

GREAT WALL PERSONAL ACCIDENT INSURANCE POLICY

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A PERSONAL NOTE FROM THE CHIEF EXECUTIVE OFFICER

Thank you for choosing MPI Generali Insurans Berhad as your preferred Insurer.

We are continuously seeking to upgrade our services and products. Therefore, to enable us to better understand your needs and expectations and to serve you better, we welcome you to provide us with your valuable feedback for improvement on any areas ranging from your product needs to your service expectations.

Kindly direct your suggestions / complaints directly to our Chief Executive Officer at our Head Office, 8th Floor, Menara Multi-Purpose, Capital Square, No. 8, Jalan Munshi Abdullah, 50100 Kuala Lumpur.

In instances when complaints remain unresolved and if such complaints involve financial services or products less than RM250,000 or involve motor third party property damage insurance claims less than RM10,000, you may refer the matter to:

Ombudsman for Financial Services (OFS)

(Formerly known as Financial Mediation Bureau)

Level 14, Main Block, Menara Takaful Malaysia

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur

Tel: +603 – 2272 2811

Fax: +603 – 2272 1577

E-mail: enquiry@ofs.org.my

Website: www.ofs.org.my

Notwithstanding the above, for enquiry or complaint if the complaint is not resolved, you may also refer the matter to:

BNMTELELINK

Laman Informasi Nasihat dan Khidmat (LINK)

Bank Negara Malaysia

P.O. Box 10922

50929 Kuala Lumpur

Tel: 1-300-88-5465 (1-300-88-LINK)

(Overseas: +603 - 2174 1717)

Fax: +603 - 2174 1515

E-mail: bnmtelelink@bnm.gov.my

Website: www.bnm.gov.my

Chief Executive Officer

MPI Generali Insurans Berhad (14730-X)
(Formerly known as Multi-Purpose Insurans Bhd)

GREAT WALL PERSONAL ACCIDENT INSURANCE POLICY

Note: **You** are requested to read this document carefully and keep it in a safe place. Please contact **Us** if **You** need any clarification.

Statement Pursuant to Schedule 9 of the Financial Services Act 2013

This **Policy** is issued in consideration of the payment of **Premium** as specified in the **Policy Schedule** and pursuant to the answers given in **Your** Proposal Form (or when **You** applied for this insurance) and any other disclosures made by **You** between the time of submission of **Your** Proposal Form (or when **You** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by **You** shall form part of this contract of insurance between **You** and **Us**. However, in the event of any pre-contractual misrepresentation made in relation to **Your** answers or in any disclosures given by **You**, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

This **Policy** reflects the terms and conditions of the contract of insurance as agreed between **You** and **Us** for the insurance hereinafter contained and has paid or agreed to pay the **Premium** in respect of such insurance.

Now this **Policy** witnesses that if the Insured during the **Period of Insurance** shall due to an accident sustain any **Accidental Bodily Injury** caused solely and directly by violent accidental external and visible means and being the sole and direct cause of Your death or **Permanent Disablement**, **We** will subject to the terms exceptions and conditions herein or endorsed hereon pay in accordance with Schedule 10 of Financial Services Act 2013 the provisions of this Policy the compensation specified in the Table of Benefit.

DEFINITION

“Accidental Bodily Injury” A bodily injury occurring during the **Period of Insurance** which is the direct result of accidental, external, violent and visible means and which solely and independently of any other cause results in a claim for death or disablement. This is extended to bodily injury as a result of exposure to the elements of natural perils. This does not include any sickness, disease, bacterial or viral infection, (unless this is the direct result of an Accidental Bodily Injury) naturally occurring condition or degenerative process or the result of any gradually operating cause.

“Act of Terrorism” means an act, including but not limited to the use of force or violence, by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization or government(s) which is committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Capital Sum Insured” means the **Original Capital Sum Insured** plus renewal bonus accrued.

“Customary short-period rates” means the following:

<u>Period Not Exceeding</u>	<u>Percentage of Annual Rate-Charged</u>	<u>Refund of Annual Premium</u>
16 days to 2 months	20%	80%
2 months	40%	60%
3 months	50%	50%
4 months	60%	40%
5 months	70%	30%
6 months	75%	25%
7 months	100%	Nil

“Doctor” means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment is practising within the scope of his licensing and training in the geographical area of practice, but excluding a Doctor who is the Insured person himself.

