Take It Easy
Managed Care Programme

Service Tax Important Notice Wordings

Please be informed that a 6% Service Tax will be charged with effect from 1 September 2018 for all taxable general insurance policies with period of insurance commencing on or after 1 September 2018 or policies spanning across 1 September 2018 (pro-rated charge).
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.

WHEREAS the Insured named and described in the Schedule by a signed Proposal and Declaration which shall be the basis of this Contract has applied to MSIG Insurance (Malaysia) Bhd (hereinafter called "the Company") for insurance hereinafter contained.

IN CONSIDERATION of the payment by the Insured of the Premium as stated in the Schedule and subject to the terms, provisions, exclusions and conditions herein endorsed hereon, the Company agrees if during the Period of Insurance the Insured Person is confined in a legally constituted Hospital as a result of an accidental bodily injury, a disease or a sickness, the Company shall pay, upon receipt and approval of proof, the actual, reasonable and customary charges incurred to the Insured in accordance with the Plan which the Insured Person is covered. The benefit payable under this policy in respect of any one Insured Person, is subject to the maximum limit set forth in the Benefits Schedule of the appropriate Plan.

CONDITIONS

1. CHANGE IN RISK

The Insured shall give immediate notice in writing to the Company of any material change in the Insured Person's occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

Before each renewal of the Policy, the Insured must notify the Company in writing of any injury, disease, physical defect or infirmity of which the Insured Person has become aware or been affected.

2. CHANGE OF CATEGORY OF ELIGIBILITY

Any increase in the cover to be provided to an employee already included in the Group which is due to the promotion of an employee, shall become effective from the date of the employee's promotion; unless the employee is absent from work on that date due to Illness or Injury, in which case the increase in cover will take effect from the date on which the employee returns to work full time.

3. PERIOD OF COVER AND RENEWAL

This policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

This policy is renewable at the option of the Company. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

4. GEOGRAPHICAL TERRITORY

All benefits provided in this policy are applicable worldwide for twenty-four (24) hours a day.

5. AGE LIMIT

This Policy shall cover each eligible person age between 18 years to 45 years of age unless prior consent has been granted by the Company for any person other than the age stated.

If the Insured shall have failed to disclose to the Company any Insured Person who is above this age limit, the insurance provided for such Insured Person shall be invalid even though if the Company, having acted out of ignorance and for lack of information, had made and received a premium charge for this person.

6. TERMINATION OF COVER

a) Cover ceases for the Insured Person

- **i) on the date this policy is terminated;**
- **ii) on the 45th birthday of the Insured Person;**
- **iii) on graduation after the insured has completed his/her final examinations.**
- **iv) ceases to be a full-time student for whatever reasons in the stated Educational Institution; or**
- **v) on the premium due date if the Insured fails to pay the required premium for the insured person.**

b) Cover ceases for the dependents:

- **i) on the date of termination of the insurance afforded to the Insured Person; or**
- **ii) on the date such dependent ceases to be dependent as defined herein.**

7. 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/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the Company shall be entitled to the pro-rated premium or the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorized agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to received such premium shall lie on the Company. Subject otherwise to the terms and conditions of this policy.

8. RECORDS

The Insured shall keep a record of the Insured Person included in this Policy containing for each employee the essential particulars of the insurance. Such information relating to new Insured Person becoming insured, adjustments because of changes in category and termination of insurance as may be required by the Company to administer this insurance shall be furnished to the Company at the end of each policy month.

9. ALTERATIONS

The Company reserves the right to amend the terms and provisions of this Policy by giving a thirty (30) days prior notice in writing by ordinary post to the Insured's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorized by the Company and such approval is endorsed thereon. The Company should give thirty (30) days prior written notice to the Insured according to the last recorded address for any alterations made.

10. CANCELLATION OF POLICY (applicable to yearly renewable policy only)

This Policy may be cancelled by the Insured at any time by giving written notice of cancellation to the Company, such notice to state when thereafter cancellation shall become effective. If no claims have been made during the current policy year, the Insured shall be entitled to a refund of the premium as follows:-

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

No premium will be refunded if claims have already been made.

