

Qaseh Murni

Master policy



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



Need help? Call our Customer Careline:

1300 22 6262

Stamp Duty Paid

Company : FWD Insurance Berhad (“FWD Insurance”)
Master Policy Owner : Bank Simpanan Nasional
Master Policy No. : FWD10360
Plan Name : Qaseh Murni
A Non-Guaranteed Renewable and Non-Participating Two-Year Group Term Life Assurance Plan with:

- Non-*Accidental* Death Benefit; and
- *Accidental* Death Benefit; and
- Daily Hospital Cash Benefit for Non-*Accidental* related causes; and
- Daily Hospital Cash Benefit for *Accidental* related causes; and
- Additional Daily Hospital Cash Benefit if admitted to *Intensive Care Unit*; and
- Additional Daily Hospital Cash Benefit if admitted due to Critical Illness

In exchange for paying the *premium* amount as specified in the *master policy*, and, subject to the terms and conditions in this *master policy*, *certificate* and any attached *endorsements*, FWD Insurance will pay the benefits stated in the *master policy* when we approve a claim with the right proof of the event at claim.

Dated this <DD MMM YYYY>

.....
Authorised Signatory



FWD Insurance Berhad 199301022976 [277714-A]
Level 21, Mercuri 2,
No. 3 Jalan Bangsar,
KL Eco City,
59200 Kuala Lumpur, Wilayah Persekutuan.

Policy Information Page

<i>Master Policy Number</i>	:	FWD10360
<i>Master Policy Owner</i>	:	Bank Simpanan Nasional
<i>Master Policy Owner's Registered Address</i>	:	Wisma BSN, 117, Jalan Ampang, 50450, Kuala Lumpur
<i>Master Policy Commencement Date</i>	:	DD MMM YYYY
<i>Master Policy Anniversary</i>	:	On DD MMM of every year
Plan Name	:	Qaseh Murni
Schedule of Benefits	:	refer to page 10
Schedule of <i>Premium</i>	:	refer to page 39
Coverage Effective Date of a <i>Certificate</i>	:	<i>Issue date</i> as stated in the <i>certificate</i>

Important Clause: This *master policy* may be renewed for another term if we agree in writing and if the terms and conditions in this *master policy* are met.

Quick reference

This is your *master policy* for your insurance *certificate*. Read it to understand your benefits as well as the important terms and conditions that apply to your insurance cover. Don't worry, we've made it as easy to read as possible.



About *master policy*

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this *master policy*

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General terms and
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What the key terms in this
master policy mean

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About *master policy*



Thank you for choosing FWD as your insurer. We want you to understand the protection you receive and feel confident about how it works.

Your Qaseh Murni insurance *certificate*

Qaseh Murni is a non-guaranteed renewable and non-participating two-year group term life plan which offers insurance protection as stated in the Schedule of Benefit.



This *master policy* is in force from the *master policy commencement date*. This is stated in the Policy Information Page. Each *certificate* is in force from the *commencement date* until the *expiry date*. Those dates and other key dates are stated in the *certificate*.

If you need help, please:



contact us on our Customer Careline
1300-22-6262



refer to our website
fwd.com.my; or



get in touch by email
ask@fwd.com

This *master policy* document is part of the *certificate owner's overall insurance contract*

This *master policy* document sets out how the insurance works.

Read it to understand the benefits we provide, the things we exclude, and the terms and conditions. We recommend keeping this in a safe place, so you can find it again if you need it.

This document is only one part of the overall contract between you and us. Your contract is also made up of any *endorsements* that modify this *master policy*.

Other important documents related to your contract include:

- certificate of insurance; and
- application form from you; and
- application form from *certificate owner*; and
- policy information statements; and
- product disclosure sheets.

The English version of this *master policy* prevails over the Malay version

This *master policy* is available in both English and Malay. If there's any ambiguity or uncertainty between the two versions, we'll follow the wording in this version.



Clarity is our official language

We know that insurance can be a complicated subject. That's why we've written this *master policy* in plain language – to make it as clear as possible. It's designed to be intuitive, precise, and unambiguous.

This way, you can find what you need, understand it, and take any action you need to with confidence.

We use italics to highlight defined terms

Some of the words in this *master policy* are written in italics, *like this*. These are defined terms – they have a specific meaning when we use them in this document.



You can find a list of defined terms and their meanings on **page 46**.

When we say 'we', 'you', or 'life assured', here's who we mean

In this document, here's what we mean when we refer to different people.

- We, us, our, or ours means FWD Insurance Berhad
- You, your, or yours means the *master policy owner* as stated on the Policy Information Page in this *master policy* and *certificate* or any *endorsements*
- Life assured means the person whose life is covered under this *master policy*. This person is also the *certificate owner* as stated on the *certificate*



Insurance benefits in this *master policy*



This section describes the six benefits for this *master policy*. It sets out how they work when the *certificate owner* makes a claim.

