

AMP MED XPNSE

AMP MED XPNSE does not give any right to share in the surplus of the Company's life insurance fund.

1. DEFINITIONS

In this Policy and the Policy Schedule, unless otherwise defined or the context otherwise requires:

"We", "Our", "Us", "Company" shall mean AmMetLife Insurance Berhad, its successors and assigns.

"You", "Your" shall mean the Policy Owner as shown in the Policy Schedule.

"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.

"Any One Disability" shall mean all of the periods of Disability arising from the same cause including any and all complications therefrom except that if the Life Assured 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 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.

"Consumption Tax" shall mean any tax payable (presently or in the future) on the sale or supply of goods, services or other types, including but not limited to goods and services tax, value added tax, sales tax, service tax or any similar impost.

"Covered Injury" shall mean Injury occurring after the Effective Date of this Policy.

"COVID-19" shall mean the infectious disease caused by the SARS-CoV-2 virus.

"Confinement" or "Hospitalisation" shall mean admission to a Hospital as a registered In-Patient for a continuous period on 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.

"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 Life Assured was continuously covered under this Policy.

"Critical Illnesses" mean serious health conditions with long term effects, life-threatening medical conditions that require medical intervention to prevent further deterioration or death. The medical conditions must have been diagnosed by a qualified Doctor or Physician or Surgeon.

"Day Care Procedure & Surgery" shall refer to a surgical procedure involving a patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the Hospital or Specialist clinic, but not for overnight stay.

"Deductible" shall mean the amount of Eligible Expenses for which the Policy Owner is liable before any benefits are payable under this Policy. Should there be any excess of the benefits payable in respect to the same claim, We shall reimburse the excess amount subject to Overall Annual Limit stated in the Schedule of Benefits under Clause 2 irrespective of any type of Disability. The Deductible shall be applicable to Insured Benefits under Category A and Category B (except items 16, 17 and 18) stated in the Schedule of Benefits under Clause 2. However, the Deductible is not applicable for the occurrences of the Life Assured who are receiving Emergency Treatment, Out-Patient treatment for follow-up treatments arising from Critical Illnesses and/or medical treatments at any Government Healthcare Facility.

“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 Life Assured, Policy Owner, their business partners or relatives.

“Disability” shall mean a Sickness, Disease, Illness or the entire Covered Injuries arising out of a single or continuous series of causes.

“Doctor” or “Physician” or “Surgeon” shall mean a legally registered medical practitioner qualified and licensed to practice western medicine and who, in rendering his service, 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 Life Assured, Policy Owner, their business partners or relatives.

“Effective Date” shall mean the date specified in the Policy Schedule and is the date when coverage under this Policy takes effect.

“Eligible Expenses” shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule of Benefits under Clause 2.

“Emergency Treatment” shall mean treatment in the event whereby immediate medical attention is required for an Injury or Illness in a Hospital which is sudden and severe, failing which will be life-threatening, or lead to significant deterioration of Life Assured’s health. We have the right to determine if the medical condition or injury is classed as an emergency.

“Endorsement(s)” shall mean the endorsement(s), if any, annexed to this Policy modifying or varying any terms or conditions contained in this Policy.

“Government Healthcare Facility” refers to any facility used or intended to be used for the provision of healthcare services established, maintained, operated or provided by the Government but excludes privatized or corporatized Government healthcare facilities.

“Guardian” shall mean the parent / legal Guardian of the Life Assured aged below eighteen (18) years at the time of Hospital admission.

“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) hour 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.

“Injury” shall mean bodily Injury caused solely by Accident.

“In-Patient” shall mean a Life Assured who undergoes Confinement for a Disability as defined in this Policy, as a registered resident bed-patient using and being charged for the room and board facilities of the Hospital.

“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.

“Life Assured” shall mean the person upon whose life this Policy is effected with the name and personal particulars are identified on the Policy Schedule.

“Malaysia 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.

“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 Life Assured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an In-Patient); and
- 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.

“Out-Patient” shall mean a Life Assured is receiving medical care or treatment without being hospitalised and includes treatment in a daycare centre.

“Policy” shall mean this contract, the application form, declaration, annexure, any Supplementary Contract and/or Endorsement of this Policy and any other application forms, declaration, statement to the Company’s medical examiners, questionnaires and any other Endorsement and amendment which shall together constitute the entire contract between You and the Company.

“Policy Owner” shall mean the person who has legal title to this Policy whose name and personal particulars are identified in the Policy Schedule.

“Policy Anniversary” shall refer to the same date each year as the Effective Date shown in the Policy Schedule.

“Policy Year” shall refer to the one (1) year period which starts on the Effective Date or the one (1) year period which starts on the date of Renewal or Renewed Policy takes effect.

“Pre-Existing Illness” shall mean Disability which the Life Assured has reasonable knowledge of, prior to Effective Date. A Life Assured may be considered to have reasonable knowledge of a Pre-Existing Illness where the condition is one for which:

- a) The Life Assured had received or is receiving treatment; or
- b) Medical advice, diagnosis, care or treatment has been recommended; or
- c) Clear and distinct symptoms are or were evident; or
- d) Its existence would have been apparent to a reasonable person in the circumstances.

“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.

