic surgery is recommended and performed by a licensed orthodontist or cosmetic surgeon. This benefit excludes any dental implant.

10. **POST HOSPITALISATION SUPPLEMENT ALLOWANCE**
In the event the Insured Person is admitted to Hospital due to an Accident, the Company will reimburse the Insured Person up to the amount specified in the Policy schedule for vitamins and supplements purchased within thirty (30) days from the date the Insured Person is discharged from the hospital. Claims for the reimbursement must be supported by original receipts. This benefit is only payable once for each Insured Person per Policy Period

11. **DOUBLE INDEMNITY**
In the event of:
(a) Death; or
(b) Total paralysis from neck down; or
(c) Permanent total loss of use of two (2) or more limbs;

arising from an Accident that occurred (I) whilst travelling as a fare- paying passenger on any mode of Public Transport Services OR
(II) *whilst travelling overseas, the Principal Sum Insured payable under the relevant death or Permanent Disablement benefits together with renewal bonus (if any) shall be doubled.

*The phrase "whilst travelling overseas" in this context would mean the following:

- If Insured Person is a Malaysian – Insured Person is travelling out of Malaysia. If Insured Person also has a permanent residence in another country, then this benefit is only applicable if Insured Person is travelling out of Malaysia and out of that country in which the Insured Person has permanent residence.
- If Insured Person is a Malaysian legally employed in a foreign country – Insured Person is travelling out of Malaysia and out of the country in which he/she is employed.
- If Insured Person is a Non-Malaysian – Insured Person is travelling out of Malaysia and out of the Insured Person's country of origin.

NOTE: Double Indemnity is applicable for either (I) or (II) and not both.

12. **BEREAVEMENT ALLOWANCE**
In the event of the Insured Person's death due to Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya, the Company will pay to the Insured Person's legal representative, up to amount specified in the policy schedule as bereavement allowance upon submission of the documents required by the Company.

13. **FUNERAL EXPENSES**
The Company will pay the Insured Person's legal representative the relevant lump sum amount specified in the Policy schedule for this benefit in the event of death of the Insured Person due to an Accident.

For the avoidance of doubt and notwithstanding the definition of Accident, this benefit does not cover death due to food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of illness or diseases.

14. **REPATRIATION EXPENSES**
The Company will reimburse the Insured Person's legal representative the actual expenses incurred up to the amount specified in the Policy schedule for repatriation expenses incurred in sending or transporting the Insured Person's mortal remains back to the Insured Person's home country if the Insured Person's death is due to an Accident whilst travelling outside the Insured Person's home country.

15. **SNATCH THEFT OR ATTEMPTED SNATCH THEFT**
In the event of Snatch Theft or Attempted Snatch Theft, the Company will pay the Insured Person the amount specified in the Policy schedule as compensation to the Insured Person subject to a police report being lodged. The police report is to be made within twenty-four (24) hours of the Snatch Theft or Attempted Snatch Theft. A copy of the said police report is to be provided to the Company. Limited to one event any one period of insurance.

16. **MISCARRIAGE DUE TO ACCIDENT**
The Company will pay the Insured Person the amount specified in the Policy schedule in the event the Insured Person suffers a miscarriage as result of an Accident.

17. **KIDNAP**
The Company will pay a lump sum amount as specified in the Policy schedule for necessary expenses incurred by the Insured Person's family to recover the Insured Person and also offer a reward as specified in the Policy schedule for information leading to the recovery of the Insured Person provided that the Insured Person is alive at the time of recovery. The payment of this benefit is subject to verification and confirmation by the police that a ransom has been demanded by the kidnappers for the return of the Insured Person. Where no demand of ransom has been made, the Company has absolute discretion whether or not to make any payment under this benefit.

If after a period of one (1) year has lapsed from the Insured Person's date of reported kidnapping to the police and the Company having examined all evidence available, shall have no reason but to suppose in all probability that the Insured Person has died, the disappearance of that the Insured Person shall be considered to constitute a death claim under this Policy and the Principal Sum Insured shall be payable. If at any time after payment has been made, the Insured Person is found to be living, any sums paid by the Company in settlement of the claim shall be refunded to the Company.