This Policy may be cancelled by the Company by a written notice to the Insured under registered letter to the address shown in the Schedule or endorsed herein given seven (7) days' notice of their intention to terminate this policy,

stating when such cancellation shall become effective. Refund of premium will be made to the insured corresponding to the unexpired period insurance.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

11. CERTIFICATION, INFORMATION AND EVIDENCE

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

12. CONTRIBUTION

If an Insured Person in this Policy carries other insurance covering any illness or injury insured by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

13. GOVERNING LAW

This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

14. MINIMUM PREMIUM

No insurance may be granted on renewed for a premium less than RM50.00 after deduction of any allowance or discount permitted by the Company.

15. MISSTATEMENT OF AGE

If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest.

If at the correct age, the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable.

16. SUBROGATION

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

17. OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Policy, the Company shall be entitled to treat the Insured as the absolute owner of the Policy. The Company shall not be bound to recognize any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the Insured (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Insured shall be deemed to be the responsible Principal or Agent of the Insured Persons covered under this Policy

(In respect of Section 186 group Policy, the Company must comply with Section 186 (4) that the Company shall pay moneys due directly to the Insured Person or any person entitled through him and not the Group Insured.)

18. WAITING PERIOD

Eligibility for benefits starts thirty (30) days after the Insured has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

19. RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

20. TAKE-OVER POLICIES (applicable only if specified in the Policy Schedule)

If this Policy shall have commenced immediately upon termination of a preceding Policy and if an Insured Person shall have been afflicted with a medical disability prior or at the time this Policy started (and benefits under the preceding Policy would have been available to him), such Insured Person shall continue to be covered for the existing disability, but not to exceed the limits of the previous Policy or limits of this policy whichever shall be lesser on condition the Company has secured a copy of the preceding Policy

21. OVERSEAS TREATMENT

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

a) an Insured Person traveling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medical Emergency

b) an Insured Person upon recommendation of a Physician has to be transferred to a Hospital outside Malaysia because the specialized nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

22. PORTFOLIO WITHDRAWAL CONDITION

The Company reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product by giving thirty (30) days prior notice in writing by ordinary post to the Insured's last known address in the Company's records and the Company will run off all policies to expiry of the period of cover within the portfolio.

23. UPGRADED POLICIES (applicable only if specified in the Policy Schedule)

If the Eligible Benefits to any Insured Person under the terms of this Policy be increased while it is in force or at the time of Renewal or replacement and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were increased, the Limits of Benefits payable in respect of such Disability shall not exceed the Limit of Benefits prior to the date the Benefits were upgraded.

24. CONVERSION POLICIES (applicable only if specified in the Policy Schedule)

If the Eligible Benefits provided under this Policy shall have been converted from an existing coverage of an "Inner Limits" to an "As Charged/Full Reimbursement" coverage, and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were converted, the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the Eligible Benefits were converted.

25. UPGRADED ROOM AND BOARD CO-PAYMENT (not applicable to Intensive Care Unit)

If the Insured Person is hospitalized at a Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits during his/her confinement in the hospital described in the Schedule of Benefits.

26. CLAIMS PROCEDURES

a) Insured Person shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full 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 claim 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 Person shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured Person to do so.

27. INCOMPLETE CLAIMS

All claims must be submitted to the Company 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 the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

28. CURRENCY OF PAYMENT

All payment under this Policy shall be made in the legal currency of Malaysia. Should any payment be requested by the Insured to be payable 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 claims settlement.

29. CONDITION PRECEDENT TO LIABILITY

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

30. NOTICE

Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialed by an authorized representative of the Company.

31. MISREPRESENTATION / FRAUD

If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

32. LEGAL PROCEEDINGS

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

33. ARBITRATION

All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of such disclaimer.

DEFINITIONS

A. RELATING TO THE CONTRACTUAL DETAILS

1. **THE INSURED** shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Insured Persons in this Policy.

2. **INSURED PERSONS** shall mean the person named in the Policy Schedule and includes his/her dependents, if a request for dependent's insurance is similarly received by the Company and whose names appear on the Policy Schedule or whose names are added by Endorsement.

3. **POLICY YEAR** shall mean the one (1) year period including the effective date of commencement of Insurance and immediately following that date, or the (1) one year period following the Renewal or Renewed Policy.

4. **RENEWAL OR RENEWED POLICY** shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.