Your insurance benefits



A benefit refers to a payment or advantage available to the *certificate owner* under certain circumstances.

While the *certificate* is in force, we'll provide the benefits outlined below. These are subject to the terms and conditions in this document and in any *endorsements* that apply.

This document is the Qaseh Murni *master policy*.

The six benefits we include in this *master policy*

Here are the six benefits included in the *master policy* and what they do.



Non-Accidental Death Benefit

we'll pay the non-*accidental* death benefit if the life assured dies not because of an *accident*



Accidental Death Benefit

we'll pay the *accidental* death benefit if the life assured dies because of an *accident*



Daily Hospital Cash Benefit for Non-Accidental related causes

we'll provide the daily cash allowance for *hospitalisation* due to non-*accidental* related causes when the life assured stays in the hospital not because of an *accident*



Daily Hospital Cash Benefit for Accidental related causes

we'll provide the daily cash allowance for *hospitalisation* due to *accidental* related causes when the life assured stays in the hospital because of an *accident*



Additional Daily Hospital Cash Benefit if admitted to Intensive Care Unit

we'll provide an additional daily cash allowance when the life assured stays in the *intensive care unit*



Additional Daily Hospital Cash Benefit if admitted due to Critical Illness

we'll provide an additional daily cash allowance when the life assured stays in the hospital due to critical illness





Non-Accidental Death Benefit

If the life assured dies not because of an *accident* while the *certificate* is in force, we'll pay the non-*accidental* death benefit based on the selected plan as stated in the *certificate* following the schedule of benefit.

We'll reduce the amount we pay by any *premium* due for the full *certificate year* if the *certificate owner* owes us.



After we've paid this benefit, we'll terminate the *certificate*.

The *certificate owner* can nominate someone to receive the Death Benefit

The *certificate owner* can nominate another person to receive the Death Benefit payment. To find out how this works, see **page 37**.



Accidental Death Benefit

If the life assured dies because of an *accident* while the *certificate* is in force, we'll pay the *accidental* death benefit based on the selected plan as stated in the *certificate* following the schedule of benefit.

We'll reduce the amount we pay by any *premium* due for the full *certificate year* if the *certificate owner* owes us.



After we've paid this benefit, we'll terminate the *certificate*.





Daily Hospital Cash Benefit for Non-*Accidental* related causes

If the life assured stays in the hospital not because of an *accident* while the *certificate* is in force, we'll pay the daily hospital cash benefit for non-*accidental* related causes for each day of admission based on the selected plan as stated in the *certificate* following the schedule of benefit.



Additional Daily Hospital Cash Benefit for *Intensive Care Unit*

If the life assured stays in the *intensive care unit* while the *certificate* is in force, we'll pay an additional daily hospital cash benefit for each day of admission in *intensive care unit* based on the selected plan as stated in the *certificate* following the schedule of benefit.



Daily Hospital Cash Benefit for *Accidental* related causes

If the life assured stays in the hospital because of an *accident* while the *certificate* is in force, we'll pay the daily hospital cash benefit for *accidental* related causes for each day of admission based on the selected plan as stated in the *certificate* following the schedule of benefit.



Additional Daily Hospital Cash Benefit for Critical Illness

If the life assured stays in the hospital because of a covered critical illness while the *certificate* is in force, we'll pay an additional daily hospital cash benefit for each day of admission based on the selected plan as stated in the *certificate* following the schedule of benefit.



Schedule of Benefits in this *master policy*

Benefit	RM		
	Plan 1	Plan 2	Plan 3
Non- <i>Accidental</i> /Death Benefit	2,000	4,000	5,000
<i>Accidental</i> /Death Benefit	10,000	20,000	25,000
Daily Hospital Cash Benefit for Non- <i>Accidental</i> related causes	40 / day	80 / day	100 / day
Daily Hospital Cash Benefit for <i>Accidental</i> related causes	80 / day	160 / day	200 / day
Additional Daily Hospital Cash Benefit if admitted to <i>Intensive Care Unit</i>	40 / day	80 / day	100 / day
Additional Daily Hospital Cash Benefit if admitted due to Critical Illness	40 / day	80 / day	100 / day



What we don't cover



It's important to understand that we don't cover every kind of condition and risk. This section describes the situation and risks that we won't cover under this *master policy*.

This means we won't pay any benefit if the *certificate owner* makes a claim in these conditions or risks.

When we won't cover

Claims due to non-accidental related causes – we won't cover claims in the first 30 days of the *certificate*.

A 30-day waiting period applies to the *certificate*.

This means we won't pay death benefit nor daily hospital cash benefit for non-accidental related causes if death or *hospitalisation* for non-accidental related causes happen in the first 30 days after the *commencement date* as stated in the *certificate*.