“Endorsement” means a written alteration to the terms, conditions and limitations of this **Policy**.

“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 similar establishment.

“**Loss**” shall mean loss by physical severance or permanent total loss of use of the limb. In the case of sight, speech and hearing the permanent complete total irrevocable and incurable loss of the faculty. This loss must be certified by a **Doctor**.

“**Medical Expenses**” means the cost of medical surgical or other remedial attention, treatment or appliances given or prescribed by a Medical **Doctor** and all hospital nursing and ambulance charges which is **Medically Necessary**.

“**Medically Necessary**” means 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 or the **Doctor**, 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.

“**Occurrence**” means the exact period when the incident took place.

“**Original Capital Sum Insured**” means the **Capital Sum Insured** under item 1 as stated in the **Schedule** when **Your policy** was first inception.

“**Period of Insurance**” means the period for which **You** are insured.

“**Permanent Disablement**” means permanent disablement of a member of the body, the details of which are stated in the Scale of Compensation and which disability lasts more than three hundred and sixty five (365) days following which there is no hope of improvement.

“**Permanent Total Disablement**” shall mean **Permanent Disablement** which

- a) continues for a period of three hundred and sixty-five (365) days, and
- b) is confirmed as total, continues and permanent by a **Doctor** after three hundred and sixty-five (365) days, and
- c) entirely prevents **You** from engaging in or giving attention to gainful occupation or any and every kind for the remainder of **Your** life.

“**Policy**” means **Your** insurance contract which consists of this Policy wording, **Schedule** and any **Endorsement**.

“**Premium**” means any amount **We** require **You** to pay under the **Policy** and includes Goods and Services Tax.

“**Public Conveyance**” shall mean any land, water or air conveyance operated under a license for the transportation of passengers for hire but does not include any chartered flight.

“**Schedule**” means the **Policy** Schedule where the benefits and Sum Insured are stated.

“**Snatch Theft /Robbery**” means **Your** cash, valuable and belonging in **Your** possession is violently or by force taken away by an unknown person.

“**Total and Permanent Disablement**” means Total and Permanent Disablement from engaging in or attending to employment or occupations of any and every kind and Total and Permanent Loss, Permanent Loss of Use, Physical Severance.

“**Total Paralysis**” shall mean total and permanent loss of functional use of all four limbs and trunk arising solely and directly from the Bodily Injury, causing permanent damage to **Your** nervous system which shall completely and permanently prevent **You** from engaging in any occupation which **You** are capable by reason of education, training or experience, always provided that the disability must commence within six (6) months of the Accident, has continued for an uninterrupted period of 365 days, causes **You** to be bedridden and be certified to be so by a **Doctor**.

“**You/Your/Insured Person/Policy owner**” means each person named in the Policy must be Malaysian, Permanent Resident, Work Permit Holder, Pass Holder or otherwise legally employed in Malaysia and/or his/her legally **Spouse** and **Children**, all residents in Malaysia.

“**Spouse**” shall mean **Your** legal husband/wife who is not legally separated or divorced at the commencement of the **Policy**.

“**Child**” shall mean a fully dependent child under the age of 18 years or up to 23 years who is studying full-time in a recognised institution of higher learning. The child must be at least 30 days old.

“**Children**” shall mean natural children, step-children or legally adopted children.

INSURING AMOUNT AND BENEFITS

Item 1 and 2 (Death or Permanent Disablement)

We will pay the benefit(s) and the amount shown on **Your Policy Schedule** to **You** or to **Your** nominees or Administrator of Executors of **Your** estate if **You** suffer an **Accidental Bodily Injury**:

- a) During the **Period of Insurance**,
- b) Which results in death or **Permanent Disablement** within twelve (12) months of the injury from which a claim arises

On the happening of an **Accidental Bodily Injury** giving rise to a claim under Item 1 or 2 stated in the Scale of compensation or in Aggregate more than 100% of the benefits becomes payable, this **Policy** shall cease thereafter.

