

Product Disclosure Sheet

(Read this Product Disclosure Sheet before You decide to take up Allianz MediCure Insurance Policy. Be sure to also read the general terms and conditions in the policy wording ("Policy Wording").

Prepared for: _____ Printed Date as: _____

Financial Service Provider	: Allianz General Insurance Company (Malaysia) Berhad ("Allianz"/"Us"/"We"/"Our")
Product Name	: Allianz MediCure ("Policy")

1. What is the product about?

This Policy will pay or reimburse hospitalization and surgical expenses incurred if the insured person is required to be confined to a hospital for treatment of a disability covered under the Policy.

The Policy offers five (5) plans and five (5) optional deductibles. The deductible amount is the portion of eligible expense the insured person is liable for before any benefits are payable under this Policy. The eligible expenses are accumulated on a Policy year basis for the purpose of the calculation of the deductible.

2. What are the covers/benefits provided?

Benefits	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
	(RM)				
Overall Annual Limit	50,000	80,000	120,000	150,000	250,000
Hospitalisation and Surgical Benefits					
Room (daily maximum up to 120 days)	150	200	300	400	500
Intensive Care Unit (up to 120 days)	As Charged				
Surgical Fees					
Hospital Supplies and Services					
Anaesthetist Fees					
Operating Theatre					
In-Hospital Medical Practitioner Visit (up to 120 days and maximum 2 visits per day)					
Pre-Hospital Diagnostic Test (within 60 days prior to hospital admission)					
Pre-Hospital Specialist Consultation (within 60 days prior to hospital admission)					
Second Surgical Opinion (within 60 days from consultation with the first Specialist)					
Post Hospitalisation Treatment (within 60 days from the date of discharge from hospital)					
Daycare Procedure					
Ambulance Fee					
Medical Report Fee Reimbursement					
Home Nursing Care (up to)	500	1,000	2,000	3,000	4,000
Outpatient Treatment Benefits					
Emergency Accidental Outpatient Treatment (includes follow-up treatment up to 60 days from date of accident)	As Charged				
Outpatient Cancer Treatment					
Outpatient Kidney Dialysis Treatment					
Miscellaneous Benefit (Not Subject to Deductible)					
Daily Cash Allowance at Government Hospital	120	150	180	200	250
Bereavement Benefit (Not Subject to Deductible)					
Compassionate Allowance (accidental causes only)	2,000				

Optional - Deductible Plans and Cashless Facility

*Deductible (each Period of Insurance)	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	RM					
	500	10,000	20,000	30,000	40,000	50,000

Cashless Hospital Admission and Discharge	Available at Panel Hospitals
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Notes:

- Duration of cover is for one (1) year.
- *Deductible is the portion of eligible expenses for which the insured person is liable during the period of insurance before any benefits are payable under this Policy.
- The Deductible limit does not apply to Daily Cash Allowance At Government Hospital, Compassionate Allowance, emergency treatments, including in accident cases, outpatient follow-up treatments for critical illnesses, and treatments sought at a Government healthcare facility.

3. How much premium do I have to pay?

The premium rates are not guaranteed and are charged according to the attained age next birthday at each Policy renewal. We reserve the right to revise the premium rate by giving thirty (30) days written notice prior to the next Policy anniversary. The adjustment in premium rates, if any, will aim to reflect Our claim experience. Additionally, the premium rates may also be revised under other justified circumstances. Such changes, if any, shall be applicable to all policyholder irrespective of their Policy duration and claim experience.

Annual Premium for Non-Cashless Plan

Age Band	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 days-17 years	492	418	608	575	768	768	960	846	1,593	1,280
18 – 25 years	369	313	472	436	528	528	616	568	1,060	1,060
26 – 29 years	471	471	619	619	735	735	805	805	1,316	1,316
30 – 39 years	678	678	908	908	1,084	1,084	1,205	1,205	1,851	1,582
40 – 49 years	918	769	1,088	1,059	1,305	1,305	1,514	1,393	2,896	2,614
50 – 54 years	1,325	1,137	1,879	1,879	2,168	2,034	2,295	2,118	3,830	3,494
55 – 59 years	1,902	1,750	2,623	2,421	3,164	3,164	3,379	3,379	5,037	4,859
60 – 64 years	2,750	2,522	3,808	3,536	4,482	4,163	5,373	5,025	7,998	6,524
65 – 69 years	3,890	3,491	5,386	4,808	5,638	5,235	6,812	5,668	11,826	9,646
70 – 74 years (renewal only)	5,697	4,656	7,888	6,411	9,130	7,258	10,402	8,336	19,345	16,392
75 – 79 years (renewal only)	7,103	5,090	8,288	7,752	9,686	8,972	11,590	10,841	24,209	20,373

