

Policy

ALLIANZ SHIELD PLUS

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WHEREAS the Insured Person described in the Schedule hereto following the profession or occupation stated in the Schedule by a proposal and declaration, which, shall be the basis of this contract, has applied to Allianz General Insurance Company (Malaysia) Berhad (Company No. 200601015674 (735426-V)) (hereinafter, the "Company") for the insurance hereinafter contained and has paid or has agreed to pay to the Company the premium stated in the Schedule as a consideration for such insurance.

Notwithstanding any provision in this Policy, the above basis of contract shall not apply to the Insured Person who is an individual entering into, varying or renewing the contract of insurance wholly for purposes unrelated to the Insured Person's trade, business or profession.

NOW THIS POLICY OF INSURANCE WITNESSETH that if during the Period of Insurance the Insured Person suffers Injury, caused solely and directly by Accident as hereinafter defined which shall solely and independently of any other cause result in the Insured Person's death or disablement as hereinafter defined, or necessitate medical and/or hospital and surgical treatment as hereinafter defined, the Company will pay to the Policyholder or Insured Person, as the case may be, the sum(s) of money specified in the Schedule and in accordance to the Scale of Benefits subject to the terms and conditions of this Policy.

PART 1 – BENEFITS

The following benefits are payable up to the maximum applicable Principal Sum Insured/relevant benefit amount specified in Schedule according to the Insured Person's plan subject to the term and conditions of this Policy.

A. DEATH

In the event of an Accident during the Period of Insurance causing an Injury resulting in death of the Insured Person occurring within twelve (12) calendar months from the Date of Accident, the Company shall pay the death benefit according to the percentage of the Principal Sum Insured as stated in the Scale of Benefits.

B. PERMANENT DISABLEMENT

In the event of an Accident during the Period of Insurance causing an Injury resulting in Permanent Disablement (verified by a Medical Practitioner) to the Insured Person occurring within twelve (12) calendar months from the Date of Accident, the Company shall pay the Permanent Disablement benefit according to the percentage of the Principal Sum Insured as stated in Table 1 - Scale of Benefits.

Table 1 - Scale of Benefits	Percentage of Principal Sum Insured
Death	100%
Permanent Disablement	
Loss of two limbs	100%
Loss of both hands or of all fingers and both thumbs	100%
Loss of sight of both eyes	100%
Total paralysis from neck down	100%
Injury resulting in being permanently bedridden	100%
Loss of arm at shoulder	100%
Loss of arm between shoulder and elbow	100%
Loss of arm at elbow	100%
Loss of arm between elbow and wrist	100%
Loss of hand at wrist	100%

Loss of leg	at hip	100%
	between knee and hip	100%
	below knee	100%
Eye: Loss of	whole eye	100%
	all sight in one eye	100%
	sight of except perception of light	50%
Loss of four fingers and thumb of one hand		50%
Loss of four fingers		40%
Loss of thumb	both phalanges	30%
	one phalanx	15%
Loss of index finger	three phalanges	15%
	two phalanges	10%
	one phalanx	5%
Loss of middle finger	three phalanges	8%
	two phalanges	5%
	one phalanx	3%
Loss of ring finger	three phalanges	6%
	two phalanges	5%
	one phalanx	3%
Loss of little finger	three phalanges	5%
	two phalanges	4%
	one phalanx	3%
Loss of metacarpals	first or second (additional)	4%
	third, fourth or fifth (additional)	3%
Loss of toes	all	20%
	great, both phalanges	8%
	great, one phalanx	3%
	other than great, if more than one toe lost, each	2%
Permanent loss of hearing in both ears and speech		100%
Loss of hearing	both ears	75%
	one ear	15%
*Loss of speech		50%
Shortening of arm	more than 1" up to 2"	2.5%
	more than 2" up to 4"	5%
	more than 4"	12.5%
Shortening of leg	more than 1" up to 2"	5%
	more than 2" up to 4"	10%
	more than 4"	25%
Permanent Impotency or Infertility		20%
**Coma		100%
***Disappearance		100%

• **COMA

Upon certification by a Medical Practitioner that the Insured Person has been in a coma state for at least one (1) year due to an Accident, the Company will pay one hundred percent (100%) of the Principal Sum Insured. However, the Company has the right to recover the payment made if the Insured Person regains consciousness subject to a deduction of ten percent (10%) of the Principal Sum Insured paid for each year the Insured Person was in a coma state.

• *****DISAPPEARANCE**

If after a period of one (1) year has lapsed from the date of reported disappearance of the **Insured Person** to the police or relevant authorities, the **Company**, having examined all evidence available, shall have no reason to suppose other than that an **Accident** has occurred which in all probability has resulted in the death of the **Insured Person**, the disappearance of the **Insured Person** shall be considered to constitute a death claim under this **Policy** and one hundred percent (100%) of the **Principal Sum Insured** of the death benefit shall be payable. However, if at any time after payment has been made, the **Insured Person** is found to be living, any sums paid by the **Company** in settlement of the claim shall be refunded to the **Company**.

• **EXPOSURE**

This **Policy** covers death or **Permanent Disablement** claims caused by exposure to the elements as a result of an **Accident** provided that in the event of death of the **Insured Person**, the death is subject to an inquest by which it is found that the **Insured Person** died of exposure as a result of an **Accident**.

Where the **Injury** is not specified, the **Company** reserves the right to adopt a percentage of **Permanent Disablement** at its discretion.

Permanent total loss of use of a part of a body shall be treated as a loss of the part of the body. Loss of speech means total permanent inability to communicate verbally. Loss of sight of eyes means the entire and irrecoverable loss of sight.

The aggregate of all percentages payable in respect of any one **Accident** shall not exceed one hundred percent (100%) of the **Principal Sum Insured**. In the event of a total of one hundred percent (100%) **Principal Sum Insured** having been paid during the Period of Insurance, this **Policy** shall immediately cease to be in force. Other losses lesser than one hundred percent (100%) if having been paid shall reduce the coverage by that amount from the **Date of Accident** until the expiry of this **Policy**.