“Reasonable and Customary Charges” shall mean 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 made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Disability and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured’s medical condition.

“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.

“Sickness”, “Disease” or “Illness” shall mean Sickness, Disease or Illness occurring more than thirty (30) days after the Effective Date of this Policy. For this purpose, a Sickness, Disease or Illness has occurred when it has been investigated, diagnosed or treated or when its sign or symptoms have manifested which will cause an ordinary prudent person to seek diagnosis, care or treatment. In the event of any conflict or discrepancy of opinions relating to the signs or symptoms of a Sickness, Disease or Illness and their manifestation between a Physician and the Life Assured, We will adopt and follow the Physician’s professional opinion.

“Specialist” shall mean a medical or dental practitioner registered and licensed to practice western medicine 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 Life Assured, or Policy Owner, their business partners and relatives.

“Specified Illnesses” shall mean the following Disabilities and its related complications, occurring within the first one hundred and twenty (120) days from the Effective Date. If there is a break in insurance coverage, a fresh period of one hundred and twenty (120) days shall apply again from the date of reinstatement:

- a) Hypertension, diabetes mellitus and Cardiovascular disease;
- b) All tumours, cancers, cysts, nodules, polyps;
- c) Stones of the urinary system and biliary system;
- d) All ear, nose (including sinuses) and throat conditions;
- e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- f) Diseases of the Reproduction system including endometriosis;
- g) Vertebro-spinal disorders (including disc) and knee conditions.

“Supplementary Contract” means the supplementary contract(s), if any, attached to this Policy as specified in the Policy Schedule or any subsequent Endorsement(s) amending it, and the Supplementary Contracts, if any, shall be read as and be deemed to be part of this Policy.

“Surgery” or “Surgeries” shall mean any of the following medical procedures:

- a) To incise, excise or electrocauterize 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.

“Waiting Period” shall mean the first thirty (30) days between the beginning of a Life Assured’s Disability and the Effective Date. This shall not be applicable after first one (1) year of coverage. However, if there is a break in insurance coverage, the Waiting Period shall apply again from the date of reinstatement.

Whenever the context requires, masculine shall apply to feminine and singular term shall include the plural.

2. SCHEDULE OF BENEFITS

No.	Insured Benefits	Benefit Amount (RM)
1	Overall Annual Limit for Item (5) to (18)	Policy Year 1 & 2: 90,000
		Policy Year 3 & onwards: 100,000
2	Overall Lifetime Limit for Item (5) to (18)	No Limit
3	Deductible Amount Applies to the Insured Benefits under Category A and Category B, except the following:	1. 500 Deductible, per Policy Year; or 2. 2,500 Deductible, per Policy Year
	<ul style="list-style-type: none"> • Items 16, 17 and 18 • Emergency Treatment • Out-Patient treatment for follow-up treatments arising from Critical Illnesses • Treatment sought at a Government Healthcare Facility 	
4	Payment Facility Options	1. Pay First Claim Later; or 2. Cashless
Category A (In-Patient and Surgical Benefit)		
5	Hospital Room & Board (Limit per day)	150
6	Intensive Care Unit	As charged (subject to Reasonable & Customary Charges)
7	In-Hospital Physician Visit (Subject to a maximum of 2 times per day)	
8	Hospital Supplies and Services	
9	Surgical Expenses	
10	Operating Theatre Fees	
11	Anaesthetist Fees	
12	Ambulance Fees	
Category B (Out-patient Benefit)		
13	Day Care Procedure & Surgery	As charged (subject to Reasonable & Customary Charges)
14	Pre-Hospitalisation	
	<ul style="list-style-type: none"> • Diagnostic Tests • Specialist Consultation (Within 60 days preceding Hospitalisation)	
15	Post-Hospitalisation	
	<ul style="list-style-type: none"> • Diagnostic Tests • Specialist Consultation • Medication and Treatment (Within 90 days immediately following discharge from Hospital)	
	Out-Patient Cancer Treatment	
16	Out-Patient Kidney Dialysis Treatment	
17	Emergency Accidental Out-Patient & Dental Treatment (Limit per Policy Year, within 24 hours and up to 31 days for Follow-up Treatment)	

3. DESCRIPTION OF BENEFITS

3.1 Overall Annual Limit

Benefits payable in respect of Eligible Expenses incurred for Medically Necessary services and/or treatments provided to the Life Assured during any Policy Year shall be limited to the Overall Annual Limit as stated in the Schedule of Benefits under Clause 2 irrespective of the type/types of Disability.

The overall Deductible Amount payable by Policy Owner during any Policy Year shall not count towards the Overall Annual Limit. If the Overall Annual Limit for a particular Policy Year has been fully exhausted, all insurance coverage on the Life Assured shall immediately cease to be payable for that remaining Policy Year.

3.2 Overall Lifetime Limit

Subject to the Overall Annual Limit specified in Clause 3.1 above, benefits payable in respect of Eligible Expenses incurred for Medically Necessary services and/or treatments provided to the Life Assured from the Effective Date and during the lifetime of the Life Assured shall not be subject to any Overall Lifetime Limit.