SCALE OF COMPENSATION

Item No.	Description	Compensation % of Capital Sum Insured
1.	Accidental Death	100%
2.	Total and Permanent Disablement:-	
	(a) Loss of one hand or arm	100%
	(b) Loss of one foot or leg	100%
	(c) Loss of all sight in both eyes	100%
	(d) Total Paralysis or being permanently bedridden	100%
	(e) Permanent Total Disablement from engaging in or attending to employment or occupation of any kind and every kind.	100%
	(f) Loss of all sight in one eye	50%
	(g) Loss of hearing in one ear	15%
	(h) Loss of hearing in both ears	75%
	(i) Loss of speech	20%
	(j) Loss of thumb	20%
	- both phalanges	10%
	- one phalanx	10%
	(k) Loss of Index finger	8%
	- two phalanges	5%
	- one phalanx	8%
	(l) Loss of any finger (each)	5%
	- all phalanges	3%
	- two phalanges	3%
	- one phalanx	3%
	(m) Loss of metacarpals	3%
	- each	5%
	(n) Loss of great toe	2%
	- all phalanges	3%
	- one phalanx	3%
	(o) Loss of other toe	3%
	- all phalanges	3%

Item 3 (Snatch Theft/Robbery Inconvenience Benefit)

In the event of a loss or damage to the **Insured Person's** personal effects due to snatch theft or robbery, **We** will pay up to the amount or limit stated in the Table of Benefits subject to a police report being lodged. This benefit is payable for a maximum of two (2) occurrence during the **Period of Insurance**. A police report must be made within twenty four (24) hours of occurrence and submitted with **Your** claim.

Item 4 (Hospital Income)

On the happening of an **Accidental Bodily Injury** resulting in **Your** confinement in a **Hospital** for more than twelve (12) hours, **We** will pay **You** a daily allowance as specified in the **Table of Benefit**. This is subject to a maximum of one hundred and eighty (180) days. This benefit is payable provided that:-

- a) **You** were hospitalized within twenty one (21) days from the date of the accident
- b) **Your** hospitalization is for **Medically Necessary** treatment caused by the accident

Item 5 (Guardian Allowance)

If **Your Child** is hospitalised for more than twelve (12) hours as a result of accident and require **Your** full time attention and companion, **We** will pay **You** an allowance as specified in the Table of Benefit.

Item 6 (Home Tuition Benefit)

We will pay **You** the amount as specified in the Table of Benefit for allowance for tuition fees if **Your Child** is unable to attend school for two (2) weeks consecutively due to injury arising from an accident.

Item 7 (Hospitalisation Benefit)

In the event of **Your Child** hospitalisation exceeding 30 days or more as a result of accident, **We** will pay **You** a lump sum payment as specified in the Table of Benefit in respect of each accidental is payable upon discharge from **Hospital**.

EXCLUSIONS

We will not pay for any consequence whatsoever which is the direct or indirect result of any of the following:-

1. Whether or not such consequence has been contributed to by any cause or event:
 - (a) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny or usurped power, military or popular uprising, any **Act of Terrorism**.
 - (b) Any action taken in controlling, preventing, suppressing, or in any way relating to (a) above.
2. Ionization, radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel or nuclear weapons materials.
3. **Your** suicide, attempted suicide or self inflicted injury, regardless of **Your** state of mind at the time the incident occurred, or insanity.
4. Medical or surgical procedure unless the procedure was a necessity following an **Accidental Bodily Injury**.
5. Any form of disease including but not limited to HIV (Human Immunodeficiency Virus Infection) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) however caused.
6. Any form of parasitic infection.
7. Childbirth, miscarriage, pregnancy or any related complication.
8. Pre-existing physical or mental defect or infirmity.
9. Provoked murder or assault.
10. Flying, other than while travelling as a fare-paying passenger on a licensed aircraft.
11. While committing or attempting to commit any unlawful act, participation in, attempt at, or acting as an accessory to, any crime which involves deliberate criminal intent or action.
12. The influence of, or due wholly or partly to the effect of alcohol or drugs (other than drugs taken in accordance with the treatment prescribed and directed by a **Doctor** but excluding drugs used in the treatment of drug addiction.
13. Naval, Air Force or Military service or operations.
14. **Your** active participation in any strike, riot or civil commotion.
15. **You** riding on any two (2) wheeled motorized vehicle 16.
16. **You** are engaged in tree felling, sawing or transportation of logs or timber and using woodworking machinery.
17. **You** engaged in any professional sports activities, aerial activities including parachuting and hand gliding, speed contest using boat or motorized vehicle, boxing, wrestling, martial arts and speed trials.
18. Mountaineering using ropes or guide and underwater activities involving the use of breathing apparatus at depth exceeding fifty (50) meters.