Claims due to accidental related causes – we won't cover claims after 90 days of the *accident*.

Death or *hospitalisation* for accidental related causes must happen within 90 days after the *accident*.

This means we won't pay *accidental* death benefit nor daily hospital cash benefit for *accidental* related causes if death or *hospitalisation* for *accidental* related causes happens after 90 days from the *accident*.

Daily hospital cash benefit – we won't cover claims after 14 days in a year.

We apply an annual limit for hospital cash benefit up to 14 days in a year.

This means we won't pay hospital cash benefit from the 15th day of *hospitalisation* during the year.

The 14-day limit will start fresh in every *certificate anniversary*. The benefit doesn't add up if the *certificate owner* doesn't use the 14-day limit within a year, so it doesn't carry over to the next *certificate anniversary*.

Claims for Additional Daily Hospital Cash Benefit if admitted due to Critical Illness– we won't cover claims in the first 30 or 60 days of the *certificate*.

We won't cover the Additional Daily Hospital Cash Benefit if admitted due to critical illness within a certain period after the *commencement date* as stated in the *certificate*.

We won't cover any critical illnesses diagnosed within 30 days after the *commencement date* as stated in the *certificate*.

We won't cover the following critical illnesses diagnosed within 60 days after the *commencement date* as stated in the *certificate*.

- Angioplasty and other invasive treatments for coronary artery disease
- Cancer of specified severity and not including early cancers
- Coronary artery by-pass surgery
- Heart attack of specified severity
- Serious coronary artery disease



Risks we won't cover

We won't cover the non-*accidental* death or *accidental* death benefit related to suicide, attempted suicide, or self-inflicted acts within 1 year

We won't pay the non-*accidental* death or *accidental* death benefit under the *certificate* if the claim arises from suicide, attempted suicide, or a self-inflicted act by the life assured within 1 year of the *commencement date* as stated in the *certificate*.

This exclusion applies regardless of the life assured's mental state.

However, if death occurs, we'll avoid the *certificate* and refund the *premium* paid, without interest.

We won't cover any claims related to unlawful acts

We won't pay any benefit under the *certificate* if the claim results from the life assured unlawfully acting or unlawfully failing to act.

We won't cover claims related to war

We won't pay any benefit under the *certificate* if the claim results from:

- war (whether or not it has been declared);
- coup;
- revolution;
- riot; or
- any similar event.



Risk we won't cover for hospital cash benefit

We won't pay daily hospital cash benefit for any *hospitalisation* that is directly or indirectly, wholly, or partly caused by or results from any of the following.

Reasonable and medically necessary - we won't cover *hospitalisation* that is not reasonable and medically necessary

The life assured's treatment is reasonable and medically necessary if it meets some or all of the following criteria:

- It is consistent with the diagnosis and customary medical treatment of a covered disability
- It aligns with the standards of good medical practice, the current standard of professional medical care, and proven medical benefits
- It can't be reasonably provided outside of a hospital (if it involves the life assured being admitted as an inpatient)
- It provides treatment directly related to the covered disability.

Treatment is not reasonable and medically necessary if it's:

- done for the convenience of the life assured or medical practitioner;
- of an experimental, investigational, or research nature;
- for cosmetic, prevention or screening;
- a medical technology or procedure that has not been proven effective, based on established medical practice; or
- not approved by a recognised body in the country where the life assured receives it.

For clarification, the following situations are not reasonable and medically necessary:

- organ and/or tissue donation;
- routine physical examinations, or health check-ups or tests

- inpatient treatment for diagnostic purposes, experimental treatment, not incident to treatment or diagnosis of the life assured's sickness or *injury*;
- cosmetic surgery, or elective surgery performed only at the choice of the life assured;
- sex transformation surgery;
- refractive error correction surgery;
- any other treatment in the absence of sickness or *injury* or medical symptoms.

Suicide, attempted suicide or self-inflicted acts - we won't cover *hospitalisation* related to suicide, attempted suicide or self-inflicted acts

We won't cover any *hospitalisation* if the claim arises from suicide, attempted suicide or a self-inflicted act by the life assured.

This exclusion applies regardless of the life assured's mental state.

Pre-existing illness - we won't cover disabilities the life assured had before the *certificate* began

We won't cover pre-existing illnesses. A pre-existing illness is a disability affecting the life assured that he or she had reasonable knowledge of before the *certificate's commencement date*.

We consider the life assured to have reasonable knowledge of a pre-existing illness if:

- the life assured has received or is currently receiving treatment;
- a doctor has given medical advice or a diagnosis, or recommended care or treatment;
- the life assured has or previously had clear and distinct symptoms of the disability; or
- a reasonable person in the circumstances would have recognised its existence.