18. **HOME NURSING CARE**
In the event an Accident during the Period of Insurance results in an Injury and the Insured Person requires nursing care following the Insured Person's discharge from the hospital, the Company will reimburse the cost of the nursing care up to the amount specified in the Policy schedule and up to a maximum of 1 year provided that:

(a) The Insured Person was hospitalised for a minimum of three (3) consecutive days;
(b) The nursing care is provided within seven (7) days from the date of the Insured Person's discharge from the hospital; and
(c) The nursing care is deemed medically necessary by the Insured Person's treating Medical Practitioner

19. **HOSPITAL INCOME**
In the event the Insured Person requires Hospitalisation as a result of an Accident, the Company will pay the Insured Person a daily benefit as specified in the Policy schedule for the period of Hospitalisation, up to a maximum of one hundred and twenty (120) days. This benefit is triggered only if the Insured Person is hospitalised for more than twelve (12) hours due to an Accident.
For the avoidance of doubt and notwithstanding the definition of Accident, this benefit does not include Hospitalisation due to food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of illness or disease.

Daily compensation is payable only if the Insured Person is hospitalised within twenty-one (21) days of the Date of Accident. Successive periods of Hospitalisation due to the same cause, shall be considered as one (1) Accident.

20. **PERSONAL LIABILITY**
The Company will indemnify the Insured Person up to the amount specified in the Policy schedule if, by reason of the accident, the Insured Person shall become legally liable to pay third parties in respect of Injury to such third party or accidental damage to property belonging to such third party (providing that another policy does not already cover such liability). The territorial limit of this benefit is within Malaysia only. In the event that any claim under this benefit is proven to be fraudulent after payment is made, the Company will recover all payments made and costs and expenses incurred in respect of that fraudulent claim. The Company further reserves the right to take any further action, including legal action against the claimant or such other party that the Company deems relevant in such case.

The Company will, subject to the limit of liability stated in the Policy schedule, indemnify the Insured Person in respect of:
(a) sums the Insured Person shall become legally liable to pay for compensation in respect of:
    (i) Injury to any person; and
    (ii) Accidental damage to property.
(b) All costs and expenses in litigation:
    (i) Recovered from the Insured Person by any claimant or claimants; and
    (ii) Incurred with the written consent of the Company;

in relation to a claim against the Insured Person, to which the indemnity expressed under this benefit applies.

Notwithstanding the above, this Benefit (Personal Liability) does not cover any Injury or Permanent Disablement directly or indirectly caused by or in connection with any of the following:

1. Liability assumed by the Insured Person by agreement unless such liability would have attached to the Insured Person notwithstanding such agreement;

2. Liability in respect of Injury to any person who at the time of sustaining such Injury is engaged in the service of the Insured Person or for compensation claimed from the Insured Person by an injured person or dependent under any workmen's compensation legislation;

3. Liability in respect of Injury to any person who is a member of the Insured Person's own family or a member of the Insured Person's household;

4. Liability in respect of damage to property belonging to or in the charge or under the control of the Insured Person or of any servant or agent of the Insured Person

5. Liability in respect of Injury or damage caused by or in connection with or arising from:
   (a) The ownership or possession or use by or on behalf of the Insured Person of any animal (other than a dog or cat), aircraft, motorcycle, vehicle, vessel or craft of any kind;
   (b) The ownership or possession or use by or on behalf of the Insured Person of any land or building;
   (c) Any employment, profession or business of the Insured Person or anything done in connection therewith or for the purpose thereof.

For the avoidance of doubt, this benefit does not cover any costs or expenses incurred by the Insured Person if the Insured Person shall become legally liable to pay third parties in respect of death directly or indirectly caused by an Injury to such third parties.
In the event of death of the Insured Person, the Company will in respect of the liability incurred by the Insured Person, indemnify the Insured Person's legal representative subject to the limitation of this Policy provided such legal representative shall, as though they were the Insured Person, observe, fulfil and be subject to the terms, conditions and exclusions of this Policy insofar as they apply.