B. RELATING TO INSURANCE COVER

1. **ACCIDENT** shall mean 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 bodily injury.

2. **INJURY** shall mean bodily injury caused solely by Accident

3. **SICKNESS, DISEASE OR ILLNESS** shall mean a physical condition marked by a pathological deviation from the normal healthy state.

4. **DISABILITY** shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

5. **ANY ONE DISABILITY** shall mean all of the periods of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least sixty (60) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

6. **CONGENITAL CONDITIONS** shall mean 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. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured Person was continuously covered under this Policy.

7. **CHILD** shall mean any person who attained the age of fifteen (15) days and is an unmarried person, is financially dependent upon the Insured Person and is under the age of nineteen (19), or up to the age of twenty-three (23) for those registered as full time students at a recognized educational institution.

8. **DEPENDENT** shall mean any of the following persons

   a) a legally married spouse

   b) unmarried children over fifteen (15) days old but under nineteen (19) years of age or twenty-three (23) years of age still on full-time higher education, and who are not gainfully employed.

9. **ELIGIBLE EXPENSES** shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the schedule.

10. **MEDICALLY NECESSARY** shall mean a medical service which is:

a) consistent with the diagnosis and customary medical treatment for a covered Disability, and

b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and

c) not for the convenience of the Insured Person or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and

d) not of an experimental, investigational or research nature, preventive or screening nature,

e) for which the charges are fair and reasonable and customary for the Disability.

11. **REASONABLE AND CUSTOMARY CHARGES** shall mean the charges for medical care which are medically necessary shall be considered reasonable and customary 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 sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the Insured Person's medical condition.

12. **PRE-EXISTING CONDITIONS** shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

a) the Insured Person 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;

d) its existence would have been apparent to a reasonable person in the circumstances

13. **SPECIFIED ILLNESSES** shall mean the following disabilities and its related complications, occurring within the first one-hundred and twenty (120) days of Insurance of the Insured Person, irrespective of whether the Insured Person was aware or not:

a) hypertension, diabetes mellitus, cardiovascular disease

b) all tumors, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system

c) all ear, nose (including sinuses) and throat conditions

d) hernias, hemorrhoids, fistulae, hydrocele, varicocele

e) endometriosis including disease of the reproduction system

f) vertebro-spinal disorders (including disc) and knee conditions.

14. **HOSPITALISATION** shall mean admission to a Hospital as a registered bed-paying 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 confinement.

15. **INTENSIVE CARE UNIT** shall mean 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.

16. **OUT-PATIENT** shall mean the Insured Person is receiving medical care or treatment without being hospitalized and includes treatment in a Daycare center

17. **WAITING PERIOD** shall mean the first thirty (30) 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 Insured Person is first covered.

This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

18. **OVERALL ANNUAL LIMIT** shall means benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits irrespective of a type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.

C. RELATING TO MEDICAL SUPPLIERS

1. **DAY-SURGERY** shall mean a patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the hospital/specialist clinic (but not for an overnight stay).

2. **HOSPITAL** shall mean only 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 registered and graduate 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

3. **MALAYSIAN GOVERNMENT HOSPITAL** shall mean a hospital which charges of services are subject to the Fee Act 1951 fees (Medical) Order 1982 and/or its subsequent amendments if any.

4. **PRESCRIBED MEDICINES** shall mean medicines that are dispensed by a Physician, a Registered Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

5. **DOCTOR or PHYSICIAN or SURGEON** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured Person himself.

6. **DENTIST** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a physician or surgeon who is the Insured Person himself.

7. **SPECIALIST** shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his 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 physician or surgeon who is the Insured Person himself.

8. **SURGERY** shall mean any of the following medical procedures:

   a) to incise, excise or electrocauteries 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

   d) use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra

DESCRIPTION OF BENEFITS

Section A - Hospital Medical & Surgical Insurance

SECTION 1 OUTPATIENT MEDICAL (CLINICAL) BENEFITS

DESCRIPTION

Upon receipt of due proof that any Insured Person while insured under this Policy shall have incurred expenses for consultation and treatment by a duly qualified medical practitioner on account of a covered illness, injury or disease as an outpatient, the Company agrees subject to the provisions of the Policy to pay the Benefits as follows:-

1. **OUTPATIENT PRIMARY CARE**

Clinical visit to the Primary Care Physician (PCP) for consultation, treatment, medical care and prescribed medications, subject or otherwise, to the maximum limit per visit per day as may be stated in the Schedule of Benefits for :-

(a) **Preferred Panel Primary Care:**

The actual charges incurred at Preferred Panel will be paid directly by the Company. However, no payment will be made for Diagnostic X-Ray and Laboratory Tests expenses if such examination shows no indication of impairment of a normal health.