C. **DOUBLE INDEMNITY**

In the event that the benefit payable under this **Policy** for:

- (a) Death; or
- (b) Total paralysis from neck down; or
- (c) Permanent total loss of use of two (2) limbs (or two (2) or more limbs);

arises due to an **Accident** that occurred (I) whilst travelling as a fare-paying passenger on any mode of **Public Transport Services** OR (II) *whilst travelling overseas, the said benefits together with renewal bonus (if any) shall be doubled.

*The phrase "whilst travelling overseas" in this context would mean the following:

- If **Insured Person** is a Malaysian – **Insured Person** is travelling out of Malaysia. If **Insured Person** also has a permanent residence in another country, then this benefit is only applicable if **Insured Person** is travelling out of Malaysia and out of that country in which the **Insured Person** has permanent residence.
- If **Insured Person** is a Malaysian legally employed in a foreign country – **Insured Person** is travelling out of Malaysia and out of the country in which he/she is employed.
- If **Insured Person** is a Non-Malaysian – **Insured Person** is travelling out of Malaysia and out of the **Insured Person's** country of origin.

NOTE: Double Indemnity is applicable for either (I) or (II) above, and not both.

D. **MEDICAL EXPENSES**

The **Company** will indemnify the **Insured Person** for medical expenses incurred by the **Insured Person** for any **Injury**, including medical expenses incurred by the **Insured Person** as a result of the **Insured Person** having contracted Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya provided that the maximum liability of the **Company** arising out of any one **Accident** shall not

exceed the amount specified in the **Schedule**. Medical Expenses shall include expenses incurred for hospital (including room and board), clinical, medical and surgical treatments, and the cost for obtaining medical/specialist/post-mortem reports.

Compensation shall be payable only if such medical or surgical treatment is provided to the **Insured Person** by a **Medical Practitioner** within two (2) years from the **Date of Accident**, provided that the first expense is incurred within twenty-six (26) weeks from the **Date of Accident**, and the original invoice(s)/receipt(s) of the expenses incurred and any other additional documents as the **Company** may require are submitted to the **Company**.

• **CASHLESS HOSPITAL ADMISSION AND DISCHARGE BENEFIT**

In the event the **Insured Person** requires **Hospitalisation** due to **Accident**, the **Company** will facilitate the **Insured Person's** admission into a participating hospital in Malaysia or within the Asia Pacific Countries by providing any guarantee required by the hospital up to a maximum of RM2,500. Thereafter, the **Company** will also facilitate the **Insured Person's** discharge from the same hospital provided all items in the final bill from the hospital is covered up to the Medical Expenses benefit limit as stated in the **Schedule**. Items that are not covered will have to be borne by the **Insured Person**.

This Cashless Benefit will only be activated after seven (7) working days from the submission and acceptance of the **Insured Person's** proposal to any registered office of the **Company**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of diseases.

E. **ALTERNATIVE MEDICINE**

The **Company** will reimburse the costs for **Alternative Medicine** incurred by the **Insured Person** as a result of an **Accident** up to the limits specified in the **Schedule**.

Compensation shall be payable only if such treatment is provided to the **Insured Person** within two (2) years from the **Date of Accident**, provided that the first expense is incurred within twenty-six (26) weeks from the **Date of Accident**, the original invoice(s)/receipt(s) of the expenses incurred and any other additional documents as the **Company** may require are submitted to the **Company**.

F. **BLOOD TRANSFUSION**

The **Company** will pay the **Insured Person** twenty percent (20%) of the **Principal Sum Insured** specified in the **Schedule** if the **Insured Person** contracts Human Immunodeficiency Virus (HIV) as a result of a Blood Transfusion whilst the **Insured Person** is undergoing medical treatment for **Injury** in a hospital within Malaysia.

Compensation shall only be payable if the **Insured Person** is positively diagnosed with Human Immunodeficiency Virus (HIV) within two (2) years from the date of the Blood Transfusion.

G. **DENTAL CORRECTION AND/OR CORRECTIVE COSMETIC SURGERY**

The **Company** will reimburse the **Insured Person** up to the amount specified in the **Schedule** in respect of the expenses incurred by the **Insured Person** for dental correction and/or corrective cosmetic surgery performed on the **Insured Person's** neck, head or chest (navel up) following injuries sustained as a result of an **Accident**, provided that such dental correction and/or corrective cosmetic surgery is recommended and performed by a licensed orthodontist or cosmetic surgeon.

H. **HOSPITAL INCOME**

In the event the **Insured Person** requires **Hospitalisation** as a result of an **Accident** the **Company** will pay the **Insured Person** a daily benefit as specified in the **Schedule** for the period of **Hospitalisation**, up to a maximum of one hundred and eighty (180) days. This benefit is triggered only if the **Insured Person** is hospitalised for more than twelve (12) hours due to an **Accident**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include **Hospitalisation** due to food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of disease.

Daily compensation is payable only if the **Insured Person** is hospitalised within twenty-one (21) days of the **Date of Accident**. Successive periods of **Hospitalisation** due to the same cause, shall be considered as one **Accident**.

I. PERMANENT IMPOTENCY OR INFERTILITY

The **Company** will pay the **Insured Person** up to the limits specified in the Scale of Benefits if the **Insured Person** suffers impotency or infertility due to an **Accident**. Such **Permanent Disablement** must be certified by a **Medical Practitioner**.

J. KIDNAP BENEFIT

The **Company** will pay a lump sum of RM10,000 for necessary expenses incurred by the **Insured Person's** family to recover the **Insured Person** and also offer a reward of RM50,000 for information leading to the recovery of the **Insured Person** provided that the **Insured Person** is alive at the time of recovery. The payment of this benefit is subject to verification and confirmation by the police that a ransom has been demanded by the kidnappers for the return of the **Insured Person**. Where no demand of ransom has been made, the **Company** has absolute discretion whether or not to make any payment under this benefit.

If after a period of one (1) year has lapsed from the date of reported kidnapping to the police and the **Company** having examined all evidence available shall have no reason to suppose in all probability the **Insured Person** had died, the disappearance of the **Insured Person** shall be considered to constitute a claim under this **Policy** and the **Principal Sum Insured** shall be payable.

K. AMBULANCE FEE

The **Company** will reimburse the charges incurred for necessary ambulance services rendered in Malaysia (inclusive of attendants) to and/or from the hospital up to the amount specified in the **Schedule** provided such Ambulance Fee were incurred as a result of an **Accident** to the **Insured Person**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of diseases.