CONDITIONS

1. A duty to comply with the Condition
We will only be liable to make any payment under this **Policy** if **You** have at all times complied with the terms, provisions, conditions and **Endorsement** of this **Policy**.
2. Fraud
If any claim is fraudulent or of any fraudulent means, including inflating or exaggerating of the claim or submission of forged or falsified documents, are used to obtain benefits by **You** or anyone acting on **Your** behalf, all benefits under the **Policy** shall be forfeited.
3. Claims Notification, Procedure and Settlement
 - (a) Written notice of any event likely to give rise to a claim should be submitted to **Us** as soon as reasonably possible and in any case not later than fourteen (14) days of the accident causing such injury.
 - (b) **You** shall procure and act upon medical or surgical advice as soon as practicable.

- (c) **You** may be required, at **Our** expense to undergo further medical examination.
 - (d) **We** will only pay the benefits if any medical certificates and other evidence which **We** may require are provided on request at **Your** expenses.
 - (e) On payment of the benefits, for which once **You** give **Us** a receipt or discharge, **Our** liability in that respect will reduce by the sum paid or cease if full benefits have been paid.
 - (f) **We** reserve the right to repudiate a claim where **We** are not satisfied with the evidence available to validate either:
 - (i) **Your** identity or
 - (ii) The circumstance of the loss.
 - (g) In the event of **Accidental Bodily Injury** resulting in death, **We** shall be entitled to have a post-mortem examination at **Our** expenses.
4. Nomination
The person(s) nominated by a **Policy Owner** to receive death benefit payable under this **Policy**.
- (i) Pursuant to Paragraph 5(1) of Schedule 10 of the Financial Services Act 2013, a nomination made by a non-Muslim **Policy Owner** shall create a trust in favour of the nominee of the policy moneys i.e. death benefit payable upon the death of the Policy Owner, if :-
 - (a) the nominee is his/her **Spouse** or **Child**; or
 - (b) the nominee is his/her parent (if there is no **Spouse** or **Child** living at the time of making the nomination).
 - (ii) A nominee of a Muslim **Policy Owner** upon receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic law.
5. Cancellation
- a) **You** have the right to cancel this **Policy** at any time by giving written notice to **Us**. **You** are entitled to a refund of **Premium** after **We** retain its **Customary Short Period Rates**.
 - b) **We** may at any time cancel this **Policy** by sending fourteen (14) days notice in writing to **Your** last known address and will refund the pro rata premium equal to the unexpired **Period of Insurance**.
 - c) Cancellation refund is not applicable if there are claims under the **Policy** for item 1 and 2 as per Table of Benefit.
6. Payment of Premium - Cash Before Cover
You must pay the premium before the coverage under this **Policy** is effective.
7. Disappearance
If, after **We** have examined all available evidence, **We** are satisfied that the disappearance of **You** can be presumed to be due to **Your** death as the result of an **Accidental Bodily Injury**, **We** will pay the accidental death benefit. If at any time after **We** have paid the benefit, **You** are found to be living, the payment must be refunded to **Us**.
8. Territorial Limit
This Policy provides cover on 24 hours worldwide basis.
9. Residence or Travel Overseas
No benefit or coverage whatsoever shall be allowed if the **Insured Person** resides or travel outside Malaysia for more than one hundred and eighty (180) consecutive days.
10. Age Limits
On the first effective date of this **Policy**, **You/Spouse** must be between eighteen (18) to sixty five (65) years old. **Policy** is renewable up to seventy (70) years old, which **Policy** will expire on the date of **Your** 70th birthday.
11. Arbitration Clause
All differences arising out of this **Policy** shall be referred to the decision of a Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required to do so by either of the parties or in case the Arbitrators do not agree of an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meeting and the making of an Award shall be a condition precedent to any right of action against **Us**.
- If **We** shall disclaim liability to **You** for any claim hereunder and such claim shall not within twelve (12) months from the date of such disclaimer have been referred to arbitration under the provisions herein contained then the claim for all intents and purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
12. Renewal Bonus
On **Your** renewal for the second (2nd) year of **Your Policy**, the **Original Capital Sum Insured** for item 1 and 2 as per Table of Benefit will be increased by fifty (50%) percent provided that no claims were lodged for the first (1st) year of insurance.
- On renewal for the third (3rd) year and beyond, no renewal bonus will be extended.
- In the event of any claim during the **Period of Insurance**, the renewal bonus will be nullified and upon renewal **Your Capital Sum Insured** will revert to the Original Sum Insured.
13. Cooling-off Period
After this **Policy** has been issued and for any reason whatsoever **You** shall decide not to take up the insurance and provided no claims has been made, **You** may notify **Us** within thirty (30) days after the effective date of this **Policy**. **You** will be entitled to the full premium refund.
14. Communication
All communication to **Us** must be in writing. **Endorsement** to this **Policy** contract must be issued and signed by **Us**.

