

**POLICY PROVISION**

**1. Brief Policy Description**

- 1.1 This is a non-participating yearly renewable term insurance plan that aims to provide you with insurance coverage. Subject to this Policy, we shall provide the Basic Benefit from the Date of Policy shown in Schedule 1 of this Policy.
- 1.2 The Premium for the Basic Benefit are as shown in the Premium Table in Part D of Schedule 1 of this Policy, or endorsement to this Policy, whichever is later.

**2. Premium**

- 2.1 The amount of the Initial Premium, Initial Premium Instalment, Renewal Premium, Instalment Premium and the frequency of premium payment are shown in Schedule 1 of this Policy or endorsement to this Policy, whichever is later. You shall pay the Initial Premium Instalment on the Commencement Date and Instalment Premium as shown in Schedule 1 of this Policy or on each Premium Due Date (“Initial Premium Instalment” and “Instalment Premium” shall collectively be known as “Premium” in this Policy).
- 2.2 You have one (1) month grace period from each Premium Due Date to pay the Premium for this Policy (“Grace Period”). If you do not pay the Premium within the Grace Period, all Basic Benefit shown in Schedule 2 of this Policy shall lapse on the date on which the unpaid Premium becomes due.
- 2.3 The Premium is payable until the last Premium Due Date of the Premium Payment Period shown in Schedule 1 of this Policy or endorsement to this Policy, whichever is later (such last Premium Due Date is inclusive).
- 2.4 We can revise the Premium at any time by giving you thirty (30) days notice. The change to the Premium shall apply from the next Policy Anniversary date.

**3. Benefits**

3.1 Table of Benefits

<b>Plan</b>	<b>Table of Benefits</b>	<b>Plan 150</b>
<b>Hospital &amp; Surgical Benefits</b>		
<ul style="list-style-type: none"> <li>1. Hospital Daily Room &amp; Board Benefit <i>(limit per day, 120 days maximum per Policy year)</i></li> <li>2. Intensive Care Unit Benefit <i>(30 days maximum per Policy Year)</i></li> <li>3. In-Hospital &amp; Related Services Benefit                             <ul style="list-style-type: none"> <li>- Hospital supplies and services</li> <li>- Surgical fees benefit</li> <li>- Operating theatre fees benefit</li> <li>- Anaesthetist’s fees benefit</li> <li>- In-hospital Physician’s visit benefit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1. RM150</li> <li>2. As Charged</li> <li>3. As Charged</li> </ul>	<b>AMOUNT OF BENEFITS</b>
<b>Outpatient Treatment Benefits</b>		<b>AMOUNT OF BENEFITS</b>

1. Pre-Hospitalisation Treatment Benefit <i>(within 30 days prior to Confinement to a Hospital)</i>	As Charged
2. Post-Hospitalisation Treatment Benefit <i>(within 90 days after hospital discharge)</i>	As Charged
3. Day Surgery Benefit	As Charged
4. Emergency Treatment for Accidental Injury Benefit	RM1,500 per Policy Year

**Med Saver** **RM300**  
**Overall Annual Limit** **RM100,000**

**(The content of the Table of Benefits above is only a brief summary of the Benefit(s) available. All other terms in the Policy will be read together to determine if any claim is payable.)**

### 3.2 Benefits

While the Policy is in force, we shall pay the Amount of Benefits in accordance with this Policy when:

(a) the Life Assured:

- (i) has been Confined to a Hospital as a result of Any One Disability; or
- (ii) is entitled to Outpatient Treatment Benefits as stated above;

and

(b) the signs or symptoms of the Disability must have happened more than thirty (30) days after the Date of Policy (this paragraph (b) does not apply to a Disability caused by an Accident);

and

(c) this Policy is in force at the time when the Life Assured is Confined to a Hospital or receives treatment as an outpatient, and continues to stay in force after that.