3.3 Insured Benefits

Reimbursement of the Eligible Expenses incurred for Insured Benefits is subject to the following conditions:

- a) The charges must be Reasonable and Customary Charges which are consistent with those usually charged to a ward or room and board, and the daily rate is approximated to and within the daily limit of the amount stated in the Schedule of Benefits under Clause 2; and
- b) Such charges are also consistent with and at the same level as those governed by Fee Act 1951 Fees (Medical) Order 1982, Private Healthcare Facilities and Services Act 1998 Order 2013 and/or their subsequent amendments if any.

3.3.1 Deductible Amount

As stated in the Schedule of Benefits under Clause 2, there are two (2) Deductible Amount options as below:

- a) RM 500 Deductible per Policy Year; or
- b) RM 2,500 Deductible per Policy Year

3.3.2 Payment Facility Options

As stated in the Schedule of Benefits under Clause 2, there are two (2) options as below:

- a) Pay First Claim Later option (Payment Facility Options is indicated as "Pay First Claim Later" in the Policy Schedule); or
- b) Cashless option (Payment Facility Options is indicated as "Cashless" in the Policy Schedule)

Either one of the Payment Facility Options must be selected during the proposal stage. You are not allowed to make any alteration for the Payment Facility Options after the policy set in-force.

Under the Pay First Claim Later option as indicated in Policy Schedule, all the Eligible Expenses with the Hospital shall be paid directly at the time of treatment. The Policy Owner may subsequently submit a claim to the Company for reimbursement of incurred Eligible Expenses, subject to the terms, conditions, and limits in the Schedule of Benefits under Clause 2. All claims must be accompanied by the required supporting documents as specified by the Company and subjected to Clause 5.21. For charges not covered under the Policy, including but not limited to Deductible Amount, not Medically Necessary items, and any Eligible Expenses exceeding the limits in the Schedule of Benefits under Clause 2, shall be borne by Policy Owner.

Under the Cashless option as indicated in Policy Schedule, the Life Assured may seek admission to a panel Hospital with approval through a Guarantee Letter (GL) issued by the Company. The Cashless option is only applicable to Insured Benefits under Category A, items 13 and 15 under Category B. Additionally, Cashless option is applicable if the treatment is deemed as Medically Necessary and Company determined such treatments are eligible and covered under the GL. Eligible Expenses covered under this Policy shall be paid directly to the panel Hospital. For Insured Benefits that are not covered under the GL, claims may still be submitted by the Policy Owner for reimbursement provided the claims are accompanied by the required supporting

documents as specified by the Company and subjected to Clause 5.21. For charges not covered under the Policy, including but not limited to Deductible Amount, not Medically Necessary items, and any Eligible Expenses exceeding the limits in the Schedule of Benefits under Clause 2, shall be borne by Policy Owner.

3.3.3 Hospital Room and Board

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The Life Assured will only be entitled to this benefit while confined to a Hospital as an In-Patient. The amount payable for this benefit shall be equal to the actual charges made by the Hospital during Hospitalisation of the Life Assured, subject to the daily limit and other limits stated in the Schedule of Benefits under Clause 2.

3.3.4 Intensive Care Unit

Reimbursement of the Reasonable and Customary Charges for Medically Necessary actual room and board incurred during Confinement of the Life Assured as an In-Patient in the Intensive Care Unit of a Hospital. The amount payable for this benefit shall be equal to the actual charges made by the Hospital, subject to the limits stated in the Schedule of Benefits under Clause 2.

3.3.5 In-Hospital Physician Visit

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Physician's Visit to an In-Patient, subject to a maximum of two (2) visits per day and the limits stated in the Schedule of Benefits under Clause 2.

3.3.6 Hospital Supplies and Services

Reimbursement of the Reasonable and Customary Charges actually incurred for:

- General nursing;
- Prescribed and consumed drugs and medicines;
- Dressings, splints and plaster casts;
- X-ray;
- Laboratory examinations;
- Electrocardiograms;
- Physiotherapy;
- Basal metabolism tests;
- Intravenous injections and solutions; or
- Administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Life Assured is confined as an In-Patient in a Hospital, which is Medically Necessary, subject to the limits stated in the Schedule of Benefits under Clause 2.

3.3.7 Surgical Expenses

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Surgery by the Specialists, including Pre-Hospitalisation Specialist Consultation and Post-Hospitalisation Treatment, subject to the limits stated in the Schedule of Benefits under Clause 2. If more than one (1) Surgery is performed for Any One Disability, the total payments for all the Surgeries performed shall not exceed the limits stated in the Schedule of Benefits under Clause 2.

3.3.8 Operating Theatre Fees

Reimbursement of the Reasonable and Customary Charges made by the Hospital for the use of operating theatre and equipment incidental to Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits under Clause 2.

3.3.9 Anaesthetist Fees

Reimbursement of the Reasonable and Customary Charges by the anaesthetist for the Medically Necessary administration of anaesthesia, subject to the limits stated in the Schedule of Benefits under Clause 2.

3.3.10 Ambulance Fees

Reimbursement of the Reasonable and Customary Charges incurred for Medically

Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of Confinement, subject to the limits stated in the Schedule of Benefits under Clause 2.

No payment shall be made if the Life Assured is not hospitalized.