OPTIONAL BENEFITS

01. WEEKLY BENEFITS

If the Insured Person is temporarily unable to engage in or attend to the Insured Person's profession or occupation due to Injury as certified by a Medical Practitioner, the Company will pay the Insured Person the amount specified under Weekly Benefit as provided in the Policy schedule up to a period of 52 weeks, effective from the date of confirmation of such temporary disablement by a Medical Practitioner.

This benefit is payable to the Insured Person provided that the Insured Person has not made any claims under Permanent Disablement.

For the avoidance of doubt and notwithstanding the definition of Accident, this benefit does not cover food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of illness or disease.

Compensation is payable only if such Injury shall, within twenty-one (21) days from the Date of Accident, continuously disables and totally prevents the Insured Person from performing any duties or functions relating to his/her occupation. Further, this benefit is only payable if the Insured Person furnishes the Company with the original medical certificates issued by the Medical Practitioner

TERRITORIAL LIMIT

1) Malaysia and Singapore
2) Elsewhere in the World during temporary visits excluding United States of America, Canada and South American Countries

CONDITIONS

1. CONDITIONS applying to the Personal Liability Section

   (a) The Insured shall exercise reasonable care and shall take all reasonable precautions to prevent accidents and shall comply with all statues, regulations, by laws and/or rules.

   (b) The Insured Person shall give notice to the Company of any injury loss or damage as soon as possible after it comes to the knowledge of the Insured Person or of the Insured Person's representatives for the time being. The Insured Person shall forward to the Company forthwith after receipt thereof every written notice of information as to any verbal notice of claim and shall also give written notice to the Company immediately upon becoming aware of or being informed of any proceeding. The Insured Person shall use his best endeavors to preserve any damaged or defective machinery or other appliances or things or records of such damage and defect which might prove necessary or useful by way of evidence in connection with any claim and so far as may be reasonably practicable, no alteration or repair shall be made without the consent of the Company after any accident occurring in connection therewith until the Company shall have had an opportunity to inspect or to waive in writing such right to inspect. The Insured Person shall give all necessary information and render all such assistance as the Company may deem necessary and forward all documents to enable the Insurers to investigate settle or resist any claim as the Insurers may think fit.

   (c) The Insured Person shall not incur any expense whether by litigation or otherwise or make any payment settlement arrangement or admission of liability in respect of any claim for which the Company may be liable under this Section without the written authority of the Company. The Company shall be entitled to use the name of the Insured Person for all purposes in connection with this Section including bringing defending enforcing or settling of legal proceedings for the benefit of the Company and the Insured Person shall provide to the Company all such assistance as the Company may deem necessary. In connection with any one claim or number of claims arising out of any one cause for indemnity against liability as defined in this Section the Company may, at any time pay to the Insured the Limit of Liability (after deduction of any sum or sums already paid as compensation and/or legal fees) or pay any lesser amount for which such claim or claims can be settled and upon such payment being made the Company shall relinquish the conduct and control of and be under no further liability in respect of such claim except the payment of costs and expenses of litigation recoverable or incurred in respect of matters prior to the date of such payment and the Company shall not be responsible for any loss alleged to have been sustained by the Insured Person in consequence of any action or omission of the Company in connection with such claim or proceedings.

   (d) If at the time any claim arises under this Section and there is any other existing insurance covering the same liability the Company shall not be liable to pay or contribute more than their ratable proportion of such claim.

   (e) While the Insured Person is driving any vehicle.

2. **Notice**
Every notice or communication to be given or made under this Policy by the Policyholder or Insured Person or his/her legal representative shall be delivered in writing to the Head Office or any Branch Office of the Company.