Circumcision - we won't cover circumcision

We won't cover the life assured for:

- circumcision
- any surgery on the foreskin

Dental treatment - we won't cover dental treatment, unless it's required after an *accidental injury*

We won't cover any of the following:

- Dental care
- Dental surgery

However, we'll cover treatment that the life assured requires because of an *injury* from an *accident* that occurred while the *certificate* is in force.

Pregnancy, childbirth, infertility and impotence - we won't cover pregnancy, childbirth and conditions or treatments related to pregnancy, infertility and impotence

We won't cover any of the following:

- childbirth (whether surgical or otherwise)
- complications arising from pregnancy, such as miscarriage
- abortion
- pre- or post-natal care
- contraceptive methods for birth control
- infertility treatments
- impotence and its complications

Sleep or snoring disorders - we won't cover sleep or snoring disorders

We won't cover the life assured undergoing investigation, treatment, alternative therapy or alternative treatment for sleep or snoring disorders.

Mental illness - we won't cover mental or nervous disorders, except those listed below

We won't cover any *hospitalisation* due to mental or nervous disorders.

These include psychosis, neurosis and their effects in the life assured's body or mind.

The exceptions to this are the mental illnesses as stated in the critical illness list as follows:

- major depressive disorders (MDD);
- schizophrenia; and
- bipolar disorder.

HIV, AIDS and diseases requiring quarantine - we won't cover HIV, AIDS, HIV-related diseases or diseases that require the life assured to quarantine, except those listed below

We won't cover the life assured for illnesses that result from HIV, HIV-related illness, AIDS, venereal disease and any communicable diseases requiring quarantine by law.

The exceptions to this are the HIV-related illnesses as stated in the critical illness list as follows:

- HIV infection due to blood transfusion;
- occupationally-acquired HIV infection; and
- full-blown AIDS.

Congenital disorder/ disabilities conditions - we won't cover defects and diseases present before the age of 17

We won't cover any *hospitalisation* due to congenital abnormalities, hereditary diseases or conditions that occur, are present or are diagnosed before the life assured reaches 17 years of age.

Radiation - we won't cover *hospitalisation* related to radioactivity from nuclear fuel or waste

We won't cover any *hospitalisation* related to ionising radiation or contamination by radioactivity from nuclear fuel or nuclear waste.



Drugs and alcohol - we won't cover *hospitalisation* related to drugs, alcohol or fumes

We won't cover any *hospitalisation* that arise while the life assured is under the influence of:

- alcohol
- narcotics;
- drugs; or
- poison

We also won't cover any *hospitalisation* as a result of inhaling gas or fumes.

Hazardous sports - we won't cover *hospitalisation* resulting from hazardous sports and activities

We won't cover any *hospitalisation* that results from hazardous sports, professional sports or illegal activities. Hazardous sports include, but are not limited to:

- racing of any kind (except on foot)
- skydiving
- waterskiing
- underwater activities that require a breathing apparatus
- winter sports

Aviation and aerial sports - we won't cover *hospitalisation* related to flying, except as a passenger or crew member

We won't cover any *hospitalisation* that results from participation in any form of aviation, unless the life assured is on a regular route operated by a licensed commercial airline as a:

- fare-paying passenger; or
- crew member.

We also won't cover aerial sports. These include, but are not limited to:

- skydiving
- parachuting
- bungee jumping
- hang-gliding
- ballooning.



Critical illnesses we cover



This section defines the critical illnesses we cover under the Additional Daily Hospital Cash Benefit if admitted due to Critical Illness in the *master policy*.

1 Alzheimer's disease/severe dementia

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's disease or severe dementia as a result of *irreversible* organic brain disorders.

The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the life assured.

The diagnosis must be clinically confirmed by a neurologist.



Under this definition we won't cover:

- Non-organic brain disorders, such as neurosis and psychiatric illnesses
- Drug or alcohol-related brain damage

2 Angioplasty and other invasive treatments for coronary artery disease

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.



Under this definition we won't cover:

- Intra-arterial investigative procedures

3 Apallic syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a neurologist and the condition must be medically documented for at least 1 month.



4

Bacterial meningitis - resulting in *permanent* inability to perform *activities of daily living*

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in *permanent* functional impairment. The *permanent* functional impairment must result in an inability to perform at least 3 of the *activities of daily living*. A 30-day minimum *assessment period* applies.

The diagnosis must be confirmed by:

- the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture; and
- an appropriate specialist.



Under this definition we won't cover:

- Other forms of meningitis, including viral meningitis

5

Benign brain tumour - of specified severity

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met.

- It is life threatening
- It has caused damage to the brain
- It has undergone surgical removal or has caused *permanent neurological deficit with persisting clinical symptoms*
- Its presence is confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT, or other reliable imaging techniques



Under this definition we won't cover:

- Cysts
- Granulomas
- Malformations in or of the arteries or veins of the brain
- Hematomas
- Tumours in the pituitary gland
- Tumours in the spine
- Tumours of the acoustic nerve

6

Blindness – *permanent* and *irreversible*

Permanent and *irreversible* loss of sight because of an *accident* or illness, to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test. The result must be certified by an ophthalmologist.