3.3.11 Day Care Procedure & Surgery

Reimbursement of the Reasonable and Customary Charges incurred for a Medically Necessary Day Care Procedure & Surgery performed on the Life Assured, subject to the limits stated in the Schedule of Benefits under Clause 2. This shall include the following surgical procedures which are commonly performed safely as Day Care Procedure & Surgery:

- Adenoidectomy;
- Bone marrow aspiration and biopsy;
- Cataract removal;
- Colonoscopy;
- Coronary angiogram;
- Cystourethroscopy;
- Endolaser venous surgery;
- Endoscopic retrograde cholangiopancreatography;
- Excision of bunions;
- Excision of ganglion, fibroma(s) and breast lump(s);
- Excision of lesion;
- Excision of pterygium;
- Extra corporeal shock wave lithotripsy;
- Herniotomy / Hernioraphy;
- Insertion or removal of ureteric j-stent;
- Laparoscopic endometrial ablation;
- Laparoscopy;
- Laryngoscopy;
- Laser photocoagulation treatment for retinal detachment;
- Marsupialisation and drainage of Bartholin's cysts;
- Myringotomy / Myringoplasty;
- Reduction of bone fracture(s);
- Release of carpal tunnel (carpal tunnel decompression);
- Release of Dupuytren's contracture;
- Removal of cervical polyps;
- Removal of nasal polyps;
- Removal of plate and screw/implants;
- Rubber banding of haemorrhoids.

We may extend the above list of surgical procedures which are commonly performed safely as Day Care Procedure & Surgery, from time to time, at Our sole discretion.

We reserve the right to treat any Day Care Procedure & Surgery performed during In-Patient Confinement as Day Care Procedure & Surgery Benefit, if in the opinion of Our medical examiner, such procedure could have been done as an Out-Patient treatment.

3.3.12 Pre-Hospitalisation

• Diagnostic Tests

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation, for Medically Necessary electrocardiograms, X-ray and laboratory tests recommended by a qualified Physician and performed for diagnostic purposes in a Hospital on account of an Injury or Illness when in connection with a Disability, subject to the limits stated in the Schedule of Benefits under Clause 2. No payment shall be made if the Life Assured does not result in Hospitalisation for the treatment of the medical condition diagnosed, upon such diagnostic services.

No payment shall be made for the medications and consultation charged by the qualified Physician.

- **Specialist Consultation**

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation, for Medically Necessary first time consultation by a Specialist in connection with a Disability provided that such consultation has been recommended in writing by the attending qualified Physician, subject to the limits specified in the Schedule of Benefits under Clause 2.

No payment shall be made for clinical treatment (including medications and subsequent consultation after the Illness is diagnosed) or where the Life Assured does not result in Hospitalisation for the treatment of the medical condition diagnosed.

3.3.13 Post-Hospitalisation

- **Diagnostic Tests**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital, for Medically Necessary electrocardiograms, X-ray and laboratory tests which have been recommended in writing by the same attending qualified Physician in connection with a Disability, subject to the limits stated in the Schedule of Benefits under Clause 2.

- **Specialist Consultation**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital, for Medically Necessary follow-up consultation by the same attending Specialist in connection with a Disability, subject to the limits specified in the Schedule of Benefits under Clause 2.

- **Medication and Treatment**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital, for Medically Necessary follow-up treatment by the same attending Physician, including Prescribed Medicines during the follow-up treatment but shall not exceed the supply needed for the maximum of ninety (90) days from the date of discharge which in connection with a Disability, subject to the limits stated in the Schedule of Benefits under Clause 2.

3.3.14 Out-Patient Cancer Treatment

If a Life Assured is diagnosed with Cancer as defined below, We shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer performed at a legally registered cancer treatment centre subject to the limits stated in the Schedule of Benefits under Clause 2.

Such treatment must be received at the Out-Patient department of a Hospital or a legally registered cancer treatment centre immediately following discharge from Hospital. Surveillance or prevention after curative Cancer treatment or when Cancer goes into remission shall not be covered.

Cancer is defined as any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma. For this definition, the following are not covered:

- a) All cancers which are historically classified as pre-malignant, non-invasive; carcinoma in situ; having either borderline malignancy; or having low malignant potential;
- b) All tumours of the prostate, thyroid and urinary bladder historically classified as T1N0M0 (TNM classification);
- c) Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- d) All cancers in the presence of HIV;
- e) Any skin cancer other than malignant melanoma.

In addition to the exclusion of Pre-Existing Illness, this benefit shall not be payable for any Life Assured who had been diagnosed as a Cancer patient and/or is receiving

Cancer treatment prior to the Effective Date of this Policy.

We reserve the right to treat any In-Patient cancer treatment as Out-Patient cancer treatment, if in the opinion of Our medical examiner, such procedure could have been done as an Out-Patient treatment.

3.3.15 Out-Patient Kidney Dialysis Treatment

If a Life Assured is diagnosed with End Stage Kidney Failure as defined below, We shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary kidney dialysis treatment performed at a legally registered dialysis centre, subject to the limit stated in the Schedule of Benefits under Clause 2.

Such treatment must be received at the Out-Patient department of a Hospital or a legally registered dialysis centre immediately following discharge from Hospital.