Annual Premium for *Cashless Plan

Age Band	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
30 days-17 years	901	791	1,071	1,071	1,438	1,208	1,781	1,397	2,048	1,759
18 – 25 years	580	534	778	722	854	854	1,085	999	1,731	1,552
26 – 29 years	697	697	867	867	1,062	1,045	1,324	1,088	1,871	1,678
30 – 39 years	949	949	1,300	1,300	1,508	1,494	1,948	1,653	2,729	2,329
40 – 49 years	1,462	1,343	2,004	1,842	2,292	2,087	2,639	2,608	4,044	3,661
50 – 54 years	2,105	1,934	2,898	2,665	3,474	3,341	4,348	4,176	5,346	4,887
55 – 59 years	2,882	2,649	3,979	3,658	4,771	3,999	5,576	4,996	7,408	6,953
60 – 64 years	4,159	3,860	5,738	5,327	6,722	6,023	7,420	6,674	11,735	9,628
65 – 69 years	5,864	5,444	8,107	6,815	8,484	7,331	10,232	7,632	17,351	14,194
70 – 74 years (renewal only)	7,879	6,704	10,828	8,180	12,272	9,416	13,547	11,339	28,476	24,052
75 – 79 years (renewal only)	9,812	7,735	11,377	10,632	13,084	12,239	15,759	14,742	35,509	29,963

Notes:

- The premium rates are not guaranteed and are charged according to the attained age next birthday at each Policy renewal. Allianz reserves the right to revise the premium rate by giving thirty (30) days written notice prior to the next Policy anniversary.
- *Managed Care Organisation ("MCO") Fee of RM19.44 (inclusive 8% Service Tax) will be charged separately for Cashless Plan.

3. For Corporate Policyholders, premiums are further subject to 8% Service Tax.
4. Premium is subject to a RM10 stamp duty payable on the contract of insurance.
5. The total premium that You pay may vary depending on Your choice of deductible, Your age, gender and Allianz's underwriting requirements.

Savings on Annual Premium

1. Deductible

Each individual can enjoy a premium discount based on the deductible option selected. The higher the deductible amount, the higher the savings.

Deductible (RM)	Premium Discount
500	3%
10,000	30%
20,000	40%
30,000	50%
40,000	60%
50,000	70%

2. Multiple Insured Persons

A *family or a **company can enjoy a discount on the annual premium if the number of individuals insured under the Policy are three (3) and above.

Group Size	Premium Discount
3 - 5	5%
6 - 10	10%
11 - 20	15%
21 and above	20%

Notes:

1. *For a family, the coverage may be extended to include Your spouse (who is below seventy (70) at inception of the Policy) and unmarried children (aged thirty (30) days and above 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).
2. **For corporate policyholders seeking to cover its employees, the coverage will need to be for a minimum of three (3) employees to be eligible for the discount on the annual premium.

4. What are the fees and charges that I have to pay?

Type	Amount	
Commissions paid to the insurance intermediary (if any)	Individual Policy	15% of premium
	Group Policy	10% of premium
Stamp Duty	RM10	
Service Tax	8% of premium	

Note: The Service Tax ("ST") amount herein may be subject to change as the ST rate applied shall be based on the prevailing rate(s) in accordance with the laws of Malaysia.

5. What are some of the key terms and conditions that I should be aware of?

(a) Duty of Disclosure

- **Consumer Insurance Contract**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance wholly for **purposes unrelated to Your trade, business or profession**, You have a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and/or all the questions required by Allianz fully and accurately and also disclose any other matter that You know to be relevant to Our decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated.

- **Non-consumer Insurance Contract**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if You are applying for this Insurance for **purposes related to Your trade, business or profession**, You have a duty to disclose any matter that You know to be relevant to Our 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 for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed. You also have a duty to tell Us immediately if at any time after Your Policy contract has been entered into, varied or renewed with Us, any of the information given for Your Policy contract is inaccurate or has changed.

- (b) **Free-look Period** - You may cancel Your Policy by returning the policy within fifteen (15) days from the date You have received the Policy. The premiums that You have paid (less any medical fee incurred) will be refunded to You. The free-look period is only applicable for the first issuance of this Policy and not applicable for any subsequent issuances of this Policy.
- (c) **Payment of Premium** – It is a fundamental and absolute special condition of this Policy that the premium due must be paid and received by Allianz on or before cover commences. If this condition is not complied with, the Policy will be deemed cancelled from inception.
- (d) **Eligibility**
This Policy covers individuals who are:
- (i) Malaysians;
 - (ii) Malaysian permanent residents;
 - (iii) work permit holders; or
 - (iv) pass holders legally residing in Malaysia and with a local bank account;

aged from thirty (30) days up to the age of sixty-nine (69), and their respective dependants who are legally residing in Malaysia. The insured person's coverage is renewable up to the age of seventy-nine (79). Where this Policy is purchased to cover the policyholder's employees, the minimum age of the employee to be covered shall be sixteen (16) years old.