L. FUNERAL EXPENSES

The **Company** will pay the **Insured Person's** legal representative the amount specified in the **Schedule** as Funeral Expenses in the event of death of the **Insured Person** due to an **Accident**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include death due to Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of diseases.

M. BEREAVEMENT ALLOWANCE

In the event of the **Insured Person's** death due to Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya, the **Company** will pay to the **Insured Person's** legal representative, twenty percent (20%) of the **Principal Sum Insured** specified in the **Schedule** as Bereavement Allowance upon submission of the documents required by the **Company**.

N. PERSONAL LIABILITY

The **Company** will indemnify the **Insured Person** up to the amount specified in the **Schedule** if the **Insured Person** shall become legally liable to pay to third parties in respect of Injury or accidental damage to property. The territorial limit of this benefit is within Malaysia only. In the event that any claim is proven to be fraudulent after payment is made, the **Company** will retrieve all payments made in respect of that fraudulent claim. The **Company** further reserves the right to take any further action, including legal action against the claimant in such case.

The **Company** will, subject to the limit of liability stated in the **Schedule**, indemnify the **Insured Person** in respect of:

- (a) All sums the **Insured Person** shall become legally liable to pay for compensation in respect of:
 - (i) **Injury** to any person; and
 - (ii) accidental damage to property;
- (b) All costs and expenses in litigation:
 - (i) recovered from the **Insured Person** by any claimant or claimants; and
 - (ii) incurred with the written consent of the **Company**;

in respect of a claim against the **Insured Person**, for compensation to which the indemnity expressed in this **Policy** applies.

In the event of death of the **Insured Person**, the **Company** will in respect of the liability incurred by the **Insured Person**, indemnify the **Insured Person's** legal representative subject to the limitation of this **Policy** provided such legal representative shall as though they were the **Insured Person** observe, fulfill and be subject to the terms, conditions and exclusions of this **Policy** so far as they can apply.

Notwithstanding the above, this Benefit N does not cover death or any **Injury/Permanent Disablement** directly or indirectly caused by or in connection with any of the following:

1. Liability assumed by the **Insured Person** by agreement unless such liability would have attached to the **Insured Person** notwithstanding such agreement;
2. Liability in respect of **Injury** to any person who at the time of sustaining such Injury is engaged in the service of the **Insured Person** or for compensation claimed from the **Insured Person** by an injured person or dependent under any workmen's compensation legislation;
3. Liability in respect of **Injury** to any person who is a member of the **Insured Person's** own family or a member of the **Insured Person's** household;
4. Liability in respect of damage to property belonging to or in the charge or under the control of the **Insured Person** or of any servant or agent of the **Insured Person**;
5. Liability in respect of **Injury** or damage caused by or in connection with or arising from:
 - (a) The ownership or possession or use by or on behalf of the **Insured Person** of any animal (other than a dog or cat), aircraft, motorcycle, vehicle, vessel or craft of any kind;
 - (b) The ownership or possession or use by or on behalf of the **Insured Person** of any land or building;
 - (c) Any employment, profession or business of the **Insured Person** or anything done in connection therewith or for the purpose thereof.

O. RENEWAL BONUS

Upon renewal of this **Policy** (provided such renewal is continuous and the **Policy** has not lapsed in any given year), a renewal bonus shall be applicable in the form of an increase in the **Insured Person's Principal Sum Insured** as follows:

- (a) an increase of twenty percent (20%) per year up to a maximum of one hundred percent (100%) for **Insured Persons** between the ages of thirty (30) days and forty (40) years; or
- (b) an increase of ten percent (10%) per year up to a maximum of one hundred percent (100%) for **Insured Persons** aged forty-one (41) years and above;

Subject to the provisions of this **Policy**, the renewal bonus shall be paid to the **Insured Person** or the **Insured Person's** legal representative as the case maybe, in addition to the payment of the **Principal Sum Insured** or such part thereof payable in respect of a claim made under Benefits A (Death), B (**Permanent Disablement**), C (Double Indemnity) or Optional Benefit 2 (Double Indemnity in the event of **Motor Vehicle Accident**).

In the event of a claim having been made under Benefit B (**Permanent Disablement**), Benefit C (Double Indemnity) or Optional Benefit 2 (Double Indemnity) in the event of **Motor Vehicle Accident** of this **Policy**, computations for future renewal bonus will begin anew from the next renewal date of this **Policy**.

P. MOBILITY EXPENSES

In the event the **Insured Person** suffers **Permanent Disablement** due to an **Accident**, the **Company** shall reimburse the **Insured Person**, up to the limits stipulated in the **Schedule**, the actual costs of purchasing medical equipment provided always that such medical equipment are necessary to assist in the mobility of the **Insured Person** and are recommended by the attending **Medical Practitioner**.

Q. REPATRIATION EXPENSES

The **Company** will reimburse the **Insured Person's** legal representative the actual expenses incurred up to a maximum of RM20,000 for Repatriation Expenses incurred in sending or transporting the **Insured Person's** mortal remains back to the **Insured Person's** Home country if the **Insured Person's** death is due to an **Accident** whilst travelling outside the **Insured Person's** Home country.

R. MISCARRIAGE DUE TO ACCIDENT

The **Company** will pay the **Insured Person** RM2,000 per person per **Accident** in the event the **Insured Person** suffers a miscarriage as a result of an **Accident**.

S. COMPASSIONATE CARE

(i) The **Company** will reimburse the **Insured Person** up to RM10,000 for reasonable travelling and accommodation expenses incurred by one (1) **Family Member** to take care of and/ or accompany the **Insured Person** who is a minor, not more than eighteen (18) years old, during the period of **Hospitalisation**, provided the **Hospitalisation** is a result of an **Accident**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include **Hospitalisation** for Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of diseases.

(ii) In the event that the **Insured Person** gives birth to a baby or babies with birth defects caused by the Zika Virus as certified by a **Medical Practitioner**, the **Company** will pay a lump sum of RM10,000 to the **Insured Person**.