7

Blood disorder

Thalassemia Major (Cooley's anaemia)

A definite diagnosis of B thalassaemia major which leads to severe anemia. The diagnosis must be made by a specialist with high performance liquid chromatography (HPLC) or haemoglobin electrophoresis.

The life assured must require all the treatments:

- regular blood transfusion
- iron chelation therapy
- haemopoietic stem cell transplantation (HSCT)

It must result in an inability to perform at least 3 of the *activities of daily living*, and a 3-month minimum *assessment period* applies.



Under this definition we won't cover:

- Alpha thalassemia
- Beta thalassemia intermedia
- Beta thalassemia minor
- Other inherited hemolytic anemia (pyruvate kinase deficiency, glucose-6-phosphate dehydrogenase (G6PD))
- Iron deficiency anemia

8

Brain surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy (surgical opening of skull) is performed.



Under this definition we won't cover:

- Burr hole procedures
- Transsphenoidal procedures
- Endoscopic assisted procedures or any other minimally invasive procedures
- Brain surgery as a result of an *accident*



9

Cancer - of specified severity and not including early cancers

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.



Under this definition we won't cover:

- All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- Chronic Lymphocytic Leukaemia less than RAI Stage 3
- All cancers in the presence of HIV
- Any skin cancer other than malignant melanoma

10

Cardiomyopathy - of specified severity

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in *permanent* physical impairment of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment. The diagnosis must be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following.

- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest



Under this definition we won't cover:

- Cardiomyopathy directly related to alcohol or drug abuse



11

Chronic aplastic anaemia - resulting in *permanent* bone marrow failure

Irreversible permanent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring at least 2 of the following treatments.

- Regular blood product transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplantation

The diagnosis must be confirmed by a bone marrow biopsy.

12

Chronic relapsing pancreatitis

More than 3 recurrent acute pancreatitis attacks resulting in *permanent* pancreatic dysfunction causing mal-absorption of intestine (high fat in stool) or diabetes.

The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).



Under this definition we won't cover:

- Chronic relapsing pancreatitis caused by alcohol consumption or drug abuse

13

Chronic skin disease

Chronic Psoriasis

Unequivocal diagnosis of systemic immune disorder of psoriasis leading to persistent and recurrent skin plaques with the presence of severe skin desquamation, pruritus, dry skin and erythema.

This diagnosis must be confirmed by a specialist where all of the following criteria are met.

- Involvement of Body Surface Area (BSA) \geq 30%
- Requiring phototherapy treatment with systemic or biologic therapy



Under this definition we won't cover:

- Severe chronic plaque psoriasis directly related to alcohol or drug abuse

Pemphigus Vulgaris

A diagnosis of chronic, *irreversible* and recurrent Pemphigus Vulgaris by a specialist, requiring ongoing treatment with systemic glucocorticoids or immunosuppressants. The diagnosis must be confirmed by a skin biopsy and presence of PV auto-antibodies in the blood.

The diagnosis must be supported by all of the following.

- Chronic mucosal involvement (mouth and/or genitals)
- Long term immunosuppressant.



Under this definition we won't cover:

- Pemphigus Vugaris directly related drug abuse
- Other types of pemphigus



Steve-Johnson Syndrome (SJS) or Toxic Epidermal Necrolysis (TEN)

Serious skin disorder with presentation of mucocutaneous tenderness, erythema and extensive skin exfoliation, accompanied by significant damage to the mucous membranes of the mouth, eyes and genitals. Diagnosis must be confirmed by a Dermatologist and supported by a skin biopsy.



Under this definition we won't cover:

- Pemphigus Vulgaris
- Bullous pemphigoid or staphylococcal scalded skin syndrome (SSSS)
- Linear IgA bullous dermatosis
- Paraneoplastic pemphigus
- Acute or subacute cutaneous lupus with epidermal necrosis (Rowell syndrome)
- Steven-Johnson Syndrome (SJS) or Toxic Epidermal Necrolysis (TEN) in the presence of HIV infection

14

Coma - resulting in permanent neurological deficit with persisting clinical symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a *permanent neurological deficit with persisting clinical symptoms*. A minimum *assessment period* of 30 days applies. Confirmation by a neurologist is required.



Under this definition we won't cover:

- Coma resulting directly from alcohol or drug abuse

15

Coronary artery bypass surgery

The actual undergoing of open-chest surgery to correct or treat coronary artery disease (CAD) by way of coronary artery by-pass grafting.



Under this definition we won't cover:

- Angioplasty
- Other intra-arterial or catheter-based techniques
- Keyhole procedures
- Laser procedures



16

Creutzfeldt-Jakob disease (Mad cow disease)

The occurrence of Creutzfeldt-Jakob disease or Variant Creutzfeldt-Jakob disease where there is an associated neurological deficit accompanied by signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis.