15. Duty of Disclosure during this Insurance
- (i) Where **You** have applied for this Insurance wholly for purposes unrelated to **Your** trade, business or profession, **You** have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when **You** applied for this insurance) i.e. **You** should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of **Your** contract of insurance, refusal or reduction of Your claim(s), change of terms or termination of Your contract of insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. **You** are also required to disclose any other matter that **You** know to be relevant to **Our** decision in accepting the risks and determining the rates and terms to be applied.
 - (ii) **You** also have a duty to tell **Us** immediately if at any time after **Your** contract of insurance has been entered into, varied or renewed with **Us** any of the information given in the Proposal Form (or when **You** applied for this insurance) is inaccurate or has changed.
 - (iii) If **You** do not fully and faithfully provide this information, the insurance may not be valid or the **Policy** may not cover **You** fully.
16. Duty of Disclosure during this Insurance
- During this Insurance **You** are required to immediately inform **Us** of any changes in **Your** occupation, work duties, sporting activities or any relevant information that may increase the risk.
- We** may :
- (i) require **You** to pay an additional **Premium** for the increase risk or
 - (ii) make changes to the terms and conditions of this **Policy** or
 - (iii) leave the **Policy** terms, conditions and premium unaltered.
- You** will only be covered for any increased risk if agreed in writing by **Us**.
17. Renewal
- A new proposal form will be enclosed with the Renewal Notice for **Your** completion.

EXTENSIONS

Disappearance Clause

We shall pay the death compensation if during the **Period of Insurance** the Insured disappears following an accident involving aircraft or at sea or in a natural calamity and **Insured Person's** body is not found within one year (1) after its disappearance and sufficient evidence is produced satisfactory to **Us** that leads **Us** inevitably to the conclusion that **You** died as a result of an event within the scope of this **Policy**.

Exposure Clause

It is hereby declared and agreed that in the event of the **Insured Person** after having sustained **Accidental Bodily Injury** arising from events insured hereunder be exposed to the elements of nature resulting in death, **We** shall agree to compensate the **Insured Person** subject to the terms, limitations, conditions and exclusions.

It is further declared and agreed that in the event of such claims for compensation a properly constituted judicial body of enquiry shall affirm that **You** have died of exposure after having sustained **Accidental Bodily Injury** arising from an insured event.

Duty of Disclosure

Where **You** have applied for this Insurance wholly for purposes unrelated to **Your** trade, business or profession, **You** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when **You** applied for this insurance) i.e. **You** should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in avoidance of **Your** contract of insurance, refusal or reduction of Your claim(s), change of terms or termination of **Your** contract of insurance in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. **You** were also required to disclose any other matter that **You** knew to be relevant to **Our** decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell **Us** immediately if at any time after **Your** contract of insurance has been entered into, varied or renewed with **Us** any of the information given in the Proposal Form (or when **You** applied for this insurance) is inaccurate or has changed.