(b) **Non-Preferred Panel Primary Care:**

(i) Emergency Outpatient Treatment

Reimbursement of the actual charges for emergency treatment of sickness and accident in a hospital or registered 24-hour clinic and received as an outpatient between the hours of 10.00 p.m. and 6.00 a.m. of the following morning. The time of treatment as certified by the attending doctor shall be a condition precedent to liability. The actual charges incurred will be reimbursed by the Company in full provided the PCP visit is supported by medical information and certification (diagnosis & type of treatment). However, no payment will be made for Diagnostic X-Ray and Laboratory Tests expenses if such examination shows no indication of impairment of a normal health.

(c) **Traditional Alternative Treatment**

Reimbursement of actual expenses incurred for the treatment provided by registered Sinseh, Acupuncture, Chiropractic, Osteopathic and Naturopathy up to a maximum of RM30.00 per visit.

2. **OUTPATIENT SPECIALIST CARE**

(a) **Consultation with a Specialist:**

The Company will reimburse the actual charges for Specialist consultation and for all Diagnostic X-ray and Laboratory Tests, including prescribed medications, provided such consultation and diagnostic services are deemed medically necessary and are recommended by the attending Preferred Panel Primary Care Physician. However, no payment will be made for the Diagnostic X-ray and Laboratory Tests expenses if such examination shows no indication of impairment of a normal health.

(b) **Daycare Surgery :**

The Company will reimburse the fees actually charged by the Specialist for all professional services rendered for minor Daycare Surgical Procedures performed as an outpatient. Such fees or charges shall include all incidental services and supplies provided for the procedures provided such services are deemed medically necessary and are recommended by the attending Preferred Panel Primary Care Physician.

SECTION II HOSPITAL AND SURGICAL BENEFITS

1. HOSPITAL ROOM AND BOARD (Daily maximum up to 365 days)

Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient.

2. INTENSIVE CARE UNIT

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an inpatient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day as set forth in the Schedule of Benefits and maximum period payable is three-hundred and sixty five (365) days. Where the period of confinement in an Intensive Care Unit exceeds the maximum period, reimbursement will be restricted to the Standard Daily Hospital Room and Board rate.

No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

3. DAILY-CASH ALLOWANCE AT GOVERNMENT HOSPITAL (Daily allowance up to 365 days)

Pays a daily allowance for each complete day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Insured Person shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefits.

No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered disability.

4. HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges actually incurred for Medical Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefit.

5. PRE-HOSPITAL DIAGNOSTIC TESTS

Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability within thirty-one (31) days preceding hospitalisation and shall not exceed the limits as set forth in the Schedule of Benefits and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.

6. PRE-HOSPITAL PHYSICIAN VISIT

Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist in connection with a Disability within thirty-one (31) days preceding confinement in a Hospital and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner.

Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured Person does not result in hospital confinement for the treatment of the medical condition diagnosed.

7. SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Insured Person and post-surgery care up to sixty (60) days from the date of surgery, but shall not exceed the maximum indicated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

8. ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges by the Anesthetist for the Medically Necessary administration of anesthesia not exceeding the limits as set forth in the Schedule of Benefits.

In respect of Selected / Inner Limits Plan, the amount payable shall not exceed 35% of the surgical fee reimbursable.

9. OPERATING THEATRE FEES

Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure not exceeding the limits as set forth in the Schedule of Benefits.

In respect of Selected / Inner Limits Plan, the amount payable shall not exceed 35% of the surgical fee reimbursable.

10. IN-HOSPITAL PHYSICIAN VISIT (Daily maximum up to 365 days)

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting an in-paying patient while confined for a non-surgical disability.

11. POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within sixty (60) days immediately following discharge from Hospital for a non-surgical disability. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for sixty (60) days.

12. EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum stated in the Schedule of Benefits, as a result of a covered bodily injury arising from an Accident for Medical Necessary treatment as an out-patient at any registered clinic or hospital within twenty-four (24) hours of the Accident causing the covered bodily Injury. Follow-up treatment by the same doctor or same registered clinic or Hospital for the same covered bodily injury will be provided up to three hundred and sixty five (365) days and subject to the limit set forth in the Schedule of Benefits.

13. EMERGENCY ACCIDENTAL OUTPATIENT DENTAL TREATMENT

Reimbursement of the Reasonable and Customary charges charged by a legally registered dentist or at a dental clinic or hospital within 24 hours of the accident for the treatment of accidental injuries to sound natural teeth. Subsequent restoractive, periodontal, orthodontal and prosthodontal services are not covered. Follow-up treatment by the same dentist or same registered clinic of Hospital for the same accidental injuries to sound natural teeth will be provided up to 14 days from the date

14. AMBULANCE FEE

Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Insured Person is not hospitalised and subject to the limits set forth in the Schedule of Benefits.

15. IN-PATIENT TREATMENT FOR MENTAL ILLNESS

Reimbursement of the charges incurred for the treatment of a mental illness when confine in a hospital. In lieu of other Benefits stated in the Schedule, the Policy shall pay this benefit up to the Annual Maximum as stated in the Policy.

16. REIMBURSEMENT OF COLLEGE TUITION FEES

In the event of a Prolonged Disability which actually prevents the Insured Person from attending to his academic session at his registered College, and as a direct result of this non attendance such that the Insured Person has to repeat his coursework in a new academic session, this Benefit will reimburse the actual College Tuition Fees paid for the academic session which was missed. In the context of this Benefit, a Prolonged Disability is defined as a covered medical condition which renders the Insured Person being confined to hospital continuously for a period of not less than 60 days and shall include any post-hospital convalescence immediately following the discharge of hospital.

17. REPATRIATION & TRANSPORTATION OF MORTAL REMAINS

In the event of the Insured Person's death in Malaysia, the policy will pay the actual expenses incurred for preparing and transporting the remains of the deceased person to his/her Home Country in accordance with applicable international requirements but not to exceed the limit stated in the Schedule of Benefits. This Benefit shall only be applicable to foreign students, Sabahan and Sarawakian students who are insured members of the Insured.

18. MEDICAL EVACUATION EXPENSES

When as a result of a covered disability, the Insured Person is hospitalised for fourteen (14) consecutive days or more, the policy will pay upon the recommendation and approval of the attending physician for the evacuation of the Insured Person to his/her Home Country the actual expenses incurred but not to exceed the limit stated in the Schedule of Benefits. This Benefit shall only be applicable to foreign students, Sabahan and Sarawakian students who are insured members of the Insured. Subsequent expenses incurred in the Home Country will not be payable under this Policy.

19. MEDICAL REPORT FEE

Reimbursement of the fees actually charged for the completion of the Medical Report up to the maximum limit as stated in the Schedule of Benefits.

of accident subject to a maximum limit per accident as stated in the Schedule of Benefits.

EXCLUSIONS

This policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partially, by any one (1) of the following occurrences:

1. **Pre-existing conditions.**
2. **Specified Illness occurring during the first one-hundred and twenty (120) days of continuous cover.**
3. **Dental conditions including dental treatment or oral surgery unless as necessitated by accidental bodily injury to sound natural teeth.**
4. **Treatment of an optical nature and optical appliances.**
5. **Treatment relating to any form of birth control including its complications; infertility or sub-fertility.**
6. **Pregnancy existing on the effective date of insurance of the Insured Person.**
7. **Routine medical check-up or any other examinations where there are no objective indications of impairment of normal health.**
8. **Treatment of sexually transmitted diseases, or caused directly or directly by the presence of Human Immunodeficiency Virus (HIV) or AIDS related complex.**
9. **Treatment of injury, illness or disease arising out of misconduct, attempted suicide, carelessness, drunkenness, willful negligence of duty, performance of unlawful act, provoked assault, breach of peace, immoral acts or exposure to any unjustified hazard except when endeavoring to save human life.**