The diagnosis must be confirmed by a consultant neurologist based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computerized Tomography (CT) scan and Magnetic Resonance Imaging (MRI).

- ✘ Under this definition we won't cover:**
- "Sickness" caused by human growth hormone treatment.

17

Deafness - *permanent and irreversible*

Permanent and *irreversible* loss of hearing as a result of *accident* or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

18

Elephantiasis

Elephantiasis is the result and complication of filariasis, characterised by massive swelling in the tissues of the body as a result of *permanent* obstructed circulation in lymphatic vessels, resulting in *permanent* inability of the life assured to perform at least 3 of the *activities of daily living*.

Unequivocal "Diagnosis" of elephantiasis must be clinically confirmed by a "Specialist" in infectious disease or "Specialist" in the relevant field, including laboratory confirmation of microfilariae.

- ✘ Under this definition we won't cover:**
- Lymphedema caused by infection with a sexually transmitted disease, trauma, cancer, postoperative scarring, congestive heart failure, radiation or congenital lymphatic system abnormalities

19

Encephalitis - resulting in *permanent inability to perform activities of daily living*

Severe inflammation of brain substance, resulting in *permanent* functional impairment. The *permanent* functional impairment must result in an inability to perform at least 3 of the *activities of daily living*. A 30-day minimum *assessment period* applies. The covered event must be certified by a neurologist.

- ✘ Under this definition we won't cover:**
- Encephalitis in the presence of HIV infection



20

End-stage liver failure

End-stage liver failure as evidenced by all of the following.

- *Permanent* jaundice
- Ascites (excessive fluid in peritoneal cavity)
- Hepatic encephalopathy



Under this definition we won't cover:

- Liver failure secondary to alcohol or drug abuse

21

End-stage lung disease

End-stage lung disease causing chronic respiratory failure.

The life assured must experience all of the following criteria.

- The need for regular oxygen treatment on a *permanent* basis
- *Permanent* impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 litre during the first second
- Shortness of breath at rest
- Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less

22

Full-Blown AIDS

The clinical manifestation of AIDS (Acquired Immunodeficiency Syndrome) must be supported by the results of a positive HIV (Human Immunodeficiency Virus) antibody test and a confirmatory test. The life assured must also have a CD4 cell count of less than 200/ μ L, and they must meet one or more of the following criteria.

- Weight loss of more than 10% of body weight over a period of 6 months or less (wasting syndrome)
- Kaposi Sarcoma
- Pneumocystis Carinii Pneumonia
- Progressive multifocal leukoencephalopathy
- Active Tuberculosis
- Less than 1000 Lymphocytes/ μ L
- Malignant Lymphoma

23

Fulminant viral hepatitis

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria.

- A rapidly decreasing liver size as confirmed by abdominal ultrasound
- Necrosis involving entire lobules, leaving only a collapsed reticular framework
- Rapidly deteriorating liver functions tests
- Deepening jaundice



Under this definition we won't cover:

- Viral hepatitis infection or carrier status alone without the above diagnostic criteria (including but not limited to Hepatitis B and Hepatitis C)



24

Heart attack - of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction.

- A history of typical chest pain
- New characteristic electrocardiographic changes with the development of ST elevation or depression, T wave inversion, pathological Q waves, or left bundle branch block
- Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
 - Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.



Under this definition we won't cover:

- occurrence of an acute coronary syndrome including but not limited to unstable angina.
- a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

25

Heart valve surgery

The actual undergoing of open-heart surgery to replace or repair cardiac valves because of heart valve defects or abnormalities.



Under this definition we won't cover:

- Repair via intra-arterial procedure
- Repair via key-hole surgery or any other similar techniques

26

HIV infection due to blood transfusion

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met.

- The blood transfusion was medically necessary or given as part of a medical treatment
- The blood transfusion was received in Malaysia or Singapore after the *commencement date* of the *certificate*
- The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood
- The life assured does not suffer from haemophilia
- The life assured is not a member of any high-risk groups including but not limited to intravenous drug users



27

Kidney failure - requiring dialysis or kidney transplant

End-stage kidney failure presenting as chronic *irreversible* failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

28

Loss of independent existence

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a *permanent* inability to perform at least 3 of the *activities of daily living*. A 6-month minimum *assessment period* applies.

29

Loss of speech

Total, *permanent*, and *irreversible* loss of the ability to speak as a result of *injury* or illness. A 6-month minimum *assessment period* applies. An Ear, Nose, and Throat specialist must provide medical evidence to confirm *injury* or illness to the vocal cords to support this disability.