### 3.3 Payments of Benefits

In terms of a claim for Benefits under this Policy, we shall pay the relevant Benefits set out in the Table of Benefits by reimbursing you the Reasonable and Customary Charges. The Amount of Benefits payable will depend on any Med Saver and the Overall Annual Limit and the terms and conditions set out in this Policy.

### 3.4 Benefits Limitations

#### 1. Med Saver

Where Med Saver is applicable, you must first pay the Med Saver amount as shown in the Table of Benefits for:

- (i) **Hospital & Surgical Benefits (except Hospital Daily Room & Board Benefit)**, which consist of Intensive Care Unit Benefit, Surgical Benefit and In-Hospital & Related Services Benefit; and
- (ii) **Outpatient Treatment Benefits** which consist of Pre-Hospitalisation Treatment Benefit, Post-Hospitalisation Treatment Benefit, Day Surgery Benefit and Emergency Treatment for Accidental Injury Benefit for Any One Disability.
- (iii) The maximum Med Saver for Any One Disability shall not exceed the amount of Med Saver as shown in the Table of Benefits.

## 2. Overall Annual Limit

All Benefits payable in respect of expenses incurred for treatment provided to the Life Assured during the period of insurance shall be limited to Overall Annual Limit as specified in the Table of Benefits irrespective of a type/types of Disability. In the event the Overall Annual Limit having been paid, all insurance for the Life Assured hereunder shall immediately cease to be payable for the remainder of the Policy Year.

### 3.5 Description of Benefits

#### 1. Hospital Daily Room & Board Benefit

We shall reimburse the Reasonable and Customary Charges Medically Necessary for room accommodation and meals including charges incurred in a high dependency unit ("HDU"). The amount of the benefit shall be equal to the actual charges made by the Hospital during the Life Assured's Confinement to a Hospital. However, it shall not be more than, for any one day, the rate of Room and Board Benefit. And, we shall not pay the benefit for more than one hundred and twenty (120) days as set out in the Table of Benefits in each Policy Year. The Life Assured shall only be entitled to this benefit while Confined to a Hospital as an in-patient.

#### 2. Intensive Care Unit Benefit

We shall reimburse the Reasonable and Customary Charges Medically Necessary for actual room and board while the Life Assured is confined in the Intensive Care Unit of the Hospital. We shall pay an amount equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum of thirty (30) days, as set out in the Table of Benefits in each Policy Year. If the period of confinement in an Intensive Care Unit is more than the maximum set out in the Table of Benefits, we shall reimburse you according to the Hospital Daily Room & Board Benefits.

We shall not pay any Hospital Daily Room & Board Benefits for the same confinement period in Hospital if we are paying the Intensive Care Unit Benefits.

#### 3. In-Hospital & Related Services Benefit

We shall reimburse the following Reasonable and Customary Charges incurred for Medically Necessary In-Hospital & Related Services Benefit at the recommendation of the Specialist, subject to the terms and conditions of this Policy:

##### (a) Hospital supplies and services

For the following Medically Necessary services which are provided while the Life Assured is Confined to a Hospital for the Life Assured's Disability:

- (i) Prescribed drugs and medicines for use in the Hospital;
- (ii) Dressings, splints, plaster casts and the Life Assured needs as an inpatient;
- (iii) Diagnostic and/or investigation tests such as electrocardiograms, scans, laboratory tests, and so on;
- (iv) Ground Ambulance service to/from the Hospital but we will not reimburse this fee if the Life Assured is not admitted to a Hospital;
- (v) Intravenous infusions, administration of blood and by-products of blood ; or
- (vi) Other ancillary medical services and supplies, but not private In-Hospital nursing care.

##### (b) Surgical fees benefit

For Medically Necessary surgery performed by the Specialist for the Life Assured's Disability, which includes pre-surgical assessment, Specialists' visits to the Life Assured and post-surgery care while the Life Assured is Confined to a Hospital.

**(c) Operating theatre fees benefit**

For the use of operating room and equipment incidental to the Medically Necessary surgical procedure.

**(d) Anaesthetist's fees benefit**

For Medically Necessary administration of anaesthesia by anaesthetist.