End Stage Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

In addition to the exclusion of Pre-Existing Illness, this benefit shall not be payable for any Life Assured who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Effective Date of this Policy.

We reserve the right to treat any In-Patient kidney dialysis as Out-Patient kidney dialysis, if in the opinion of Our medical examiner, such procedure could have been done as an Out-Patient treatment.

3.3.16 Emergency Accidental Out-Patient & Dental Treatment

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment or dental treatment as an Out-Patient at any registered clinic or dental clinic or Hospital as a result of Covered Injury arising from an Accident, within twenty four (24) hours of such Accident, for replacement of natural teeth, placement of denture and prosthetic services such as bridges and crowns or their replacement. Follow-up treatment for the same Covered Injury will be provided up to thirty one (31) days from the date of Accident, subject to limits stated in the Schedule of Benefits under Clause 2.

4. EXCLUSIONS

We will not pay the Insured Benefits as stated in Clause 3.3 as a result of, including of any of the following whether directly or indirectly:

- 4.1** Pre-Existing Illness as defined in Clause 1; or
- 4.2** Specified Illnesses as defined in Clause 1; or
- 4.3** Any medical or physical conditions arising within the Waiting Period except for Injury; or
- 4.4** Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof; or
- 4.5** Dental conditions including dental treatment or oral surgery except as necessitated by Injury to sound natural teeth occurring in any Policy Year and performed by Dentist; or
- 4.6** Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, 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 (except for COVID-19); or

- 4.7** Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions; or
- 4.8** 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; or
- 4.9** 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; or
- 4.10** Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane; or
- 4.11** 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; or
- 4.12** Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 4.13** 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; or
- 4.14** 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 acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aromatherapy or other alternative treatment; or
- 4.15** Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract; or
- 4.16** Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations); or
- 4.17** 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; or
- 4.18** Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities; or
- 4.19** Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes; or
- 4.20** Expenses incurred for sex changes; or
- 4.21** Any treatment or investigation which is not Medically Necessary, or convalescence, custodial or rest care; or
- 4.22** Any medical treatment received by Life Assured outside Malaysia apart from Singapore and Brunei, if Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.

5. CONDITIONS

This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and in reliance of:

- a) The answers given by You and/or the Life Assured in Your application/proposal form or any subsequent questionnaires given by Us on any matters relating to the proposal and any disclosures made by You from the time of submission of the proposal to the date of issue of this Policy; and
- b) Medical reports and any other reports and questionnaires;

(collectively referred to as 'the material information') and such material information shall form an integral part of this contract of insurance between Us and You. This Policy shall constitute the entire contract between Us and You. The remedies in Schedule 9 of the Financial Services Act 2013 will apply if any pre-contractual misrepresentation is made in relation to such material information.

If You are required by Us, before this Policy is renewed, reinstated or varied, to answer any specific questions or if You are required to confirm or need to amend any matter previously disclosed by You to Us in relation to this Policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed. If there are any non-disclosure of any material fact or misrepresentation made, this Policy shall be void.

If there are any changes that have taken place after You have submitted the application for Renewal/variation but before this Policy is renewed or varied, You must inform Us of any such changes if it relates to the information given to Us in your answers or in respect of any matter previously disclosed to Us in relation to this Policy. If you fail to do so, We may either:

- a) Void this Policy and/or any coverage to which this Renewal/variation is applicable to; or
- b) Apply any of the applicable remedies in Schedule 9 of the Financial Services Act 2013.

5.1 Overseas Treatment

If the Life Assured is referred to be treated outside Malaysia by the attending Physician, benefits in respect of the treatment shall be limited to the Reasonable and Customary Charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

This is subject to Clause 5.22, if applicable. All documents in a language other than English and Bahasa Malaysia must be submitted together with certified translations. The consular or the translation agency shall certify the translation (English) to be a true and correct version of the originals.

We reserve the right to determine whether the fee limit for any particular hospital/medical charge is a Reasonable and Customary Charge with reference to Malaysian economic and market data. We reserve the absolute right to determine the amount payable by making reference to the Company medical data.

5.2 Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Life Assured outside Malaysia apart from Singapore and Brunei, if the Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.

5.3 Incontestability

This Policy shall not be contestable after it has been in force during the lifetime of the Life Assured for a period of more than two (2) years from the Effective Date. However, if We can show that there is a suppression of a material fact or a statement by You/Life Assured on a material matter was inaccurate, false, or misleading, and that it was fraudulently made or omitted, We shall have the right to void this Policy accordingly.

Where this Policy has been in force during the lifetime of the Life Assured for two (2) years or less from the Effective Date, We may void this Policy and refuse all claims if a misrepresentation was found to be deliberate or reckless.

- If the misrepresentation was careless or innocent, We may at Our absolute discretion:
- a) Void this Policy and refuse all claims; or
 - b) Take any necessary remedies in accordance with the applicable Laws of Malaysia.

5.4 Misrepresentation / Fraud

We may void this Policy and refuse all claims made in any of the following cases:

- a) If the proposal or declaration of the Life Assured is untrue in any respect; or
- b) If any material fact affecting the risk is incorrectly stated; or
- c) If this Policy or any subsequent Renewal has been obtained through any misstatement, misrepresentation or suppression; or
- d) If any claim made is fraudulent or exaggerated; or
- e) If any false declaration or statement is made in support of any claim.