Under this definition we won't cover:

- Any psychiatric-related causes of loss of speech

30

Major head trauma - resulting in *permanent* inability to perform *activities of daily living*

Physical head *injury* resulting in *permanent* functional impairment verified by a neurologist. The *permanent* functional impairment must result in an inability to perform at least 3 of the *activities of daily living*. A 3-month minimum *assessment period* applies. It must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

31

Major organ/ bone marrow transplant

The receipt of a transplant of human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation, or one of the following human organs that resulted from *irreversible* end-stage failure of the relevant organ.

- Heart
- Lung
- Liver
- Kidney
- Pancreas



Under this definition we won't cover:

- Other stem cell transplants

32

Medullary cystic disease

A progressive hereditary disease of the kidney characterised by the presence of cysts in the medulla, tubular atrophy, and interstitial fibrosis with the clinical manifestations of anaemia, polyuria, and renal loss of sodium, progressing to chronic kidney failure. The diagnosis must be supported by a renal biopsy.



Mental disorders

Major Depressive Disorders (MDD)

Major Depressive Disorder (MDD) is mental disorder characterised by persistently sad, empty and irritable mood, along with loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The unequivocal diagnosis of MDD must fulfil all of the following criteria.

- The diagnosis of MDD must be confirmed by a psychiatrist based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, or any subsequent DSM-5 update or alternative criteria that supersede DSM-5
- The specified severity required by the definition must meet the number of criterion symptoms and the degree of functional disability consistent with a severe episode as defined by the DSM-5 or the most updated DSM Edition Diagnostic specifiers
- The life assured must have undergone electroconvulsive therapy (ECT), which must be conducted by a psychiatrist
- The life assured must have received specific medication to treat MDD without interruption for a period of at least 180 days after diagnosis



Under this definition we won't cover:

- Depression in the presence of drug or substance abuse (including alcohol)
- Adjustment Disorder with Depressed Mood

Schizophrenia

Schizophrenia is mental disorder that is characterised by major disturbances in cognitive functioning, emotion and behaviour.

The unequivocal diagnosis must fulfil all of the following criteria.

- The diagnosis of Schizophrenia must be confirmed by a psychiatrist based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, or any subsequent DSM-5 update or alternative criteria that supersede DSM-5
- Must have received antipsychotic medication therapy without interruption for a period of at least 180 days after diagnosis.



Under this definition we won't cover:

- Schizophrenia disorder in the presence of drug or substance abuse (including alcohol)



Bipolar Disorder

Bipolar Disorder is a mental disorder that also name as manic-depressive illness, that causes extreme shifts in mood, energy levels, activity and clinically significant distress or impairment in social, occupational, or other important aspects of day-to-day functioning.

The unequivocal diagnosis must fulfil all of the following criteria.

- The diagnosis of Bipolar Disorder must be confirmed by a psychiatrist based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria, or any subsequent DSM-5 update or alternative criteria that supersede DSM-5
- The life assured must have received specific medication therapy, which is mood stabilisers or atypical antipsychotics or antidepressants, without interruption for a period of at least 180 days after diagnosis.



Under this definition we won't cover:

- Bipolar disorder in the presence of drug or substance abuse (including alcohol)

34

Motor neuron disease - resulting in *permanent neurological deficit with persisting clinical symptoms*

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis, or primary lateral sclerosis. There must be *permanent neurological deficit with persisting clinical symptoms*.

35

Multiple sclerosis

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all the following.

- Investigations which confirm the diagnosis to be multiple sclerosis
- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months
- Well-documented history of exacerbations and remissions of said symptoms or neurological deficits



Under this definition we won't cover:

- Other causes of neurological damage such as Systemic Lupus Erythematosus and HIV

36

Muscular dystrophy

The definite diagnosis of a muscular dystrophy by a neurologist. The diagnosis must be supported by all the following.

- Clinical presentation of progressive muscle weakness
- No central/peripheral nerve involvement as evidenced by absence of sensory disturbance
- Characteristic electromyogram and muscle biopsy findings



Under this definition we won't cover:

- Muscular dystrophy before the life assured has turned 12 years old



37

Occupationally acquired Human Immunodeficiency Virus (HIV) infection

If the life assured is medical staff (defined below) and develops an infection with the Human Immunodeficiency Virus. The infection must have been acquired as a result of an *accident* occurring during the course of carrying out normal occupational duties, with seroconversion to HIV infection occurring within 6 months of the *accident*.

You must report any *accident* resulting in a potential claim to us within 30 days of the *accident*. This must be supported by a negative HIV test taken within 7 days of the *accident*.

We define 'medical staff' as any of the following workers who are working in a medical centre, hospital, or dental clinic/polyclinic in Malaysia.

- Doctors (General Physicians and Specialists)
- Traditional practitioners
- Nurses
- Paramedics
- Laboratory technicians
- Dentists and dental nurses
- Ambulance workers

Doctors, traditional practitioners, nurses, and dentists must be registered with the Ministry of Health of Malaysia.