**(e) In-hospital Physician's visit benefit**

For Medically Necessary Physician's visit to Life Assured's Confinement to a Hospital, subject to maximum two (2) visits per day and one hundred and twenty (120) days per Policy Year.

**4. Pre-Hospitalisation Treatment Benefit**

We shall reimburse the Reasonable and Customary Charges incurred for any Medically Necessary treatment and/or consultation provided, including investigation and diagnostic tests, by the Doctor for the medical condition for which the Life Assured needs to be Confined to a Hospital.

This treatment, consultation, investigation and/or diagnostic test must be carried out within thirty (30) days before the Hospital admission date.

**5. Post-Hospitalisation Treatment Benefit**

We shall reimburse the Reasonable and Customary Charges incurred for Medically Necessary follow-up treatment by the same Surgeon or Doctor, within no more than ninety (90) days immediately after the Life Assured is discharged from Hospital. This includes medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the ninety (90) days as set out in the Table of Benefits.

**6. Day Surgery Benefit**

We shall reimburse Reasonable and Customary Charges incurred for a Medically Necessary surgical procedure performed at a Hospital or Day Surgery Specialist centre which requires the use of a recovery facility, but without an overnight stay at the Hospital or Day Surgery Specialist centre.

We reserve the right to treat any in-patient surgical procedure as Day Surgery Procedure Benefit when in our opinion such in-patient treatment could have been done as an Outpatient treatment.

**7. Emergency Treatment for Accidental Injury Benefit**

(a) We shall reimburse Reasonable and Customary Charges incurred for the Medically Necessary treatment of the Life Assured as an Outpatient, for a bodily injury caused by an Accident. The treatment must be received at any registered clinic or Hospital within forty-eight (48) hours of the Accident causing the bodily injury. We shall also reimburse for follow-up treatment by the same Doctor or at the same registered clinic or Hospital if it is for the same bodily injury.

- (b) Treatments shall include, but not limited, to the following:
  - (i) Closed manipulation / reduction of bone fracture or joint dislocation
  - (ii) Application of Plaster of Paris
  - (iii) Removal of foreign body from eye / ear / nose / throat
  - (iv) Toilet and Suture of laceration wound
  - (v) Dressing of injury wound
- (c) We shall also reimburse Reasonable and Customary Charges incurred for the Medically Necessary dental treatment of the Life Assured as an Outpatient for the replacement / restoration of sound natural teeth necessary for restoration of function, for a bodily injury caused by an Accident. The consultation must be carried out by a Dentist at any registered dental clinic or Hospital within forty-eight (48) hours of the Accident causing the bodily injury.
- (d) The said dental treatments shall include replacement / restoration of sound natural teeth necessary for restoration of function, which includes:
  - (i) placement of denture;
  - (ii) prosthetic services such as bridges and crowns;
  - (iii) dental implants.

However, we shall not be liable to the expenses for the following conditions:

- (i) dental appliances
  - (ii) charges for routine check-up
  - (iii) charges for replacement of dentures or prosthesis which include charges for replacement of congenitally missing teeth or teeth which were lost before the date of the Accident that has caused the said bodily injury, or the Date of Policy
  - (iv) treatment by someone other than a Dentist
- (e) Follow-up treatment under this Benefit shall not be more than thirty (30) days from the date of the Accident. The total payments we make for this Benefit shall not be more than the maximum amount of Emergency Treatment for Accidental Injury Benefit shown in the Table of Benefits.
  - (f) We reserve the right to treat any in-patient treatment for bodily injuries caused by an Accident as Outpatient treatment when in our opinion such in-patient treatment could have been done as an Outpatient treatment. If we do so, we shall pay under Emergency Treatment for Accidental Injury Benefit, and the limit under this Emergency Treatment for Accidental Injury Benefit will be reduced accordingly.

### 3.6 Worldwide Coverage

The Life Assured is covered on a 24 hours worldwide basis, subject to the following terms:

#### 1. Overseas Residence

We shall not pay any Benefit if the Life Assured remains outside of Malaysia for more than ninety (90) days in each trip.

