



Critical Illness Plan

(Annual Cover)

Product Disclosure Sheet

(Read this Product Disclosure Sheet before you decide to take out the Critical Illness Plan. Be sure to also read the general terms and conditions.)

1. What is this product about?

The Critical Illness Plan is an insurance plan exclusively for 5 major critical illnesses that are considered 'high risk' in Malaysia. This cover provides lump sum payment up to the Sum Insured if you are diagnosed as having the specified critical illnesses and survive for at least 14 days after diagnosis.

This policy covers all Malaysians, Permanent Residents, and Work Permit/Employment Pass Holders or otherwise legally employed in Malaysia.

All Applicants must be between 18 to 59 years of age at the date of first enrolment. Cover may be granted beyond age 59 provided you are enrolled in the Plan before that age and have remained continuously covered thereafter, up to the maximum age of 64.

2. What are the covers/benefits provided?

This policy covers:

5 MAJOR CRITICAL ILLNESSES	Emerald (RM)	Diamond (RM)
Cancer	50,000	70,000
Heart Attack	50,000	70,000
Stroke	50,000	70,000
Coronary Heart Disease	50,000	70,000
Kidney Failure	50,000	70,000

Notes:

- Policy renewability and renewal premium are not guaranteed.
- Policy is arranged on an annually renewable basis and premium will be adjusted periodically to
- Reflect both experience and inflation in underlying medical treatment costs.

Duration of cover is for one (1) year. It may be renewed on each anniversary of the Date of Inception of the Policy by payment of the premium determined by the Company at the time of renewal.

3. How much premium do I have to pay?

The total premium that you have to pay may vary depending on your age limit and gender:

ANNUAL PREMIUM TABLE (RM) – WOMEN (Inclusive Stamp Duty RM10)		
AGE	EMERALD	DIAMOND
	RM50,000	RM70,000
	Non Smoker	Non Smoker
18-24	44	53
25-29	60	69
30-34	81	110
35-39	129	176
40-44	202	279
45-49	275	381
50-54	384	534
55-59	508	707
60-64	650	907
ANNUAL PREMIUM TABLE (RM) – MEN (Inclusive Stamp Duty RM10)		
AGE	EMERALD	DIAMOND
	RM50,000	RM70,000
	Non Smoker	Non Smoker
18-24	50	56
25-29	56	63
30-34	70	89
35-39	98	132
40-44	166	228
45-49	253	351
50-54	414	574
55-59	688	958
60-64	1,066	1,488

Notes:

- Annual Premium inclusive stamp duty of RM10.00.
- The Premium charged is based on the age of the applicant's from the year of birth. It will change upon entering a higher age group.
- The 60-64 rate is only available for renewal.

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

Type	Amount
Service Tax (if applicable)	6% of premium
Commission paid to Bank	15% of premium
Stamp duty	RM10.00

You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to your Policy.

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

- Policy is arranged on a yearly renewable basis.
- Policy renewability (subject to claim history) and renewal premium is not guaranteed.
- The Insurer reserves the right to revise the benefits and applicable premium rate at the time of renewal to reflect the product's claims experience and inflation in underlying medical treatment costs.
- Changes to benefits and premium revisions can only be made on renewal or at the policy anniversary, by giving thirty (30) days of notice in writing to the Policyholders.
- The Insurer has the right to repudiate liability in the event that the Proposer failed to disclose relevant information that would affect the decision of the Insurer to accept or reject the risk and on the premiums and terms to be applied to the Proposer.
- **Cash Before Cover** – If this insurance policy covers the personal interest of the policy holder, the following condition shall apply:
- This insurance shall not be effective unless the premium due has been paid. The premium warranty condition stated in the policy is hereby deleted.
- **Notice of Claim** - Claims or potential claims must be notified to the Company within the Notification Period (30 days). A fully completed Claim Form together with supporting medical information must be submitted to the Company within a period of 30 days from first notification. In cases of accident or acute medical emergency which prevents the Insured Person from complying with this condition, written notification together with supporting medical information must be submitted to the Company as soon as reasonably possible thereafter.
- **Waiting Period** - Means the first 60 days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover.

- **Pre-existing Conditions** – shall means any injury, illness, condition or symptom for which the Insured Person has had or is receiving treatment or sought medical advice or which originated or was known to exist by the Insured Person (or anyone insured under the policy) during the three (3) year period prior to the inception of cover under the Policy for the Insured Person concerned.
- **Survival Period** - Means the period of 14 days after the diagnosis of a covered Critical Illness for which the Insured Person must survive before a claim becomes valid.
- **Cooling-Off-Period** - If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.
- **Importance of Disclosure** – You must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by MSIG insurance (Malaysia) Bhd (“Company”) and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and the premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.
- Unless renewed, the coverage will cease on expiry date and we shall strictly not be liable for any expenses that take place after the expiry date.

Note: This list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

6. What are the major exclusions under this policy?

This policy does not cover:

- Pre-existing Conditions – shall means any injury, illness, condition or symptom for which the Insured Person has had or is receiving treatment or sought medical advice or which originated or was known to exist by the Insured Person (or anyone insured under the policy) during the three (3) year period prior to the inception of cover under the Policy for the Insured Person concerned.
- Critical Illness first diagnosed within 60 days from the original inception date of the Policy except when caused by an Accident as defined.
- Suicide, self-injury or willful exposure to peril other than in an attempt to save human life. Childbirth, abortion or pregnancy.
- Alcohol or solvent abuse or taking drugs.
- Taking part in any flying activity other than as a passenger in a commercially licensed aircraft.
- Living outside the Usual Country of Residence disclosed in the Application Form for more than three (3) consecutive months in any 12 months.
- Infection with HIV or conditions due to AIDS.
- Mental illness, psychiatric disorders, self-inflicted injury or suicide.
- Unlawful or illegal act.
- War, Terrorism and Political Exclusions.

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

7. Can I cancel my policy?

If the policy is requested to be cancelled by the Insured, no payment will be made by the Insurer and the policy will cease. The Insurer may cancel this cover or any Section by sending seven (7) days' notice by recorded delivery letter or registered letter to your last known address and the return of premium will depend on how long the cover has been in force and whether any claims have been made.

8. What do I need to do if there are changes to my contact/personal details?

You must advise us in writing as soon as you are aware of any change in the employment, occupation, duties or pursuits of any Insured Person, or any other change which may increase the risk profile of this Policy.

9. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the insurance-info booklet on 'Medical and Health Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my.

If you have any enquiries, please contact us at:

Insurer:

MSIG Insurance (Malaysia) Bhd (46983-W)

Bancassurance:

Level 16, Menara Hap Seng 2

Plaza Hap Seng

No. 1, Jalan P. Ramlee

50250 Kuala Lumpur.

MSIG Banca Hotline: 1800-88-6163

Fax: (603) 2070 5959

E-mail: bancahotline@my.msig-asia.com

Intermediary:

Hong Leong Bank Berhad

Level 16, Hong Leong Tower

No. 6, Jalan Damanlela,

Bukit Damansara,

50490 Kuala Lumpur.

10. Other types of Critical Illness cover available

- NIL

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE BANK OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 01/09/2018.