Water Sport Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** whilst engaged in water sports like water skiing, water polo, yachting, motorized water vehicles and including scuba diving at depth not exceeding fifty (50) meters provided that **You** are participation as an amateur.

Mountaineering Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** whilst taking part in mountaineering activities not involving the use of ropes and guide.

Prescribed Drug Extension

This **Policy** is extended to cover **You** against death in the event of intoxication by drugs prescribed by a registered medical practitioner.

Winter Sports Extension

This **Policy** is extended to cover **You** against death or **Permanent Disablement** whilst engaged in winter sport as an amateur.

Amateur Sports Extension

This **Policy** is extended to cover **You** against death or **Permanent Disablement** whilst engaged in any sport activities as an amateur.

Insects & Snakes Bites Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** sustained due to harmful insect bites and/or snake bites but excluding illness disease transmitted by such insect & snake.

Unprovoked Murder, Assault or Any Attempt Threat Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** arising out of Murder, Assault or any attempt threat but in no event shall this extension be operative if it is provoked by **You**.

Hijacking Extension

This **Policy** is hereby extended to cover **You** against death or **Permanent Disablement** arising from hijacking of any **Public Conveyance** in which **You** are travelling as a fare-paying passenger.

Hunting Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** whilst participating in or involving in Hunting. Provided always that **You** are not engaged in any form of competition or exhibition or demonstration.

Accidental Gas Inhalation, Suffocation, Drowning & Drink And Food Poisoning Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** arising from Accidental Gas Inhalation, Suffocation, Drowning, Drink and Food Poisoning and other similar misfortune with or without any sign of external or violent visible injury.

Natural Disaster Extension

This **Policy** is extended to cover **You** against death or **Permanent Disablement** arising from natural disasters such as earthquake, hurricane, flood, tsunami, volcanic eruption and other natural elements.

Strike, Riot And Civil Commotion Clause

This **Policy** is extended to cover **You** against death or **Permanent Disablement** arising from strike, riot and civil commotion. Provided **You** are not actively participating in such strike, riot and civil commotion.

Polo Playing Extension

This **Policy** is extended to cover **You** from death or **Permanent Disablement** whilst engaged in polo playing as an amateur. Provided always that **You** are not engaged in any form of competition or exhibition or demonstration.

Animal Attacks Extension

This **Policy** is extended to cover **You** from death or **Permanent Disablement** sustained due to animal attacks. Provided always that **You** are not engaged in a profession working with animals.

Unscheduled Flight Extension

This **Policy** is extended to cover **You** from death or **Permanent Disablement** sustained whilst traveling on an unscheduled flight except for helicopters.

Motorcycling Extension

This **Policy** is extended to cover **You** from death or **Permanent Disablement** sustained as a rider or pillion rider on any two (2) wheeled motorized vehicle.

TABLE OF BENEFITS

TABLE OF BENEFITS (YOU/SPOUSE)								
Benefits	Sum Insured (RM) / Plan							
	Plan 1		Plan 2		Plan 3		Plan 4	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
1. Accidental Death	200,000	300,000	400,000	600,000	500,000	750,000	1,000,000	1,500,000

2.	Permanent Disablement	200,000	300,000	400,000	600,000	500,000	750,000	1,000,000	1,500,000
3.	Snatch Theft / Robbery Inconvenience	1,000	1,000	1,500	1,500	2,000	2,000	2,500	2,500
4.	Hospital Income (per day up to 180 days)	125	125	150	150	175	175	200	200

TABLE OF BENEFITS (CHILDREN)								
Benefits	Sum Insured (RM) / Plan							
	Plan 1		Plan 2		Plan 3		Plan 4	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
1. Accidental Death	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
2. Permanent Disablement	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
5. Guardian Allowance (per day up to 60 days)	50	50	100	100	150	150	200	200
6. Home Tuition	500	500	500	500	500	500	500	500
7. Hospitalisation Allowance	1,000	1,000	2,000	2,000	3,000	3,000	5,000	5,000