#### 2. Overseas Treatment

If the Life Assured chooses to have or is referred by the Specialist to have any Medically Necessary treatment outside Malaysia for a Disability, we shall limit the Amount of Benefits payable for that treatment to the Reasonable and Customary Charges for equivalent local treatment in Malaysia.

If the Life Assured chooses to have or is referred by the Specialist to have any Medically Necessary treatment outside Malaysia for a Disability of which the treatment is NOT available in Malaysia, the Amount of Benefits payable will be limited to the Reasonable and Customary Charges for the closest comparable medical care and services that are Medically Necessary for the treatment of that Disability, which are available in Malaysia. However, if there is no such comparable medical care and services available in Malaysia, the Amount of Benefits payable will be limited to the Reasonable and Customary Charges for local treatment in Malaysia, which we opine as treatment that can provide the Life Assured with the highest level of care.

In either case, we shall not cover the cost of transport to the place of treatment.

#### **4. Renewal**

- 4.1 Subject to Clauses 2 and 8.5 of this Policy Provision, on each Policy Anniversary, we may:
- (a) renew this Policy or renew this Policy with modified terms and conditions so long as the Premium is paid by you in accordance with Clause 2 of this Policy Provision; or
  - (b) not renew this Policy;
- by giving you not less than thirty (30) days written notice before that Policy Anniversary.
- 4.2 The Premium payable for the renewal increases every year on the Policy Anniversary in accordance with the Life Assured's attained age next birthday as shown in Schedule 1 of this Policy.
- 4.3 Waiting period for the same amount of benefit shall not be applied again upon renewal.

#### **5. Cancellation**

- 5.1 You may at any time while this Policy is in force, cancel this Policy by writing to us.
- 5.2 You may cancel this Policy by sending us a written notice within 15 days after the policy has been delivered to you ("Free Look Period"). For this purpose, we shall treat this Policy as having been delivered on the date we have delivered it to you by electronic means.
- 5.3 If you cancel this Policy within the Free Look Period, the premium paid will be refunded to you without any interest. Upon refund of premium, this Policy shall be deemed cancelled and our liability shall cease.
- 5.4 If you choose to cancel this Policy after the Free Look Period, you will only be covered under this Policy until the date the next Premium becomes due. No cash value will be payable and no premium paid will be refunded.

#### **6. Lien and Set-Off**

- 6.1 Regardless of anything else we may say in this Policy, we shall have a first legal right (lien) to all amounts due under this Policy to secure any amount that you owe us. We shall deduct from these amounts if you owe us anything at any time.
- 6.2 At any time, we can use (set off) any amounts we owe you to pay off any amount you owe us.

## 7. Exclusions

We shall not pay for any charges or any Confinement to a Hospital caused directly or indirectly, wholly or partly, by any one of the following:-

1. Pre-Existing Conditions;
2. Specified Illnesses occurring during the first one hundred and twenty (120) days of continuous cover from Date of Policy;
3. Elective cosmetic or plastic surgery (except re-constructive surgery necessary to restore function), hyperhidrosis, circumcision, eye examination for nearsightedness, farsightedness or astigmatism, visual aids and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as but not limited to artificial limbs, hearing aids, cochlear apparatus, external or temporary pacemakers and prescriptions thereof;
4. Dental conditions including dental treatment or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring while this Policy is in force;
5. Private nursing, rest cures or sanatoria care;
6. Drug abuse, addictive disorders from any kind of substance or alcohol use or misuse, under influence of alcohol, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law;
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
8. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization;
9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain;
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
11. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
13. Expenses incurred for donation of any body organ by a Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment;
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;

16. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
18. Sickness or injury arising from violation of any law, participating in racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
20. Expenses incurred for sex changes; or
21. Experimental treatment, including medication and/or unconventional medical technology/procedure, which have not been proven to be effective, based on established medical practice, or which has not been approved by a recognized body in Malaysia.