10. **Treatment relating to birth defect and congenital abnormalities including hereditary conditions.**
11. **Treatment for the functional disorder of the mind.**
12. **Treatment arising from unlawful use of drugs, drug addiction or alcoholism.**
13. **Any plastic or cosmetic surgery for beautification purposes or for any pre-existing conditions or treatment of their complications (inclusive of double eyelids, acne, keloids etc.) except as necessitated by accidental injuries.**
14. **Hospital confinement solely for the purpose of conducting medical evaluation, screening or diagnostic testing; or care and treatment that is experimental, investigative and not according to professional standards and care that is not medically necessary.**
15. **Treatment relating to weight control or for obesity.**
16. **Treatment of any illness arising from the point of birth of the child or due to premature birth of the child.**
17. **Private nursing care or services for rest cure provided by rest/nursing home for purely recuperative purposes and house calls rendered by doctors for any reason.**
18. **Any circumcision unless medically necessary.**
19. **Blood and topical allergy testing.**
20. **Any process solely for determination of eye refraction and the correction of the same by radial keratotomy, orthoptic or visual training or by any other means.**
21. **Supply of corrective glasses, or contact lens except for cataract surgery or eye injury while insured or any associated material for correction of visual acuity.**
22. **Sex transformation surgery and sex hormone therapy related to such surgery.**
23. **Treatment for effects from exposure to ionizing radiation or contamination by radioactivity from any source.**
24. **Treatment for any form of disability, injury or sickness sustained or contracted while on duty in any military, naval or air force of any country whether in time of peace or of war or due to direct participation in strikes, riots and civil commotion or insurrection.**
25. **Outpatient physical therapy or physiotherapy, Outpatient rehabilitation therapy, chemotherapy, radiation therapy and kidney dialysis are not covered.**
26. **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.**
27. **Charges for treatments that are given free of charge.**
28. **Communication or transportation expenses except ambulance fees as insured herein.**
29. **Terrorism Exclusion Endorsement (NMA2920)**

    Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any cause or event contributing or in any other sequence to the loss.

    For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence, of any person or group(s) of person, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

    This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

    If the Company allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of providing the contrary shall be upon the Insured.

    In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

30. **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 Workmen's Compensation Insurance Contract.**

31. **Investigation and treatment of sleep and snoring disorders, hormone replacement therapy for menopausal conditions and alternative therapy such as treatment, medical services or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.**

32. **Expenses incurred for sex changes**

33. **Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.**

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

35. **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.**

Applicable to Section I Benefits (additional exclusions)

No Benefits shall be payable for the following cost of treatment, items, services, products or conditions:-

1. **Treatment provided by any person other than a qualified medical practitioner.**
2. **Drugs or medications purchased without a doctor's prescription or for X-ray or Laboratory Examinations without a Preferred Panel Primary Care Physician's written recommendation.**
3. **Any other form of immunisation whether taken orally or by injection, including but not limited to Travel immunisation and Adult immunisation.**
4. **Dietary supplements, appetite suppressants, anabolic steroids, soaps, shampoos, vitamin creams, vitamin ointment or cosmetic products.**
5. **Medical examinations (including health screening profiles) required by third party.**
6. **Preventive vaccinations such as BCG, Hepatitis B, Triple Antigen, Double Antigen etc.**

LIMITATIONS (APPLICABLE TO SECTION I & II)

1. **No Benefits shall be payable for the acquisition of prosthetic appliances, such as artificial limbs, hearing aids and others except for medically required internal surgical implants and the rental of such devices during the hospital confinement.**

2. **No Benefits shall be payable for any services and supplies which are experimental or investigative in nature or are research oriented.**

3. **No Benefits shall be payable for charges, fees or expenses not mentioned under the Description of Benefits hereof.**

4. **No Benefits shall be payable for any Covered Eligible Expenses submitted to the Company after six (6) months from the dates the services and supplies were rendered or for services and supplies received prior to the effective date of after the termination date of the Insured Person's coverage.**

Section B – Personal Accident Insurance

Summary of Coverage

Accidental Death or Bodily Injury caused solely by violent, external and visible means resulting in any of the below mentioned activities and persons covered.