However, if the misrepresentation was careless or innocent, We may:

- a) Void this Policy and refuse all claims, and the premiums paid shall be returned without interest. This payment shall be a complete and valid discharge of any liability under this Policy; or
- b) Take any necessary remedies in accordance with the applicable Laws of Malaysia.

5.5 Misstatement of Age

If the age of the Life Assured has been misstated and the premium paid as a result of this misstatement is insufficient, any claim payable under this Policy shall be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the Policy 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 Life Assured would not have been eligible for cover under this Policy, no benefit shall be payable.

5.6 Governing Law

This Policy shall be governed by the Laws of Malaysia and the Courts of Malaysia shall have the exclusive jurisdiction in respect of any claims arising out of or in relation to this Policy.

5.7 Geographical Territory

All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day and subject to the condition/limitations stated in Clause 5.1 and 5.2 hereinafter appearing.

5.8 Notice

Every notice or communication to Us shall be in writing and sent to Us. No alterations in the terms of this Policy or any Endorsement, will be held valid unless the same is signed or initialled by Our authorised representative. If there are any changes that have taken place after You have submitted the application for Renewal/variation but before this Policy is renewed or varied, You must inform Us of any such changes if it relates to the information given to Us in Your answers or in respect of any matter previously disclosed to Us in relation to this Policy.

If You fail to do so, We may either:

- a) Void this Policy and/or any coverage to which this Renewal/variation is applicable to; or
- b) Apply any of the applicable remedies in Schedule 9 of the Financial Services Act 2013.

5.9 Ownership of Policy

Unless otherwise expressly provided for by Endorsement in this Policy, We shall treat the Policy Owner as the absolute owner of this Policy. We shall not be bound to recognise any equitable or other claim to or interest in this Policy, and the receipt of this Policy or a Benefit by You (or by Your legal or authorized representative) alone shall be an effective discharge of all Our obligations and liabilities. You shall be deemed to be the responsible principal or agent of the Life Assured covered under this Policy.

5.10 Period of Cover and Renewal

This Policy will be renewable on each Policy Anniversary at Your option, by payment of the premium at the premium rate determined by Us at the time of Renewal.

Premiums are payable at the premium rate according to the Life Assured's age next birthday on each Policy Anniversary. The Renewal premium payable is not guaranteed and We reserve the right to revise the premium rate applicable by giving You thirty (30) days advance notice in writing. The revised premium will be applicable from the next Renewal of this Policy. Such changes, if any shall be applicable to all Policy Owners irrespective of their claim experience according to Our risk assessment.

This Policy is conditionally renewable up to age one hundred (100) years on next birthday provided that at the time of Renewal, this Policy had not been terminated in accordance with the provisions under Clause 6.

5.11 Cooling-Off Period

You have the right to cancel this Policy by giving Us a written notice to Us. The premiums that You have paid less any expenses which may have been incurred for any medical examination will be refunded to You. Such notice must be signed by You and received directly by Us within fifteen (15) days from the date receiving the electronic notification sent by Us informing that this Policy has been issued or upon receipt of this Policy, whichever is earlier.

5.12 Grace Period

A Grace Period of thirty (30) days from the due date will be allowed for payment of each subsequent premium. This Policy will remain in force during the period. If any claim arises during the Grace Period, any unpaid balance of the premium due shall be deducted from the proceeds payable under this Policy. If any premium remains unpaid at the end of its Grace Period, this Policy shall lapse.

5.13 Reinstatement

If a premium is still in default after the stipulated Grace Period, this Policy may be reinstated by Us at Our own discretion. This however has to be within three (3) months from the date of lapse and it is also subject to the following:

- a) A written application is made by You to have this Policy reinstated; and
- b) The Life Assured is within the allowable age limits as determined by Us at the time of reinstatement; and
- c) The Life Assured has to produce evidence of insurability that is satisfactory to Us; and
- d) Payment of full premium; and
- e) Any other terms and conditions which We may impose at that time; and
- f) Any reinstatement shall only cover loss or the insured event which occurs after the reinstatement date.

5.14 Consumption Tax

- a) The premium that You will pay to Us under this Policy is exclusive of any Consumption Tax, and shall be paid without any set-off, restriction or condition and without any deduction for or on account of any counterclaim or any deduction or withholding. For avoidance of doubt, all premiums that You will pay to Us under this Policy must be made free and clear of any deductions or withholdings for account of Consumption Tax. In the event that a deduction or withholding is required by law, the amount paid or payable must be grossed-up to ensure that We receive the same amount as it would have been entitled to receive in the absence of any requirement to make a deduction or withholding.
- b) In the event that We are required by law and/or regulation to calculate and collect any amount paid or payable from You under this Policy on account of any Consumption Tax, such amount that We have calculated, shall be paid by You as additional to and without any deduction or set-off from the premium payable under this Policy to Us.

5.15 Change in Risk

The Life Assured shall give immediate notice in writing to Us of any material change in his occupation, business, duties or pursuits; and pay any additional premium that may be required by Us. However, if such change in risk has, in Our sole opinion, rendered the Life Assured no longer insurable by Us, We shall be entitled to terminate this Policy.