## **8. General**

### **8.1 Assignment**

No assignment is allowed for this policy.

### **8.2 Age of the Life Assured**

If the date of birth of the Life Assured or any person for whom an applicable Benefit is secured under this Policy shall have been incorrectly stated in the application, the terms of the applicable Benefit(s) shall be adjusted accordingly to such as would have applied if the date of birth had been correctly stated.

### **8.3 Taxes**

Taxes may be imposed or increased, at any time on any of the premiums, or any other payments due and payable by you for this Policy. If so, you shall pay the Taxes at the applicable prevailing rate.

### **8.4 Incontestability**

Except for fraud or exclusions stated in this Policy, the validity of this Policy shall be incontestable after it has been in force during the Life Assured's lifetime for two (2) years from the Date of Policy shown in Schedule 1 of this Policy.

### **8.5 Non-Payment of Premium**

If you do not pay the Premium within the Grace Period, this Policy shall lapse.

### **8.6 Legal Proceedings**

You shall not take any legal action within sixty (60) days from the date we receive your letter informing us of a claim under this Policy.

You shall give us all the necessary requirements for the claim within one (1) calendar year from the date we received your letter. We shall not process the claim if any of the necessary requirements is received after one (1) calendar year.



#### 8.7 Subrogation

If the Life Assured suffers a Disability as a result of another party's actions or inactions, and we incur a loss under this Policy, then you agree to:

- i) authorise us to sue in your name to seek recovery of the loss, and other remedies; and
- ii) provide us with all necessary assistance in performing the above.

We shall pay for all expenses incurred in the recovery of the loss.

#### 8.8 Changes In Occupation, Hobbies or Sports

You must give us immediate written notice of any change in the Life Assured's occupation, hobbies or sporting activities. After we receive your notice, we shall have the sole discretion to change the terms, conditions, insurance charges and benefits in respect of this Policy, as well as the Premium of this Policy.

#### 8.9 Changes to this Policy

If in view of any laws, regulations, rules, orders, directives, requirements, standards, guidelines and code of practice by any governmental statutory or regulatory body or association having supervisory authority, jurisdiction or control over us, we think it is necessary to make any changes to any provision(s) in this Policy, we may do so by notice in whatever form to you.

We also reserve the right to change the terms and conditions of this Policy by giving you thirty (30) days' written notice. Such changes shall take effect from the next Policy Anniversary date.

#### 8.10 Changes in Premium

Regardless of anything else we may say in the Policy, we can change the Premium of the Policy at any time by giving you thirty (30) days' written notice. The changes shall apply from the next Policy Anniversary date.

#### 8.11 Notices

- a) All notices must be in writing and shall be treated as served on you if delivered or sent to your last-known e-mail address you give us. Any notice sent by e-mail is treated as served on the next business day after sending.
- b) We may give you notice by letter, fax, text message or any other method, if we feel the circumstances are appropriate. Any notice sent by post shall be treated as a written notice and received after three days after it is posted, whether it has been received or not. Any notice sent by fax shall be treated as a written notice and served when we get confirmation of the transmission. If notice is sent by text message, it shall be treated as a written notice and served on the next business day after sending.
- c) Regardless of anything we may say, all notices and/or claims must be served on us in writing. They shall only be treated as served if personally delivered or sent by registered post addressed to our Head Office in Kuala Lumpur and we actually received them. You must quote the Policy Number shown in Schedule 1 of this Policy in any notices and/or claims for them to be valid.

#### 8.12 Discontinuance of Insurance Product

We can discontinue this insurance product by giving you not less than thirty (30) days' written notice prior to Policy Anniversary. In doing so:

- a) we will not renew this Policy; or
- b) we will cancel this Policy and offer to issue you with a new policy under another insurance product. We will decide on the terms of this new policy, which include but not limited to the terms relating to benefits and amount of premium.

When we do any of the above, all benefits under this Policy will cease to be payable from Policy Anniversary immediately following the expiry of the thirty (30) days' written notice.