The following are granted in this policy:

Air Travel as passenger in any licensed passenger carrying aircraft on scheduled and unscheduled fights Disappearance Clause

Exposure Clause

Loss of Speech Clause

Loss Notification Clause

Strike, Riot & Civil Commotion
Endorsement Amateur Sports

Unprovoked murder and assault Hijacking

Drowning, Food and Drinks Poisoning, Harmful insects snakes and animal bites Bodily injury caused directly by fire

Natural perils such as earthquake, windstorm, volcanic eruption, flood, lightning, tidal wave, hurricane, cyclone and typhoon

Free coverage for motorcycling, hunting and mountaineering risks provided that the activities are carried out by the University

Bereavement Allowance (RM3,000.00 per student)

Territorial Limits **: 24 Hours and World-wide**

SCALE OF PERMANENT DISABLEMENT BENEFITS UNDER B OF THE TABLE OF BENEFITS

The following percentage of the amount expressed to be payable in respect of Benefit Section B shall be payable in the event of:-

A) Permanent Total Disablement	
Benefits	*Compensation*
a. Total loss by physical severance or total and permanent loss of use of:	
▪ One or two limbs	100%
▪ One or two hands	100%
▪ Arm above the elbow	100%
▪ Leg above the knee	100%
▪ Leg at or below the knee	100%
b. Total and permanent loss of all sight in one or both eyes	100%
c. Total and Permanent disablement from engaging in or attending to employment or occupations of any and every kind and/or total paralysis	100%
B) Permanent Partial Disablement	
a. Total and permanent loss of:	
▪ Sight in one eye except perception of light	50%
▪ Lens of one eye	50%

b. Total loss by physical severance or total and permanent loss of use of:	
▪ Thumb and four fingers of one hand	50%
▪ Four fingers of one hand	40%
▪ Thumb (two phalanges)	25%
▪ Thumb (one phalanx)	10%
▪ Index finger (three phalanges)	10%
▪ Index finger (two phalanges)	8%
▪ Index finger (one phalanx)	4%
▪ Middle finger (three phalanges)	6%
▪ Middle finger (two phalanges)	4%
▪ Middle finger (one phalanx)	2%
▪ Ring finger (three phalanges)	5%
▪ Ring finger (two phalanges)	4%
▪ Ring finger (one phalanx)	2%
▪ Little finger (three phalanges)	4%
▪ Little finger (two phalanges)	3%
▪ Little finger (one phalanx)	2%
▪ All toes of one foot	15%
▪ Great toe (two phalanges)	5%
▪ Great toe (one phalanx)	2%
▪ Any other toe	1%
c. Total and permanent loss of:	
▪ Hearing in two ears	75%
▪ Hearing in one ear	15%
▪ Speech	50%

Permanent total loss of use of member shall be treated as loss of member. Where the injury is not specified the Company will adopt a percentage of disablement under the above scale which is not inconsistent with the provisions of the said benefit.

The aggregate of all percentages payable in respect of any one accident to any one Insured Person shall not exceed 100%. In the event of a total of 100% having been paid, all insurance hereunder shall immediately cease to be in force in respect of that Insured Person. All other losses smaller than 100% if having been paid shall reduce the respective Insured Person's coverage under Benefits A & B by that amount from the date of accident until expiration of the Policy.

Benefits are only payable where the death or loss occurs or the disablement commences within twelve calendar months of the accident. For the purpose of this Policy, disablement is to mean disablement from following the Insured Person's pursuit of full-time study in any institution of higher learning.

EXCLUSIONS

This Policy shall not cover death loss or disablement directly or indirectly caused:

1. **by war invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection military or usurped power.**

2. **by martial law or state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege.**

3. **by any act of terrorism. For this purpose an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear.**

Any loss, damage, death, injury (including sickness and bodily injury) or other contingency happening during the existence of abnormal conditions (whether physical or otherwise) which are occasioned by or through or in consequence, directly or indirectly, or any of the said occurrences shall be deemed to be loss, damage, death, injury (including sickness and bodily injury) or a contingency which is not covered by this insurance, except to the extent that the Insured Person shall prove that such loss, damage, death, injury (including sickness and bodily injury) or other contingency happened independently of the existence of such abnormal conditions.

In any action, suit or other proceeding where the Company alleges that by reason of the provisions of this exclusion any loss, damage, death, injury (including sickness and bodily injury) or other contingency is not covered by this insurance, the burden of proving that such loss, damage, death, injury (including sickness and bodily injury) or other contingency is covered shall be upon the Insured.