3. **Misstatement Or Omission of Material Fact**
Subject to the relevant duty of disclosure of the Policyholder or Insured Person, the Company shall not be liable if there be any misstatement in or if a material fact has been omitted from the proposal form or any document provided to the Company.

If any claim made by the Policyholder or Insured Person, shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the Company reserves the right to deny or reduce such claim or terminate this Policy or the Insured Person's coverage, as the case may be. The Company shall be entitled to recover any monies paid or any costs, fees or expenses incurred.

4. **Change Of Address or Particulars**
The Insured Person shall give immediate notice to the Company of any change in his/her name, residence, business or occupation.

5. **Residing Overseas**
Only death and Permanent Disablement benefits will be payable should the Insured Person reside outside of Malaysia for more than ninety (90) consecutive days.

6. **Alterations**
The Company reserves the right to amend the terms and conditions of this Policy and such alteration to this Policy shall only be valid if authorized in writing by the Company and endorsed hereon. The Company shall give thirty (30) days prior written notice to the Insured Person according to the last recorded address before any alteration is to take effect. Any alteration shall take effect from the next renewal of this Policy.

7. **Claims**

(a) Notice of Claim
All claims must be given in writing to the Company within thirty (30) days from the Date of Loss/Accident.

The Insured Person shall produce for the Company's examination all relevant documents required at such reasonable times and shall co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the Insured Person's claim. Refusal or failure to cooperate or assist may be deemed to be a breach of Policy Terms and Conditions.

Written notice of claim given by or on behalf of the Insured Person to the Head Office or any Branch Office of the Company in Malaysia or to any authorised agent of the Company shall be deemed notice to the Company.

(b) Proof of Loss
Written proof of loss, including but not limited to medical reports, original receipts, police report and such other proof as required to support the nature of claim, must be furnished to the Company within ninety (90) days from the Date of Loss/ Accident.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required. In the absence of legal capacity, such proof shall be promptly provided by the legal representative.

All documents and evidence must be provided at the expense of the Insured Person or the person entitled to receive moneys through the Insured Person, as the case may be ("Claimant"), in the form and nature required by the Company.

(c) Notwithstanding anything herein to the contrary, where the Policyholder is a corporate body purchasing this Policy to provide insurance coverage for its employees, the benefits shall be payable to the Policyholder.

8. **Premium Payment**

(a) Where this Policy is issued to cover an individual Policyholder, the following shall apply:

Cash Before Cover
It is a fundamental and absolute special condition of this Policy that the premium due must be paid and received by the Company before cover commences. If this condition is not complied with, then the Policy will be deemed cancelled from inception

(b) Where this Policy is issued to a Corporate Body, the following shall apply

Premium Warranty
It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this Policy or the endorsement issued by the Company setting out the commencement of coverage for the Insured Persons. If this condition is not complied with then the coverage for the relevant Insured Person whose premium has not been paid and received shall be automatically cancelled, and the Company shall be entitled to the prorated premium for the period the Company provided the cover for such Insured Person. Where the premium payable is received by the Company's authorized agent, the payment shall be deemed to be received by the Company.

9. **Policy Renewal**
The coverage under this Policy shall not in any event be renewable when the Insured Person attains the age of eighty (80) years.

10. **Automatic Renewal (For Individual Policy Only)**
In the event the Insured Person under a Policy issued to an individual Policyholder opts for automatic renewal, subject to the terms and conditions of this Policy and payment of premium due, the Insured Person's coverage shall be renewed on each Policy anniversary upon expiry unless this Policy is terminated pursuant to Condition 11 (Termination of Insurance).

Notwithstanding the renewal of the Insured Person's coverage on each Policy anniversary, in the event of any change in the particulars provided for underwriting this Policy or in the event of any claim arising in the period before this Policy is renewed, the Company shall have the right to revise the terms of this Policy, adjust the premium, decline renewal or terminate this Policy.