5.16 Conversion Policy

The Life Assured may convert from an existing plan to a higher or lower new plan upon Policy Anniversary only. We reserve the absolute right to determine such conversion is to a higher or lower new plan.

We shall waive further underwriting and Waiting Period for the conversion to a lower new plan. However, the conversion to a higher new plan shall depend on Our underwriting considerations. Coverage for Insured Benefits shall start thirty (30) days after the approved date of conversion to a higher new plan, except for an Injury which occurs after the approved date of conversion.

If the Insured 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 Life Assured shall have been suffered from a Disability before or at the time the Insured Benefits were converted, the limit of benefits payable in respect of such Disability shall be in accordance with the Schedule of Benefits under Clause 2 before the date the Insured Benefits were converted.

5.17 Takeover Policy

If this Policy commences immediately upon the termination of a previous policy and a Life Assured is diagnosed with a Disability before or on the Effective Date, the Life Assured shall continue to be covered for the Disability, but not exceeding the limits of the previous policy, provided that the Disability is covered under the previous policy and We have secured a copy of the previous policy.

5.18 Upgraded Policy

If the Insured Benefits under the terms of this Policy is increased and a Life Assured is diagnosed with a Disability before or on the date the Insured Benefits are increased, the limits of benefits payable in respect of this Disability shall not exceed the limit of benefits before the Insured Benefits are upgraded.

5.19 Co-ordination of Benefits

We will not provide any compensation other than on a proportionate basis if a Life Assured has any other Hospitalisation coverage on reimbursement basis with Us or other insurance companies, or is receiving compensation from other sources in respect of the Disease or Injury for which the Life Assured is making a claim.

The claim payouts in aggregate shall be limited to the Reasonable and Customary Charges, for the Disability in which the claim is made.

5.20 Continuation of Hospitalisation into the Following Policy Year

If a period of Confinement, Out-Patient, Pre-Hospitalisation or Post-Hospitalisation or any other related Hospitalisation expenses flow into the next Policy Year, the benefits to be reimbursed will be subject to the limits of the current Policy Year.

In no situations will the benefit limit exceed those stated in the Schedule of Benefits under Clause 2 of this Policy and evidence of Hospitalisation is required for other than Out-Patient benefits and Day Surgery.

5.21 Claim Procedures

5.21.1 The Life Assured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to Us 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 Prescribed Medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalidate 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.

5.21.2 The Life Assured shall immediately obtain and act on proper medical advice and We shall not be held liable in the event a treatment or service becomes necessary due to

failure of the Life Assured to do so.

5.21.3 All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Expenses 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.

5.22 Certification, Information and Evidence

All certificates, information, medical reports and evidence in such form as We may prescribe must be furnished to Us at the expense of the Life Assured within thirty (30) days after the date of leaving the Hospital or receiving treatment. In any event, all notices which We shall require You to give must be in writing and addressed to Us. A Life Assured shall, at Our request and expense, submit to a medical examination whenever such is deemed necessary.

5.23 Currency of Payment

All payments under this Policy shall be made in the legal currency of Malaysia. In the event of Hospitalisation outside Malaysia, bills rendered in a currency other than Ringgit Malaysia shall first be converted to Ringgit Malaysia based on a quoted exchange rate in effect on the date the Life Assured is discharged from Hospital. The quoted exchange rate shall be obtained from a financial institution as determined by Us and shall be final and binding on the Life Assured.

5.24 Condition Precedent to Liability

The due observance and the fulfilment of the terms, provisions and conditions of this Policy by the Life Assured and in so far as they relate to anything to be done or complied with by the Life Assured shall be conditions precedent to any of Our liability.

5.25 Portfolio Withdrawal Condition

We reserve the right to cancel the portfolio as a whole if We decide to discontinue underwriting this insurance product by giving thirty (30) days prior notification in writing. Cancellation of the portfolio as a whole shall be given by written notice to You and We will run off all policies up to the Policy Anniversary within the portfolio.

5.26 Alterations

We reserve the right to amend the terms and provisions of this Policy other than the premium by giving a thirty (30) days prior notification in writing and such amendment will be applicable from the next Policy Anniversary immediately following the expiry of the thirty (30) days advance written notice upon receiving Your written consent. For premium, We reserve the right to amend the premium by giving a thirty (30) days prior notification in writing and such amendment will be applicable from the next Policy Anniversary immediately following the expiry of the thirty (30) days advance written notice. No alteration to this Policy shall be valid unless authorized by Us and such approval is endorsed on this Policy. Notwithstanding the above, we reserve the right to amend the terms and provisions of this Policy if any information becomes misleading following any changes in circumstances and/or to meet regulatory requirements by giving a thirty (30) days prior notification in writing and such amendment will be applicable immediately.

5.27 Subrogation

If We shall become liable for any payment under this Policy, We shall be subrogated to the extent of such payment to all rights and remedies of the Life Assured/You against any party and shall be entitled at Our own expense to sue in the name of the Life Assured/You. The Life Assured/You shall give or cause to be given to Us all such assistance in his/Your power as We shall require to secure the rights and remedies and at Our request shall execute or cause to be executed all documents necessary to enable Us to effectively to bring suit in the name of the Life Assured/You.