The age referred to here is the age nearest to the next birthday.

- (e) **Waiting Period** – Coverage under the Policy will only start thirty (30) days after the effective date of the Policy except where the insured person is hospitalized due to an accident occurring after the commencement of the period of insurance.

6. What are the major exclusions under this Policy?

This Policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- (a) Pre-existing illness unless declared by the insured person and accepted by the Company in writing, on or prior to the Policy commencement date;
- (b) Specified illness occurring during the first one hundred and twenty (120) days of continuous cover calculated from the commencement of the period of insurance;
- (c) Any medical or physical conditions arising during the Waiting Period except where the insured person is hospitalized due to a covered Accident occurring after the commencement of the period of insurance;
- (d) Plastic/cosmetic surgery (except reconstructive surgery necessary to restore function after an Accident that has occurred during period of insurance), circumcision, eye examination, glasses, lenses and any other eyewear 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;
- (e) Dental conditions including dental treatment or oral surgery except as necessitated by Injury to sound natural teeth occurring wholly during the period of insurance;
- (f) Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law;
- (g) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
- (h) Pregnancy, child birth (including surgical delivery), miscarriage, abortion, prenatal or postnatal care, surgical, mechanical or chemical contraceptive methods for birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilisation;
- (i) 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 Medical Practitioner, and treatments specifically for weight reduction or gain;
- (j) Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane;
- (k) 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;
- (l) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;

- (m) Donation of any body organ by an insured person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and any complications thereof;
- (n) Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapies such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatments;
- (o) Hospitalisation for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the insured person and Hospitalisation due to Disabilities arising out of duties of employment or the insured person's profession that is covered under a Workmen's Compensation insurance contract;
- (p) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
- (q) 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;
- (r) Disability arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
- (s) Disability arising from private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- (t) Any Disability arising from sex reassignment surgeries or procedures; and
- (u) Any person residing outside Malaysia.

7. Can I cancel my Policy?

(a) Termination by the Policyholder or Insured Person

If You (as the policyholder or an individual insured person, as the case may be) give notice to Allianz to terminate this Policy (as the policyholder) or the individual coverage under this Policy (as an insured person), as the case may be, such termination shall become effective on the date when the notice is received by Allianz from You 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 pro-rata premium shall be refunded to You (as 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.

(b) Termination by Allianz

In the event Allianz terminates this Policy or an insured person's coverage under this Policy, as the case may be, pursuant to Condition 4.17 (Misstatement or Omission of Material Fact) as stated in the Policy Wording or by order of regulatory or governmental authorities, Allianz shall give its notice of termination by registered post to You as the policyholder or the insured person, as the case may be, at the 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 or the individual coverage of an insured person under this Policy, as the case may be, the pro-rata premium shall be refunded to You as the policyholder or the relevant 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 mid-night (standard Malaysian time) on the last day of the period of insurance stated in the schedule even if You have attained the age of eighty (80), or nineteen (19) or twenty-five (25) years if You are a dependant child, as the case may be, anytime during the period of insurance; or
- (ii) upon cessation or termination of this Policy; or
- (iii) if any premium payable under this Policy remains unpaid on or before the commencement of cover or the Policy anniversary; and
- (iv) termination of coverage under this Policy following Allianz's decision in accordance to the Portfolio Withdrawal Conditions (Condition 4.23 of the Policy).

8. What do I need to do if there are changes to my contact/personal details?

It is important that You inform Us of any changes in Your contact and personal details to ensure that all correspondence reaches You in a timely manner. You may inform Our authorised agent, branch office or Our customer service of any changes in Your contact and personal details.

9. How do I make a claim?

You may visit allianz.com.my for further information. You are advised to submit Your claim (if any) to Us as soon as possible.

10. Where can I get further information?

Should You require additional information about this product, please refer to Our website at allianz.com.my.

If You have any enquiries, please contact Us at:



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


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50470 Kuala Lumpur.

Allianz Contact Centre: 1 300 22 5542

Email: customer.service@allianz.com.my

  AllianzMalaysia

 allianz.com.my

Important Note:

You should read and understand the insurance Policy and discuss with an agent or contact the insurance company directly for more information.

The benefit(s) payable under eligible product is (are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Allianz General Insurance Company (Malaysia) Berhad or PIDM (visit www.pidm.gov.my).

The information provided in this disclosure sheet is valid as at 20/03/2025.