## 9. Making a Claim

### 9.1 Claim Procedures

#### 1. Giving Notice of a Claim

Written notice of any claim must be given to us within thirty (30) days from the commencement of the Life Assured's Confinement to a Hospital or outpatient treatment. If you fail to do so, it shall not affect the claim as long as the notice was given as soon as was reasonably possible. Claims are not deemed complete and eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at our sole discretion.

#### 2. Proof of Claim

Proof of the Confinement to a Hospital and/or treatment as an outpatient must be given to us within ninety (90) days after discharge from the Hospital or from the day you receive any Outpatient treatment. We shall need the original bills and receipts for the charges and fees due to the Confinement to a Hospital or outpatient treatment. We shall also need a Physician's report with information of diagnosis, scans and tests done, the date of Disability, date of discharge from the Hospital, conclusion and summary of treatment provided and follow ups.

#### 3. Paying Claims

We shall pay you all claims under this Policy in Ringgit Malaysia. If you ask us to pay in any other currency, we shall use the rate of the currency requested at the current market rates of the date we pay the claim.

### 9.2 Other Things We Consider When Paying Claims

#### 1. Co-Operation in Processing of Claim

You and the Life Assured must co-operate fully with us by giving us permission to gather relevant information from any Doctor, Hospital or other source to process the claims quickly.

#### 2. Certification, Information and Evidence

We may ask you and the Life Assured to provide us with information and evidence such as certificates and medical reports. This will be provided at your expense and shall be in the form required by us.

#### 3. Other Insurance Benefits

We shall only pay for the balance of any eligible claims if the Life Assured:

- (g) receives any reimbursement from any other insurance policy for the expenses incurred in connection with the Life Assured's injury or illness;
- (h) receives compensation due under any law for the injury or illness for which treatment and/or Confinement to a Hospital is required; or

- (i) receives any benefit from his employment that pays for the cost of the treatment and/or Confinement to a Hospital.

**4. Reasonable and Customary Charges/Charges**

Charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being imposed by other legally registered providers of medical or healthcare services of similar standing within Malaysia.

Such charges when incurred, taking into consideration similar or comparable treatment, services or supplies to individual of the same gender and of comparable age of similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured's medical condition.

**5. Confinement to a Hospital Carries Over into Next Policy Year**

If a period of Outpatient, Pre- or Post-Hospitalisation Treatment or Confinement to a Hospital carries over into the next Policy Year, the Benefits payable shall be apportioned based on the actual itemized expenses made for each day.

If we do not have daily breakdown of these expenses, the expenses shall be apportioned as a percentage of the actual days of the Confinement to Hospital in each Policy Year.

**10. Termination**

10.1 This Policy and the insurance cover described here shall terminate automatically:

- (a) on the Expiry Date of this Policy shown in Schedule 1 of this Policy;
- (b) when this Policy lapses;
- (c) once insurance cover ceases when this Policy is cancelled pursuant to Clause 4.1, 5 or 8.12 of this Policy Provision; or
- (d) when the Life Assured dies;

whichever happens first.

10.2 The termination of this Policy shall not affect any claim that has arisen before this Policy terminates provided that the Overall Annual Limit is not exhausted.

10.3 We shall not pay a claim submitted after sixty (60) days from the date this Policy terminates.

**11. Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities**

11.1 Regardless of anything else we may say in this Policy, if we discover that you, the Life Assured or any individual that is associated with this Policy, is listed in the sanction notice issued by government agencies in Malaysia or outside of Malaysia, we reserve the right to terminate this Policy immediately without prior notice to you. We shall deal with all monies payable in respect of this Policy in any manner which we deem appropriate, including but not limited to freezing the money or handing it over to the relevant authorities. We shall not be liable for any potential losses or actual losses arising from or related to any steps taken by us pursuant to this clause.