T. SNATCH THEFT OR ATTEMPTED SNATCH THEFT

In the event of **Snatch Theft or Attempted Snatch Theft**, the **Company** will pay the **Insured Person** RM600 as compensation to the **Insured Person** subject to a police report being lodged. The police report is to be made within twenty-four (24) hours of the **Snatch Theft or Attempted Snatch Theft**.

PART 2 – OPTIONAL BENEFITS

1. WEEKLY BENEFITS

If the **Insured Person** is temporarily unable to engage in or attend to the **Insured Person's** profession or occupation due to **Injury** as certified by a **Medical Practitioner**, the **Company** will pay the **Insured Person** the amount specified under Weekly Benefits as provided in the **Schedule** up to a period of fifty-two (52) weeks, effective from the date of confirmation of such temporary disablement by a **Medical Practitioner**.

This benefit is payable to the **Insured Person** provided that the **Insured Person** has not made any claims under **Permanent Disablement**.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include **Injury** due to food and drink poisoning, Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of disease.

Compensation is payable only if such **Injury** shall, within twenty-one (21) days from the **Date of Accident**, continuously disable and totally prevent the **Insured Person** from performing any duties or functions relating to his/her occupation. Further, this benefit is only payable if the **Insured Person** furnishes the **Company** with the original medical certificates issued by the **Medical Practitioner**.

2. DOUBLE INDEMNITY IN THE EVENT OF MOTOR VEHICLE ACCIDENT

In the event that the benefit payable under this **Policy** for:

- (a) Death; or
- (b) Total paralysis from neck down; or
- (c) Permanent total loss of use of 2 limbs (or 2 or more limbs);

arises due to a **Motor Vehicle Accident**, whether as a pedestrian, passenger, pillion or driver/rider, the said benefit together with renewal bonus (if any) shall be doubled.

Notwithstanding the above, if Benefit C (Double Indemnity) of this **Policy** is also payable, the **Insured Person** is only entitled to claim either Benefit C (Double Indemnity) or this optional benefit only.

3. LIFESTYLE AND LIVING BENEFITS

(i) SMART DEVICE PROTECTION

In the event of loss or damage to the **Insured Person's Smart Device** as a consequence of:

- (a) forcible and violent breaking-in or out of a premises; or
- (b) **Snatch Theft or Attempted Snatch Theft**; or
- (c) forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked;

the **Company** will compensate the **Insured Person** for such loss or damage less a deduction for any wear, tear or depreciation, up to the amount specified in the **Schedule** provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident. This benefit is limited to two (2) claims during the **Period of Insurance**.

(ii) ONLINE PURCHASE PROTECTION

The **Company** will compensate the purchase price incurred by **Insured Person** up to the amount specified in the **Schedule** for either:

- (1) loss of any goods purchased from a **Fake Website/ Application** provided that the loss is reported to the police upon the discovery that the website/application is a **Fake Website/Application**;

OR

- (2) in the event **Purchased Goods** were not delivered to, lost or not received by the **Insured Person** provided that:

- (i) the **Purchased Goods** were made through a valid website/ application;
- (ii) the **Purchased Goods** were not delivered for more than fourteen (14) days from the date of the scheduled delivery;
- (iii) the delivery company has confirmed that the **Purchased Goods** were lost or could not be found and will not make any compensation to the **Insured Person**; and
- (iv) the seller of the **Purchased Goods** refuses to refund, replace or compensate the **Insured Person**.

This benefit is limited to two (2) claims during the **Period of Insurance**.

The **Company** will not pay for:

- (a) any financial loss incurred by the **Insured Person** which can be recovered or compensated by a licensed financial institution or other sources as determined by the **Company** in its absolute discretion;
- (b) any financial loss if there is failure to provide proof of the non-delivery of **Purchased Goods**;

- (c) non-delivery of **Purchased Goods** due to incorrect address provided by the **Insured Person**;
- (d) any tax, insurance cost and surcharge in relation to the delivery;
- (e) any loss incurred due to any illegal or unlawful act by the **Insured Person** or confiscation, detention, destruction by customs or other authorities;
- (f) any consequential loss not specified in the **Policy**; and
- (g) any purchase of goods made through any social media platform.

(iii) CREDIT CARD AND LOAN INDEMNITY

In the event the **Insured Person** requires **Hospitalisation** for more than ten (10) consecutive days as a result of an **Accident**, the **Company** will reimburse the amount the **Insured Person** is required to pay for his/her credit card, hire-purchase, mortgage or personal loan held with a licensed financial institution as at the **Date of Loss/Accident** up to the amount specified in the **Schedule** provided that:

- (a) the **Insured Person** is an individual (not a body corporate) and the credit card(s), hire purchase, mortgage or personal loan relating to the amounts payable under this benefit is under his/her personal name; and
- (b) the **Insured Person** or the legal representative making the claim to the **Company** must submit a copy of the latest statement as at the **Date of Loss/Accident** of the **Insured Person's** credit card, hire-purchase, mortgage or personal loan, as the case may be, to the **Company**.

(iv) LOSS OF SPORTS EQUIPMENT

In the event of loss to the **Insured Person's Sports Equipment** as a consequence of:

- (1) forcible and violent breaking-in or out of a premises; or
- (2) **Snatch Theft or Attempted Snatch Theft**; or
- (3) forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked;

the **Company** will compensate the **Insured Person** for such loss less a deduction for any wear, tear or depreciation, up to the amount specified in the **Schedule** provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident.

The **Company** will not pay for:

- (a) loss of hired or leased equipment; and
- (b) sports attire and shoes.

This benefit is limited to two (2) claims during the **Period of Insurance**.

(v) MISSED EVENT

In the event that Benefit H (Hospital Income) is payable under this **Policy**, the **Company** will reimburse the cost of non-refundable tickets and/or registration fees, up to the amount specified in the **Schedule**, for the following pre-booked event(s) for which the **Insured Person** has paid but was unable to attend due to an **Accident** and/or **Hospitalisation**:

- (a) concert tickets;
- (b) theme park/amusement park entrance tickets;
- (c) movie tickets; and/or
- (d) tickets or registration fees for sporting events.

This benefit is payable subject to the payment of tickets and/or registration fees being made at least two (2) weeks prior to the date of the event.