11. **Termination Of Insurance**

(a) Termination by the Policyholder or Insured Person

(i) Where this Policy is issued to an individual Policyholder

Where this Policy is issued to an individual Policyholder, if the Policyholder gives notice to the Company to terminate this Policy or the individual coverage of an Insured Person under this Policy, such termination shall become effective on the date the notice is received by the Company from the Policyholder or on the date specified in such notice, whichever is the later.

In the event premium has been paid for any period beyond the date of termination of this Policy or the individual coverage of an Insured Person, as the case may be, the short period rates shall apply provided that no claim has been made during the Period of Insurance then subsisting and the relevant premium shall be refunded accordingly to the Policyholder.

(ii) Where this Policy is issued to a Corporate Body to cover its Employees

Where the Policyholder is a corporate body purchasing this Policy to provide insurance coverage for its employees and the Policyholder gives notice to the Company to terminate this Policy or an Insured Person's coverage under this Policy, such termination shall become effective on the date the notice is received by the Company from the Policyholder or on the date specified in such notice, whichever is the later.

Where this Policy is terminated, all subsisting individual coverage of Insured Persons shall also cease to be in-force as of the date of termination of this Policy. In the event premium has been paid for any period beyond the date of termination of this Policy or the individual coverage of an Insured Person, as the case may be, the short period rates shall apply provided that no claim has been made during the Period of Insurance then subsisting and the relevant premium shall be refunded accordingly to the Policyholder.

(iii) Where this Policy is issued to cover Multiple Insured Persons (not employees)

Where this Policy is issued as a group policy to cover multiple Insured Persons (who are not employees of the Policyholder), if the Policyholder gives notice to the Company to terminate this Policy, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. Notwithstanding the termination of this Policy, the individual coverage of the Insured Person subsisting at the date of termination of this Policy shall continue to be in force until the expiry of the Period of Insurance as stated in the certificate of insurance and the premium paid for such coverage shall not be refunded.

If an Insured Person covered under a group policy gives notice to the Company to terminate his/her individual coverage under this Policy, such termination shall become effective on the date the notice is received by the Company from the Insured Person or on the date specified in such notice, whichever is the later. In the event premium has been paid for any period beyond the date of termination of the individual coverage of an Insured Person, the short period rates shall apply provided that no claim has been made during the Period of Insurance then subsisting and the relevant premium shall be refunded accordingly to the Insured Person

Short Period Rates:

Period of Insurance (Not Exceeding)	Percentage (%) of Annual Premium to be Charged
Two (2) months (minimum)	40%
Three (3) months	50%
Four (4) months	60%
Five (5) months	70%
Six (6) months	75%
Over six (6) months	100%

(b) Termination by the Company
In the event the Company terminates this Policy or any individual coverage under this Policy pursuant to Condition 3 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the Company shall give its notice of termination by registered post to the Policyholder or the Insured Person, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

In the event premium has been paid for any period beyond the date of termination of this Policy or the individual coverage of an Insured Person under this Policy, as the case may be, the pro-rata premium shall be refunded to the Policyholder or the Insured Person (where the Policy is issued to cover multiple Insured Persons who are not employees of the Policyholder), as the case may be, provided that no claim has been made during the Period of Insurance then subsisting and such refund is not prohibited by any law.

(c) Automatic Termination
(i) This Policy shall lapse/terminate upon occurrence of any of the following:

(1) At mid-night (standard Malaysian time) on the last day of the Period of Insurance even if the Insured Person attains the age of eighty (80) years, or nineteen (19) years or twenty-five (25) years when the Insured Person is a Dependant, as the case may be, anytime during the Period of Insurance; or
(2) Upon death of the Policyholder who is an individual; or
(3) If any premium on this Policy remains unpaid on or before each automatic renewal (where applicable) of this Policy; or
(4) If any premium on this Policy remains unpaid after sixty (60) days from the inception date of the Period of Insurance, pursuant to Condition 8 (b) (Premium Payment).

(ii) In the event an Insured Person who is not the Policyholder on record suffers death anytime during the Period of Insurance, the coverage of such Insured Person shall cease upon his or her death. Notwithstanding this, the Policy shall continue to subsist and the coverage of the remaining Insured Persons, if any, shall continue to be in effect.