## 12. Definitions

In this Policy, unless we say something else or unless it should in the circumstances be understood differently, each of the following terms set out below shall have the following meanings:

Accident	A sudden, unintentional, unexpected, unusual and specific event caused or resulted independently of any other cause and directly by violent, external and visible means that happens at an identifiable time and place.
Any One Disability	All of the periods of disability arising from the same cause including any and all complications there from except that if the Life Assured completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.
Confined/Confinement to a Hospital	A continuous confinement of at least six hours in a Hospital and a room-and-board charge made by the Hospital in connection with the confinement.
Day Surgery	A surgical procedure performed at a Hospital or Day Surgery Specialist centre which requires the use of a recovery facility, but without an overnight stay at the Hospital or Day Surgery Specialist centre.
Disability	A sickness, disease, illness or the entire injuries arising out of a single or continuous series of causes.
Doctor or Surgeon or Physician	A registered medical practitioner qualified and licensed to practice western medicine. In providing treatment, they must be practicing within the scope of their licensing and training in the geographical area of practice. This person cannot be you, the Life Assured, the Life Assured's or your husband or wife or a close relative.
Eligible Expenses	Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the schedule.
Hospital	Any licensed, lawfully operated institution which engaged primarily in providing medical care and treatment to sick and injured persons on an inpatient basis. There is 24 hour nursing service and facilities for diagnosis and major surgery. Excludes psychiatric hospitals, which are primarily for treatment of mental illness and/or psychiatric disorders.
Medically Necessary	A medical service, which is: (a) consistent with the diagnosis and customary medical treatment for a covered Disability;

- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- (c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient);
- (d) not of an experimental, investigational or research nature, preventive or screening nature; and
- (e) for which the charges are fair and reasonable and customary for the Disability.

You can refer to the “Non-Medically Necessary Services” list available at our website or through any other media or electronic means, for examples of medical services that do not satisfy the definition of “Medically Necessary” provided in this Policy. The list is not exhaustive and we can change the list from time to time without any notice.

Med Saver	A fixed amount that you must first pay regardless of the total cost of an Eligible Expenses (excluding cost of daily room & board) for Any One Disability.
Policy	This policy contract, its schedules and endorsements.
Policy Anniversary	The anniversary of the Commencement Date shown in Schedule 1 of this Policy.
Policy Year	(a) The twelve (12) months period from the Commencement Date shown in Schedule 1 of this Policy (including that Commencement Date); or (b) the twelve (12) months period immediately after any preceding Policy Year; whichever is applicable.
Pre-Existing Conditions	Disability, illness and/or condition that you and/or the Life Assured under this Policy has reasonable knowledge of before the Date of Policy shown in Schedule 1 of this Policy or the date of endorsement. You and/or the Life Assured under this Policy may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one for which:  (a) the you and/or Life Assured had received or is receiving treatment; (b) medical advice, diagnosis, care or treatment has been recommended; (c) clear and distinct symptoms are or were evident; or (d) its existence would have been apparent to a reasonable person in the circumstances.

**Specialist** A medical practitioner who specializes in a specific field of medicine and who is recognized by the appropriate health authority as an expert in that field. A Specialist shall include a Physician or a Surgeon.

A Specialist who is himself or herself the Life Assured of the Policy shall not be considered a Specialist for this Policy when making a claim.

**Specified Illnesses** Specified Illnesses shall mean the following illnesses/diseases and its related conditions and complications:

- (a) Hypertension, diabetes mellitus and cardiovascular disease;
- (b) Growth of any kind including tumours, cancers, cysts, nodules, polyps;
- (c) Stones of the urinary system and biliary system;
- (d) Any disease of the ear, nose (including sinuses) or throat;
- (e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (f) Any disease of the reproductive system including endometriosis; or
- (g) Any disorders of the spine (including a slipped disc) and knee conditions.

**Taxes**

- (a) goods and services tax;
- (b) value added tax;
- (c) consumption tax; or
- (d) any other tax, duty, charge or imposition of a similar nature by whatever name called;

which may be imposed or charged under the laws and regulations, or rules, rulings or guides from the relevant authority.

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