(vi) NURSING CARE

In the event an **Accident** during the **Period of Insurance** results in an **Injury** and the **Insured Person** requires nursing care following the **Insured Person's** discharge from the hospital, the **Company** will reimburse the cost of the nursing care up to the

amount specified in the **Schedule** and up to a maximum of sixty (60) days provided that:

- (a) the **Insured Person** was hospitalised for a minimum of three (3) consecutive days;
- (b) the nursing care is provided within seven (7) days from the date of the **Insured Person's** discharge from the hospital; and
- (c) the nursing care is deemed medically necessary by the **Insured Person's** treating **Medical Practitioner**.

(vii) LIFESTYLE MODIFICATION EXPENSES

In the event fifty percent (50%) or more of the **Principal Sum Insured** is payable under Benefit B (**Permanent Disablement**) according to the percentage of the **Principal Sum Insured** as stated in Table 1 – Scale of Benefits of this **Policy**, the **Company** will reimburse the costs of modification including associated expenses to the **Insured Person's** home and/or **Motor Vehicle** up to the amount specified in the **Schedule** provided that the said modifications are required and essential for the purpose of enabling the **Insured Person** to cope with the disability suffered and to aid the **Insured Person's** mobility.

This benefit payable is subject to the following:

- (a) The **Insured Person** must provide to the **Company** the original receipts for the expenses incurred for the modification and photographs of the home and/or **Motor Vehicle** before and after the modification;
- (b) the said modifications shall commence within one hundred and eighty (180) days following the attending **Medical Practitioner's** confirmation of such **Permanent Disablement**.

No reimbursement is payable if the said modifications were already pre-planned or ongoing prior to the **Date of Loss/Accident**.

(viii) REHABILITATION EXPENSES

In the event an **Accident** during the **Period of Insurance** results in an **Injury** and the **Insured Person** requires rehabilitation following the **Insured Person's** discharge from the hospital, the **Company** will reimburse the costs of consultation and medical treatments with a **Medical Practitioner**, therapist or alternative medical practitioner for rehabilitation expenses up to the amount specified in the **Schedule**.

For the purpose of this **Policy**, rehabilitation expenses include:

- (1) physical therapy, occupational therapy, speech therapy, respiratory therapy, cognitive rehabilitation; and/or
- (2) post-traumatic counselling for:
 - (i) the **Insured Person**; and/or
 - (ii) one (1) family member or one (1) companion of the **Insured Person**, provided always that the **Company** will only reimburse the costs for up to two (2) counselling sessions for these individuals.

This benefit is payable subject to the following:

- (a) the consultation/therapy sessions are prescribed in writing by the attending **Medical Practitioner** and held in Malaysia; and
- (b) the first (1st) therapy/counselling session with the **Medical Practitioner**, therapist or alternative medical practitioner occurs within ninety (90) days following the **Insured Person's** hospital discharge.

(ix) HOUSEKEEPING SERVICES

In the event the **Insured Person** requires **Hospitalisation** for more than ten (10) consecutive days as a result of an **Accident**, the **Company** will reimburse the cost for the services of a housekeeper to perform daily household duties, meal preparation, laundry and other similar household tasks at the **Insured Person's** home up to the amount specified in the

Schedule provided that such services of a housekeeper is acquired within seven (7) days from the date of the **Insured Person's** hospital discharge.

4. STUDY INTERRUPTION

In the event the **Insured Person** suffers interruption to his/her studies as a registered full time student at a licensed educational institution where the **Insured Person** incurs fees for each semester during the **Period of Insurance**, the **Company** will pay/reimburse the **Insured Person** the relevant costs up to the amount specified in the **Schedule** as set out in the following situations:

(a) Injury to the Insured Person

In the event of an **Accident** causing the **Insured Person** to require **Hospitalisation** for more than ten (10) consecutive days, the **Company** will pay the cost of the **Insured Person's** one (1) semester fee (either the current semester or one (1) semester immediately after the **Accident**) whether or not the fees have been paid, up to the amount specified in the **Schedule**.

(b) Death of Sponsor

In the event of an **Accident** causing death to the individual who sponsors the **Insured Person's** studies as stated in the **Schedule**, the **Company** will pay the cost of the **Insured Person's** one (1) semester fee (either the current semester or one (1) semester immediately after the **Accident**) whether or not the fees have been paid, up to the amount specified in the **Schedule**.

The details of one (1) named sponsor between the age of eighteen (18) and the age of seventy (70) must be provided at the time of application of insurance and/or renewal.

The **Insured Person** may change or include the sponsor's details by giving the **Company** thirty (30) days prior written notice and the changes will only take effect from the next **Policy** renewal onwards.

(c) Transportation Expenses

In the event of an **Accident** causing the **Insured Person's Immediate Family Member** in Malaysia to require **Hospitalisation** for more than ten (10) consecutive days or such **Immediate Family Member** dies due to an **Accident**, the **Company** will reimburse the transportation expenses (cost of return journey/trip economy class ticket/charges) incurred by the **Insured Person** to return to Malaysia to visit the **Immediate Family Member** and/or pay last respects to the deceased **Immediate Family Member** and subsequently return to the country or place of the **Insured Person's** educational institution up to the sub-limit amount according to the plan purchased.

This benefit for Study Interruption will be subject to the following conditions:

- (i) any claim under this benefit for Study Interruption shall not exceed the amount specified in the **Schedule**. Claim(s) under this benefit which is lesser than the amount specified in the **Schedule**, if having been paid, shall reduce the coverage by that amount from the **Date of Loss/Accident**; and
- (ii) in the event one (1) semester's fee has been paid by the **Company** pursuant to the **Insured Person's** claim under benefit (a) (**Injury to the Insured Person**) or benefit (b) (**Death of Sponsor**), the **Company** shall not pay a subsequent claim for the fee for the same semester; and
- (iii) benefit (c) Transportation Expenses is limited to two (2) claims during the **Period of Insurance**.

PART 3 – CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

The due observance and fulfilment of the terms and conditions of this **Policy** insofar as they relate to anything to be done or not to be done by the **Insured Person** or his/her legal representative shall be conditions precedent to any liability of the **Company** under this **Policy**.

2. NOTICE

Every notice or communication to be given or made under this **Policy** by the **Insured Person** or his/her legal representative shall be delivered in writing to the Head Office or any Branch Office of the **Company**.

3. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the **Insured Person**, the **Company** shall not be liable if there be any misstatement in or if a material fact has been omitted from the proposal form.

If any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the **Company** reserves the right to terminate this **Policy** or the **Insured Person's** coverage, as the case may be.

4. ELIGIBILITY

All Malaysians, Malaysian permanent residents, work permit holders, pass holders or individuals otherwise legally employed in Malaysia or is legally residing in Malaysia, aged from thirty (30) days up to the age of sixty-five (65) years, and their respective **Dependants** who are legally residing in Malaysia are eligible to be covered under this **Policy**. The **Insured Person's** coverage is renewable up to the age of eighty (80) years.

Where the **Insured Person** opts for Optional Benefit 3 (Lifestyle and living Benefits) and Benefit 4 (Study Interruption), the **Insured Person** must be from sixteen (16) years up to sixty-five (65) years old to be eligible for the coverage under the optional benefits.

Where this **Policy** is purchased by a corporate body:

- (i) the insurance coverage shall only be extended to the **Policyholder's** employees; and
- (ii) the minimum age of the employee to be covered shall be sixteen (16) years old.

Ages referred to in this **Policy** shall be in reference to the age as at the last birthday

5. CHANGE OF ADDRESS OR PARTICULARS

The **Insured Person** shall give immediate notice to the **Company** of any change in his/her name, residence, business or occupation. The **Insured Person** shall also give notice before any renewal of this **Policy** of any **Injury**, disease, physical defect or infirmity by which the **Insured Person** has become affected or has knowledge of.

6. OVERSEAS RESIDENT

Only death and **Permanent Disablement** Benefits will be payable should the **Insured Person** reside outside of Malaysia, Singapore and Brunei for more than ninety (90) consecutive days. This condition is not applicable to Optional Benefit 3(Lifestyle and Living Benefits) and Optional Benefit 4 (Study Interruption).

7. ALTERATIONS

The **Company** reserves the right to amend the terms and conditions of this **Policy** and such alteration to this **Policy** shall only be valid if authorised in writing by the **Company** and endorsed hereon. Any alteration shall take effect from the next renewal of this **Policy**. The **Company** shall give thirty (30) days prior written notice to the **Insured Person** according to the last recorded address before any alteration is to take effect.

8. CLAIMS

(a) Notice of Claim

All claims must be given in writing to the **Company** within thirty (30) days from the **Date of Loss/Accident**.

The **Insured Person** shall produce for the **Company's** examination all relevant documents at such reasonable times and shall co-operate with the **Company** in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the **Insured Person's** claim.

Written notice of claim given by or on behalf of the **Insured Person** to the head office or any branch office of the **Company** in Malaysia or to any authorised agent of the **Company** shall be deemed notice to the **Company**.

(b) Proof of Loss

Written proof of loss, including but not limited to medical reports, original receipts, police report and such other proof as required to support the nature of claim, must be furnished to the **Company** within ninety (90) days from the **Date of Loss/Accident**.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

All documents and evidence must be provided at the expense of the **Insured Person** or the person entitled to receive moneys through the **Insured Person**, as the case may be ("Claimant"), in the form and nature required by the **Company**.

9. POLICY RENEWAL

This **Policy** shall not in any event be renewable when the **Insured Person** attains the age of eighty (80) years.

10. AUTOMATIC RENEWAL

In the event the **Insured Person** opts for automatic renewal, subject to the terms and conditions of this **Policy** and payment of premium due, this **Policy** shall be renewed on each **Policy** anniversary upon expiry unless this **Policy** is terminated pursuant to Condition 11 (Termination of Insurance).

Notwithstanding the renewal of this **Policy** on each **Policy** anniversary, in the event of any change in the particulars provided for underwriting this **Policy** or in the event of any claim arising in the period before this **Policy** is renewed, the **Company** shall have the right to revise the terms of this **Policy**, adjust the premium, decline renewal or terminate this **Policy**.

11. TERMINATION OF INSURANCE

(a) Termination by the Policyholder

If the **Policyholder** or **Insured Person**, as the case may be, gives notice to the **Company** to terminate this **Policy** or the **Insured Person's** coverage under this **Policy**, such termination shall become effective on the date the notice is received by the **Company** from the **Policyholder** or the **Insured Person** or on the date specified in such notice, whichever is the later.

In the event premium has been paid for any period beyond the date of termination of this **Policy**, the short period rates stated below shall apply provided that no claim has been made during the **Period of Insurance**, then subsisting.

Scale of Short Period Rates:

Period of Insurance	Percentage of Annual Premium to be Charged
Two (2) Months (Minimum)	40%
Three (3) Months	50%
Four (4) Months	60%
Five (5) Months	70%
Six (6) Months	75%
Over six (6) Months	100%

(b) Termination by the Company

In the event the **Company** terminates this **Policy** pursuant to Condition 3 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the **Company**

shall give its notice of termination by registered post to the **Policyholder** or the **Insured Person**, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

In the event premium has been paid for any period beyond the date of termination of this **Policy**, the pro-rata premium shall be refunded to the **Policyholder** or the **Insured Person**, as the case may be, provided that no claim has been made during the **Period of Insurance** then subsisting and such refund is not prohibited by any law.

(c) Automatic Termination

This **Policy** shall lapse/terminate upon occurrence of any of the following:

- (i) at mid-night (standard Malaysian time) on the last day of the **Period of Insurance** stated in the **Schedule**; or
- (ii) when the **Insured Person** attains the age of eighty (80); or
- (iii) Upon cessation or termination of the **Policy**; or
- (iv) if any premium on this **Policy** remains unpaid on or before each automatic renewal (where applicable) of this **Policy**.

12. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the **Insured Person** shall be admitted into a hospital and/or receive medical treatment outside Malaysia and render bills in a currency other than Malaysian Ringgit, the **Company** shall indemnify the **Insured Person** or his/her legal representative in Malaysian Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the date of the claim settlement.

13. APPLICABLE LAW

This **Policy** and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian courts shall have exclusive jurisdiction hereto.

No action at law or in equity shall be brought to recover on this **Policy** prior to expiration of **sixty (60) days** after written proof of loss has been furnished in accordance with the requirements of this **Policy**.