4. **by fits, hernia, illness or any kind, venereal disease including those relating to the Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named, pregnancy, childbirth, miscarriage, confinement or any complication thereof, drugs, suicide, self inflicted injury, judicial pronouncement, unlawful act on the part of the Insured Person or wilful exposure of the Insured Person to unnecessary danger except in an attempt to save human life.**

5. **while the Insured Person is in a state of unsound mind.**

6. **while the Insured Person is engaging in Mountaineering requiring ropes or guides, Steeple chasing, Polo, Racing of any kind (other than on foot), Ice or Winter Sports of any kind, Boxing, Wrestling and Training or performing any form of Martial Arts and all aerial sporting activities unless previous consent of the Company has been obtained and the Policy has been endorsed accordingly. In any event whatsoever any person engaging or participating in any sport on a professional basis, will not be covered under the Policy.**

7. **while the Insured Person is in on or ascending into or descending from any aircraft other than a fully licensed passenger carrying aircraft in which the Insured Person is travelling as a passenger (on scheduled or unscheduled flights) other than as a member of the crew and not for the purpose of undertaking any trade or technical operation therein or thereon.**

8. **by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.**

Section A - Hospital Medical & Surgical Insurance

BENEFITS CLASSIFICATION	*All Students*
SCHEDULE OF BENEFITS	Plan1 (RM)
Section I – Outpatient Medical (Clinical) Benefits	
1. OUTPATIENT PRIMARY CARE (Description of Services)	
a. PCP Clinics	
- Consultation including treatment fee	**Unlimited Visits**
- Drugs, Injections & Medications	**As Charged**
- **Basic Laboratory Tests & X-Rays** *(payable only when Diagnostic Result indicates impairment to health)*	
b. Non-panel PCP Clinics (Students to bear anything above RM20)	**20 per visit**
c. Traditional Alternative Treatment	**30 per visit**
2. OUTPATIENT SPECIALIST CARE (Description of Services)	
a. Specialist Visits subject to Referral	
- Consultation including treatment fee	
- Drugs, Injections & Medications	**Unlimited Visits**
- Basic Laboratory Tests & X-Rays *(payable only when Diagnostic Result indicates impairment to health)*	**As Charged**
- Daycare Surgery	
Section II – Hospital & Surgical Benefits (Description of Services)	
1. Hospital Room & Board, each day up to 365 days	**100**
2. Intensive Care Unit, up to 365 days	**as charged**
3. Daily-Cash Allowance at Government Hospital – up to 365 days	**50**
4. Hospital Supplies and Services	**as charged**
5. Pre-Hospital Diagnostic Services within 31 days preceeding confinement	**as charged**
6. Pre-Hospital Physician Visit within 31 days preceeding confinement	**as charged**
7. Surgical Fees, Anaesthesia & Operating Theatre Fees	**as charged**
8. Anaesthetist Fees	**as charged**
9. Operating Theatre Fees	**as charged**
10. In-Hospital Physician Visit– up to 365 days	**as charged**
11. Post-Hospitalisation Treatment within 60 days from discharge	**as charged**
12. Emergency Accidental Outpatient Treatment – up to 365 days	**as charged**
13. Emergency Accidental Outpatient Dental Treatment	**as charged**
14. Ambulance Fee (road vehicle)	**as charged**
15. Inpatient Treatment for Mental Illness	**2,500**
16. Reimbursement of College Tuition Fees (per semester)	**5,000**
17. Repatriation & transport of Mortal Remains (foreign students, Sabahan and Sarawakian students)	**7,500**
18. Medical Evacuation Expenses (foreign students, Sabahan and Sarawakian students)	**7,500**
19. Medical Report Fee	**as charged**

OVERALL ANNUAL LIMIT - PER PERSON	**25,000**

Section B - Personal Accident Insurance

1. PERSONAL ACCIDENT BENEFITS	
a. Death	**50,000**
b. Permanent Disablement	**50,000**
c. Bereavement Allowance	**3,000**

Section C - Term Life (Underwritten by Hong Leong Assurance)

1. LIFE BENEFITS	
a. Natural Death	**10,000**
b. Permanent Total Disablement	**10,000**

ANNUAL PREMIUM PER STUDENT	**340**

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