12. **Currency And Exchange Rates**
All premiums shall be paid in Malaysian Ringgit. In the event that the Insured Person shall be admitted into a hospital and/or receive medical treatment outside Malaysia and render bills in a currency other than Malaysian Ringgit, the Company shall indemnify the Insured Person or his/her legal representative in Malaysian Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the date of the claim settlement.

13. **Applicable Law**
This Policy and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian Courts shall have exclusive jurisdiction hereto.

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.

14. **Receipts**
The receipt of the Insured Person or his/her personal legal representative, as the case may be, of any compensation payable herein shall in all cases be effectual discharge of liability of the Company

15. **Terrorism**
This Policy is extended to cover the Insured Person in respect of Injury, death and Permanent Disablement which may be sustained through terrorism provided that there is no other liability under this Policy when such act and/or acts of terrorism involve utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined. Provided always that the terrorist act must be verified by authorities (example government or recognised international body), and the Insured Person must not be participating in an act of terrorism or be engaged in unlawful activities.

For the purpose of this clause

(a) Terrorism means an act or acts, of any person, or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).

(b) Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

(c) Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

(d) Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s), viruses and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

16. **Duty Of Disclosure**

(a) Consumer Insurance Contract
Pursuant to Paragraph 5 of schedule 9 of the Financial Services Act 2013, if the Policyholder and/or Insured Person had applied for this Insurance wholly for purposes unrelated to the Policyholder's and Insured Person's trade, business or profession, the Policyholder and Insured Person had a duty to take reasonable care not to make a misrepresentation or omission in answering the questions in the proposal form and all the questions required by the Company fully and accurately and also disclose any other matter that the Policyholder and Insured Person know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.

(b) Non-Consumer Insurance Contract
Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the Policyholder and/or Insured Person had applied for this Insurance for purposes related to the Policyholder's and Insured Person's trade, business or profession, the Policyholder and Insured Person had a duty to disclose any matter that the Policyholder and Insured Person knows or should know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continues until the time the contract was entered into, varied, or renewed.

(c) The Policyholder and Insured Person also has a duty to tell the Company immediately if at any time, after this Policy has been entered into, varied or renewed with the Company, any of the information given for this Policy is inaccurate or has changed.

17 **Sanction Limitation and Exclusion Clause**
No insurer/coinsurer shall be deemed to provide cover and no insurer/coinsurer 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 insurer/coinsurer 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 or United States of America or under the laws of Malaysian

INSURING CLAUSES
Subject to the terms, exclusions and conditions contained in this Policy, the cover as provided under this Policy shall be extended to cover the Insured Person for the circumstances provided hereinafter:

1. Motorcycling Risk
Death, Permanent Disablement or Injury whilst riding a motorcycle (whether as rider or pillion) for private or business purposes, provided always that the Company shall not be liable for any claim arising out of racing, pace making or participation in any speed contests reliability or other trials.

2. Strike Riot and Civil Commotion
Death, Permanent Disablement, Injury or any other loss covered under this Policy directly or indirectly caused by labour disturbances, riots or civil commotions or any persons of malicious intent acting on behalf of or in connection with any political organization, provided always that this extension shall not apply whilst the Insured Person is taking part in any disturbance of public peace.

3. Hijacking
   Death, Permanent Disablement or Injury sustained as a direct result of unlawful seizure or wrongful exercise of control of an aircraft vessel or public conveyance.

4. Unprovoked Murder and Assault
   Death, Permanent Disablement or Injury arising from unprovoked murder or attempted murder or physical assault.

5. Suffocation Through Smoke, Fumes and Poisonous Gas
   Death, Permanent Disablement or Injury arising from accidental suffocation through smoke, fumes and poisonous gas.

6. Hunting And Mountaineering
   Death, Permanent Disablement or Injury whilst engaged in hunting (except big game hunting) or mountaineering (without use of ropes or guides) for leisure purpose only.