14. RECEIPTS

The receipt of the **Insured Person** or his/her personal legal representative, as the case may be, of any compensation payable herein shall in all cases be effectual discharge of liability of the **Company**.

15. TERRORISM

This **Policy** is extended to cover the **Insured Person** in respect of **Injury**, death and **Permanent Disablement** which may be sustained through Terrorism provided that there is no other liability under this **Policy** when such act and/or acts of terrorism involve utilisation of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this clause:

- (a) Terrorism means an act or acts, of any person, or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of Terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- (b) Utilisation of nuclear weapons of mass destruction means the use of any explosive nuclear weapon or devise or the emission,

discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

- (c) Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- (d) Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

16. DUTY OF DISCLOSURE

(a) Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** and/or **Insured Person** had applied for this Insurance wholly for purposes unrelated to the **Policyholder's** and **Insured Person's trade, business or profession**, the **Policyholder** and **Insured Person's** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and all the questions required by the **Company** fully and accurately and also disclose any other matter that the **Policyholder** and **Insured Person** know to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continued until the time the contract was entered into, varied or renewed.**

(b) Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** and/or **Insured Person** had applied for this Insurance for purposes related to the **Policyholder's** and **Insured Person's trade, business or profession**, the **Policyholder** and **Insured Person** had a duty to disclose any matter that the **Policyholder** and **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continues until the time the contract was entered into, varied or renewed.**

- (c) The **Policyholder** and **Insured Person** also has a duty to tell the **Company** immediately if at any time, after this Policy Contract has been entered into, varied or renewed with the **Company**, any of the information given for this Policy Contract is inaccurate or has changed.

17. APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "Applicable Tax") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this Policy, the **Company** will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this Policy on payment of premiums and default hereof shall apply equally to the Applicable Tax.

PART 4 - EXCLUSIONS

This **Policy** does not cover death or any **Injury/Permanent Disablement** directly or indirectly caused by or in connection with any of the following:

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
2. Insanity, suicide or any attempt thereof, or intentional self-inflicted injuries;
3. Intoxication beyond the legal limit related to the driving offence and/or under the influence of illegal drugs;
4. Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV). However, the named diseases specifically mentioned under Benefits D (Medical Expenses) and Benefit F (Blood Transfusion) may be covered under specific circumstances as detailed therein;
5. Childbirth, miscarriage, or any complications to a pregnancy, unless caused solely and directly by an Accident;
6. Provoked murder or assault;
7. While travelling in an aircraft licensed for passenger service as a member of the crew;
8. While committing or attempting to commit any unlawful act;
9. While participating in any professional sports;
10. Martial arts or boxing, aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) meters in depth, mountaineering involving the use of ropes or mechanical guides;
11. Racing (other than on foot), pace-making, speed or reliability trials;
12. Ionisation, radiation or contamination by radioactivity, nuclear weapons material; and
13. Riding/driving without a valid driving license (NOTE: this will not apply to **Insured Persons** with an expired license but who is not disqualified from holding or obtaining such driving license under the regulations of the Malaysian Road Transport Department or any other relevant laws).
14. Liability for any consequence (other than death or any **Injury/Permanent Disablement**) arising from or in connection with, whether direct or indirect, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, mutiny, popular uprising, strike, riot or civil commotion.

PART 5 – DEFINITIONS

ACCIDENT means any sudden or unexpected event, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted **Injury**.

ALTERNATIVE MEDICINE means alternative medical treatment which is carried out by an alternative **Medical Practitioner**.

ASIA PACIFIC COUNTRIES is defined as Australia, Bangladesh, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Laos, Macau, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Vietnam.

COMPANY means Allianz General Insurance Company (Malaysia) Berhad (Company No. 200601015674 (735426-V)).

DATE OF LOSS/ACCIDENT means the day when any **Injury** and other covered incident(s) occur; is inflicted on; and/or contracted by the **Insured Person**.

DEPENDANT means one (1) legal spouse of the **Insured Person** up to the age of sixty-five (65) and the **Insured Person's** unmarried child/children over thirty (30) days but under eighteen (18) years or under twenty-four (24) years if the child is still a full-time student at a higher education institution and who is not gainfully employed.

FAKE WEBSITE/APPLICATION means a website/application that is not a legitimate venue designed to entice the visitor to purchase products that are non-existent and will never be delivered.

FAMILY MEMBER(S) means **Insured Person's** legal spouse, parents, parents-in-law, grandparents, children, grandchildren, brothers, sisters and legally adopted child or sibling, all residing in the **Insured Person's Home Territory**.

HOME means **Insured Person's** usual place of residence in Malaysia.

HOME TERRITORY means Malaysia.

HOSPITALISATION means admission to a hospital as a registered inpatient for medically necessary treatments for an **Injury** upon recommendation of a **Medical Practitioner**. A patient shall not be considered as under **Hospitalisation** if the patient does not physically stay in the hospital for the whole period of confinement.

IMMEDIATE FAMILY MEMBER means the **Insured Person's** parent, parent in-law, spouse, child or sibling.

INJURY means bodily **Injury** suffered anywhere in the world caused solely by an **Accident** and not by sickness, disease (unless expressly provided for in this **Policy**) or gradual physical or mental wear and tear occurring during the **Period of Insurance**.

INSURED PERSON means person(s) named or described in the **Schedule**.

MEDICAL PRACTITIONER means a registered medical practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training, excluding a **Medical Practitioner** who is the **Insured Person** himself/herself.

MOTOR VEHICLE means a self-propelled vehicle, commonly wheeled, and is used for the transportation of people. The vehicle propulsion is provided by an engine or motor, usually by an internal combustion engine, or an electric motor, or some combination of the two, such as hybrid electric vehicles and plug-in hybrids.

PERIOD OF INSURANCE means the duration for when an **Insured Person** is insured as set out in the **Schedule**, subject to the terms, conditions and exclusions in this **Policy**.

PERMANENT DISABLEMENT means the conditions which are described under item B of Part 1 - Benefits.

POLICY means this policy contract including the **Schedule**, and all endorsements.

POLICYHOLDER means a person or a corporate body as described in the **Schedule** to whom this **Policy** has been issued in respect of cover for the **Insured Person**.