5.28 Legal Proceedings

No action at law or in equity shall be brought to recover on this Policy before the expiration of sixty (60) days after written proof of loss has been submitted according to the requirements of this Policy. If the Life Assured/You shall fail to supply the required proof of loss as specified by the terms, provisions and conditions of this Policy, the Life Assured/You may, within a period of

one (1) calendar year from the time that the written proof of loss to be submitted, submit the relevant proof of loss to Us with sound reason(s) for the failure to comply with this Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion. After such period has expired, We will not accept, for any reason whatsoever, such written proof of loss.

5.29 Cancellation

You may cancel this Policy at any time by giving a written notice to Us, and provided that no claims have been made during the current Policy Year, You shall be entitled to a refund of the premium as follows:

Period From Policy Anniversary, Not Exceeding	Premium Payment Mode			
	Yearly	Half Yearly	Quarterly	Monthly
15 Days (Not Applicable to 1 st Policy Year)	90%	80%	70%	No Refund
1 Month	80%	70%	50%	
2 Months	70%	50%	20%	
3 Months	60%	30%	No Refund	
4 Months	50%	20%	50%	
5 Months	40%	10%	20%	
6 Months	30%	No Refund	No Refund	
7 Months	25%	70%	50%	
8 Months	20%	50%	20%	
9 Months	15%	30%	No Refund	
10 Months	10%	20%	50%	
11 Months	5%	10%	20%	
Period Exceeding 11 Months	No Refund	No Refund	No Refund	

5.30 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 Us for any claim under this Policy must be referred to an arbitrator within twelve (12) calendar months from date of such disclaimer.

5.31 Sanction Limitation and Exclusion Clause

5.31.1 The Company may not engage in any transactions, or pay claims that would violate any applicable trade or economic sanctions.

5.31.2 The Company shall not be deemed to provide coverage and shall not be liable to pay any claim or provide any benefit to the extent that the provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any applicable laws.

5.31.3 If any party detected by the Company to be subjected to any aforementioned sanction or restriction at anytime inclusive of from the time of inception of this Policy until detection, the termination of this Policy shall take effect immediately and this Policy shall be declared void from the beginning (from the inception).

5.31.4 The Policy Owner and Life Assured shall represent and warrant and certify to the Company that:

5.31.4.1 none of the funds used for the purchase of this Policy is derived from illegal activities or sources; and

5.31.4.2 the purpose of the purchase of this Policy is not for money-laundering activities or for facilitating the financing of terrorism or proliferation of financing.

5.31.5 If the Company receives any instruction from the relevant authorities to freeze or seize this Policy, the Company must comply with the order and shall have the right to freeze and/or, hand over the funds payable in respect of this Policy in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 or any other relevant laws.

5.31.6 If the Company discovers or has reasonable doubt that this Policy is being used as an instrument for money laundering activities, facilitating financing of terrorism and/or proliferation of financing, this Policy will be declared void ab initio (from inception).

6. TERMINATION

6.1 The insurance coverage of a Life Assured shall automatically terminate on the earliest happening of the following events:

- a) On the death of a Life Assured; or
- b) On the Policy Anniversary on which the Life Assured is one hundred (100) years next birthday; or
- c) When We withdraw the product completely from the market in accordance with the Portfolio Withdrawal Condition; or
- d) When We receive Your request for termination in writing; or
- e) When this Policy expires; or
- f) When this Policy lapses, is surrendered or terminated in any other manner.

6.2 We shall be entitled to terminate this Policy immediately when a change in risk as stated in Clause 5.15 has, in Our sole opinion, rendered the Life Assured no longer insurable by Us.

In the event of any inconsistencies between the Bahasa Malaysia version and the English version of this Policy, the English wordings shall prevail.

APPENDIX

Annual premium rates table

Age Next Birthday	Annual premium (RM)			
	Pay First Claim Later		Cashless	
	RM500 Deductible (per Policy Year)	RM2,500 Deductible (per Policy Year)	RM500 Deductible (per Policy Year)	RM2,500 Deductible (per Policy Year)
0 - 5	666	503	833	629
6 - 17	555	431	694	539
18 - 25	563	441	704	552
26 - 30	581	448	727	560
31 - 35	619	473	773	592
36 - 40	681	524	851	654
41 - 45	799	621	999	777
46 - 50	1,063	830	1,328	1,037
51 - 55	1,351	1,065	1,688	1,331
56 - 60*	1,794	1,418	2,242	1,772
61 - 65*	2,242	1,779	2,803	2,223
66 - 70*	3,691	2,942	4,614	3,678
71 - 75*	6,317	5,035	7,896	6,294
76 - 80*	8,081	6,442	10,102	8,052
81 - 90*	10,665	8,275	13,331	10,344
91 - 99*	14,061	11,116	17,576	13,894

*Applicable for Renewal only.

Notes:

1. The annual premium above are based on standard risk (occupation class 1 & 2). For occupation class 3, 25% loading is applicable and for occupation class 4, 50% loading is applicable.
2. The annual premium will vary depending on the age, occupation class, health condition and the options You have selected.
3. The above annual premium are rounded to the nearest Ringgit Malaysia.