7. Intoxication By Drugs or Alcohol
   Death, Permanent Disablement or Injury arising from intoxication by drugs or alcohol. For this purpose, all such drugs must be prescribed by a qualified registered Medical Practitioner and the alcohol concentration in the blood, breath or urine of the Insured Person must not exceed the legal limits.

8. Flood, Windstorm and Earthquake
   Death, Permanent Disablement or Injury or any other loss covered under this Policy caused as a result of flood, hurricane, cyclone, typhoon, windstorm, earthquake, volcanic, eruption or other convulsion of nature.

9. Poisonous Food or Drink
   Death or medical treatment arising from food or drink poisoning.

10. Water Sports
    Death, Permanent Disablement or Injury arising whilst the Insured Person is taking part in the following water sports activities: water skiing, yachting, surfing and snorkeling as an amateur.

11. Polo Playing and Bungee Jumping
    Death, Permanent Disablement or Injury whilst engaged in polo playing and bungee jumping.

12. Amateur Sports (Except Martial Arts and Boxing)
    Death, Permanent Disablement or Injury arising whilst the Insured Person is engaged in indoor or outdoor sport as an amateur except martial arts and boxing.

13. Accidental Drowning or Near Drowning
    Death, Permanent Disablement or Injury arising from accidental drowning or accidental near drowning.

14. Insect, Snake and Animal Bites
    Death, Permanent Disablement, or Injury arising from harmful insect, snake and other animal bites excluding death or Permanent Disablement or Injury arising from disease or illness caused by parasites, bacteria or viruses carried by such insects, snakes and animal.

HEAD OFFICE : 11th Floor, Wisma Bumi Raya, No. 10, Jalan Raja Laut, 50350 Kuala Lumpur
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SST Registration No. CP W10-1808-31021805
TEL:03-26985033 FAX:03-26938145
TOLL FREE NO: 1 800 88 2121

EXCLUSIONS

This Policy does not cover any claims directly or indirectly caused:

(a) By war (whether declared or undeclared), act of foreign enemy, hostilities, civil war, rebellion, revolution, mutiny or unsurped power, military or popular uprising, proclamation or maintenance of martial law or state of emergency, seizure, quarantine, or customs regulations or nationalisation by or under the order of any government or public or local authority.

(b) By provoked murder or provoked assault

(c) By insanity, suicide, or any attempt thereat, intentional self-inflicted injury or any attempt thereat

(d) By pregnancy, childbirth, miscarriage, hernia, or any complications thereof.

(e) While the driver of any vehicle occupied by the Insured Person is under influence of liquor or drugs (unless administered under the order of a qualified medical practitioner and which does not affect his ability to drive or ride)

(f) Through HIV (Human Immunodeficiency Syndrome) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or AIDS related Complex (ARC) howsoever caused any contagious disease and/or any mutant derivatives, variations or treatment thereof and/or all sexually transmitted diseases.

(g) By ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any sustaining process of nuclear fission, and nuclear weapons materials.

(h) Whilst committing or attempting to commit any unlawful act or while resisting arrest.

(i) Whilst travelling in an aircraft except as a fare-paying passenger in an aircraft licensed for passengers service. For the purpose of this exclusion the Insured Person would not be covered if (i) they are involved in any technical operation or navigation whilst in the aircraft, (ii) travelling as a fare-paying passenger on any non-scheduled and/or chartered aircraft. (iii) travelling in any military, police, quasi-military aircraft for whatsoever reason.

(j) Whilst serving in the Police and Military Units of any Country or International Authority, fire brigade, uniformed security guards or of similar occupational hazards.

(k) Whilst engaging in racing of any kind (other than on foot).

(l) Whilst engaging in mountaineering involving the use of ropes or mechanical guides, ice-hockey, steeplechasing, winter sports, parasailing, hand-gliding, underwater activities involving the use of breathing apparatus, parachuting, any professional/semi-professional games/sports and any other hazardous activities/sports.