PRINCIPAL SUM INSURED means the sum insured according to the type of plan purchased.

PUBLIC TRANSPORT SERVICES means any licensed bus, taxi or a **Scheduled Carrier** which any member of the public has access to use as a fare-paying passenger.

PURCHASED GOODS means items purchased having the payment transaction through a valid website/application during the **Period of Insurance**.

SCHEDULE means the **Schedule** attached to this **Policy** where details including the relevant particulars of the **Policyholder** and **Insured Person(s)** are stated.

SCHEDULED CARRIER means a scheduled aircraft, train or sea vessel where the aircraft, train and sea vessel are listed with the relevant authorities in the countries in which the aircraft, train or sea vessel is registered and holds a certificate, license or similar authorisation for scheduled transportation and in accordance with such authorisation, maintains and publishes schedules and tariffs for passenger service between named airports, train stations and ports at regular and specific times.

SMART DEVICE means an electronic device such as smart phone, tablet, notebook computers or laptops and other similar items.

SNATCH THEFT or ATTEMPTED SNATCH THEFT means the act of forcefully stealing or attempt thereof, from an **Insured Person**. For the purpose of this **Policy**, **Snatch Theft or Attempted Snatch Theft** includes coverage for robbery or attempted robbery and snatch grab – a situation where the **Insured Person's** possessions are grabbed, or are attempted to be grabbed, from the **Insured Person**.

SPORTS EQUIPMENT means equipment required for engaging in a sport activity such as rackets, golf club or balls and other similar items.

CHECKLIST ON THE REQUIRED SUPPORTING DOCUMENTS OF CLAIMS

Benefits	Documents
Death/ Permanent Disablement Repatriation Expenses/Funeral Expenses	1. Medical report or death certificate 2. Post mortem report 3. Driving license and Police Report if involved Motor Vehicle Accident 4. e-Payment Form
Medical Expenses/ Alternative Treatment/ Blood Transfusion/ Dental Correction and/ or Corrective Cosmetic Surgery/ Hospital Income Benefit/ Permanent Impotency or Infertility/ Ambulance Fee/ Bereavement Allowance/ Weekly Benefit/Mobility Expenses/Miscarriage due to Accident/Nursing Care/ Rehabilitation Expenses/ Housekeeping Services	1. Original medical bills/receipts 2. Hospital admission/ discharge/ Discharge note or summary 3. Copy of medical leave 4. Medical report 5. Driving licence and Police Report if involved Motor Vehicle Accident 6. e-Payment Form
Kidnap	1. Police report and investigation report 2. e-Payment Form
Personal Liability	1. All correspondence/documents from the Third Party 2. e-Payment Form
Compassionate Care	1. Hospital admission/discharge note or summary 2. Original bill and receipt for expenses incurred in travelling and Accommodation 3. e-Payment Form
Snatch Theft or Attempted Snatch Theft	1. Police report 2. e-Payment Form
Credit Card and Loan Indemnity	1. Credit Card/loan statement 2. Driving Licence (if Insured Person was driving/riding) 3. Police report (for Motor Vehicle Accident) 4. Medical Report; and 5. Copy of report from relevant authority. 6. e-Payment Form
Smart Device Protection/ Loss of Sports Equipment	1. Police report; 2. Photographs of the damaged device; and 3. Documentation in support of value and ownership. 4. e-Payment Form
Lifestyle Modification Expenses	1. Medical report; 2. Driving License (If Insured Person was driving/riding); 3. Police report (for Motor Vehicle Accident); 4. Original receipt/bills; and 5. Photographs before and after modification 6. e-Payment Form

Online Purchase Protection	<ol style="list-style-type: none"> 1. Police report; 2. Proof of purchase/proof of financial loss; 3. Proof of non-delivery of Purchased Goods; 4. Evidence of having contacted the seller/ e-merchant; and 5. Evidence that the Purchased Goods were lost and no compensation received from the relevant parties. 6. e-Payment Form
Missed Event	<ol style="list-style-type: none"> 1. Medical report; 2. Driving License (If Insured Person was driving/riding); 3. Police report (for Motor Vehicle Accident); 4. Hospital admission/discharge note or summary; 5. Original receipt/bills; and

Missed Event (cont'd.)	<ol style="list-style-type: none"> 6. Original ticket/booking slip/ confirmation 7. e-Payment Form
Study Interruption	<ol style="list-style-type: none"> 1. Medical Report and/or death certificate; 2. Driving License (If Insured Person was driving/riding); 3. Police report (for Motor Vehicle Accident); 4. Original invoice/receipt/bills; 5. Proof of relationship; 6. Hospital admission/discharge note or summary; and 7. Letter from the educational institution for verification of student status. 8. e-Payment Form

The above list is not exhaustive. The **Company** reserves the right to request for any relevant document(s) as may be applicable and reasonable to support an **Insured Person's/Claimant's** claim at the **Insured Person's/Claimant's** expenses.

IMPORTANT NOTICE

CASH BEFORE COVER

It is a fundamental and absolute special condition of this **Policy**, that the premium due must be paid and received by the **Company** before cover commences. If this condition is not complied with, then the renewed **Policy** will be deemed cancelled from inception.


Lodging of Complaints



We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.


To provide us with your feedback, you may contact us via the following channels:


Write to:

Customer Feedback Centre, Allianz Arena, Ground Floor Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

 1 300 22 5542

  AllianzMalaysia

 customer.service@allianz.com.my

 allianz.com.my

Avenues to Seek Redress

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

Ombudsman for Financial Services, Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

 03 2272 2811

 03 2272 1577

 enquiry@ofs.org.my

 www.ofs.org.my


If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

Write to (BNMTELELINK):

Pengarah, LINK & Pejabat BNM, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur.


Walk-in (BNMLINK):

Ground Floor, Block D, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur.

 1 300 88 5465

 03 2174 1515

 bnmtelelink@bnm.gov.my

 www.bnm.gov.my




You may check with our Customer Feedback Centre on the types of complaints handled by the OFS or BNM before submitting your complaint.

Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Allianz Customer Service Centre

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

Allianz Contact Centre: 1 300 22 5542 Email: customer.service@allianz.com.my   AllianzMalaysia  allianz.com.my