(m) By any existing physical infirmity or any degree of mental instability.

(n) By any tasks carried out by offshore and onshore workers, fisherman, seaman, timber and logging operation workers/drivers

(o) Whilst traveling in any vehicle, vessel or craft which is not duly licensed by the appropriate authority, or which is operated in a manner that breaches any license or laws.

(p) In the event or incident of kidnapping:
  (i) Fraudulent, self-inflicted, staged events or self-arranged kidnapping,
  (ii) occurring in countries or regions under official travel warnings/advisories, unless explicitly included,
  (iii) during illegal activities or where the Insured or Insured Person is the instigator,
  (iv) failed to report to the Company within 14 days after the incident (unless justification is provided).

(q) In the event of Terrorism:
  (i) Terrorism in regions excluded under the general geographical limits of the policy (e.g., high-risk zones, war zones),
  (ii) If the Insured Person is in an area known for terrorist activities and disregards safety advisories or warnings

CHECKLIST ON THE REQUIRED DOCUMENTS OF CLAIMS

Benefit	Action/Document(s) Required
All Claims	1. Completed Claim Form 2. Copy of Claimant's NRIC (or other ID) 3. Police Report (for accident claim) 4. Driving License (for accident claim)
Death Double Indemnity Funeral Expenses	1. Certified true copy of Death Certificate 2. Deceased's NRIC (or other ID) 3. Doctor's Statement 4. Post -Mortem report & Toxicology Report (for accident claim) 5. Ticket or documents showing the details of travel 6. Burial Permit
Permanent Disablement	1. Medical report 2. Doctor's report verifying the permanent disablement 3. Photographs showing the amputated limb
Medical Expenses Traditional Medical Treatment Blood Transfusion infection (as defined) Dental Correction and/or Corrective Cosmetic Surgery Post Hospitalisation Supplement Allowance Ambulance Fee Bereavement Allowance Miscarriage due to Accident	1. Medical report from the attending medical practitioner 2. Original medical bills/receipts 3. Hospital admission/discharge note or summary 4. Certified True copy of Death Certificates (for Bereavement Allowance) 5. Ambulance Service Report
Kidnap	1. Police report and investigation report 2. Information about the Incident

Benefit	Action/Document(s) Required
Personal Liability	1. Police Report 2. Internal investigation report on full circumstances and cause 3. Summon/letter of demand filed against you
Mobility Expenses	1. Medical report/ attending medical practitioner recommendation 2. Photograph(s) of the injury/loss or limb(s) 3. Original receipts for amount claimed for medical equipment
Repatriation Expenses	1. Certified True Copy of Death certificate 2. Original receipts of cost incurred in repatriation of mortal remains and its itemized bills 3. Proof of Travel 4. Certified true copy of deceased's NRIC (or other ID)
Snatch Theft or Attempted Snatch Theft	1. Police report 2. Original Medical bills/receipts/bills if there were injuries 3. Proof of loss of cash, persona effects, or bank statement transaction
Weekly Benefit	1. Medical report 2. Medical sick leave certificate 3. Original medical receipts
Home Nursing Care	1. Hospital admission/discharge note or summary containing date of admission/ discharge 2. Treating medical practitioner's written advice on the need of nursing care 3. Original itemized bills and receipts for nursing service
Hospital Income	1. Hospital admission/discharge note or summary 2. Medical Report from the attending physician

The above list is not exhaustive. The Company reserves the right to request for any relevant document(s) as may be applicable and reasonable to support an Insured Person's/Claimant's claim at the insured person's/claimant's expenses.

This Policy, together with its terms and conditions, should be studied carefully, and any necessary corrections should be communicated to the Company at once. Notice of every accident, whether a claim is anticipated or not under this Policy, should be given immediately to the nearest office

IMPORTANT

Disputes can be referred to: Financial Markets Ombudsman Service ("FMOS") (Formerly known as Ombudsman or Financial Services) Tel No: 03-2272 2811