38

Paralysis of Limbs

Total, *permanent* and *irreversible* loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or *injury*. A 6-month minimum *assessment period* applies.

39

Parkinson's disease - resulting in *permanent* inability to perform *activities of daily living*

A definite diagnosis of Parkinson's disease by a neurologist. Only idiopathic Parkinson's disease is covered.

The diagnosis must meet all the following conditions.

- Cannot be controlled with medication
- Shows signs of progressive impairment
- Confirmation of the *permanent* inability of the life assured to perform 3 or more of the *activities of daily living*, without assistance



Under this definition we won't cover:

- Drug-induced or toxic causes of Parkinsonism

40

Poliomyelitis

The occurrence of poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause
- Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.



41

Primary pulmonary arterial hypertension - of specified severity

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation. This diagnosis must result in *permanent* physical impairment to the degree of at least Class III of the NYHA classification of cardiac impairment. The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following.

- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest



Under this definition we won't cover:

- Pulmonary arterial hypertension resulting from other causes

42

Progressive scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.



Under this definition we won't cover:

- Localised scleroderma (linear scleroderma or morphea)
- Eosinophilic fasciitis; and
- CREST syndrome.



Rheumatoid disorders

End-stage Rheumatoid Arthritis (RA) or Severe Rheumatoid Arthritis with major deformity and disability

Unequivocal diagnosis of Severe Rheumatoid Arthritis leading to *permanent* joint deformities confirmed by a rheumatologist and supported by findings on plain radiograph, musculoskeletal ultrasound, or other reliable imaging techniques.

The diagnosis must be supported by all of the following.

- Fulfill the diagnostic criteria of Rheumatoid Arthritis Classification by the American College of Rheumatology (ACR) with score of ≥ 6 .
- Widespread joint destruction and major clinical deformity of 3 or more of the following joint areas:
 - hands
 - wrists
 - elbows
 - knees
 - hips
 - ankle
 - cervical spine
 - feet
- Must result in an inability to perform at least 3 of the *activities of daily living*, and a 6-month minimum *assessment period* applies.



Under this definition we won't cover:

- Juvenile-onset idiopathic arthritis
- Psoriatic arthritis
- Erosive inflammatory osteoarthritis
- Polyarticular gout
- Arthritis related to infection
- Systemic lupus erythematosus

Chronic Tophaceous Gout with complications

Unequivocal diagnosis of Chronic Tophaceous Gout with the presence of subcutaneous tophi and leading to *permanent* joint deformities confirmed by a rheumatologist and supported by findings on plain radiograph, musculoskeletal ultrasound, or other reliable imaging techniques.

The diagnosis must be supported by all of the following.

- Fulfill the diagnostic criteria of Gout Classification by the American College of Rheumatology (ACR) with score of ≥ 8 .
- Result in an inability to perform at least 3 of the *activities of daily living*, and a 6-month minimum *assessment period* applies.



Under this definition we won't cover:

- Septic arthritis
- Rheumatoid arthritis
- Acute gout
- Asymptomatic hyperuricemia
- Acute calcium pyrophosphate crystal arthritis
- Psoriatic arthritis
- Reactive arthritis



Severe Ankylosing Spondylitis with complications

A type of arthritis that causes inflammation between the vertebrae and in the joints between the spine and pelvis. The diagnosis must be made by a specialist medical practitioner and substantiated by typical findings in MRI, CT or other reliable imaging techniques.

The condition must progress to the extent of one of the complications.

- Hyperkyphosis
- Anterior uveitis
- Difficulty in breathing

It must result in an inability to perform at least 3 of the *activities of daily living*, and a 6-month minimum *assessment period* applies.

Mixed Connective Tissue Disorder (MCTD)

A diagnosis of severe, *irreversible* and *permanent* autoimmune disorder which has 3 features associated with these connective tissue diseases, such as systemic lupus erythematosus, scleroderma, and polymyositis.

The diagnosis must be confirmed by a rheumatologist and unequivocally supported by serological evidence.

44

Serious coronary artery disease

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of 60% in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered).

A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether any form of coronary artery surgery has been performed.

45

Stroke - resulting in permanent neurological deficit with persisting clinical symptoms

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolisation from an extra cranial source resulting in *permanent neurological deficit with persisting clinical symptoms*. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A 3-month minimum *assessment period* applies.



Under this definition we won't cover:

- Transient ischemic attacks
- Cerebral symptoms due to migraine
- Traumatic *injury* to brain tissue or blood vessels
- Vascular disease affecting the eye or optic nerve or vestibular functions



46

Surgery to aorta

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta.

'Aorta' means the thoracic and abdominal aorta but not its branches.



Under this definition we won't cover:

- Angioplasty
- Other intra-arterial or catheter-based techniques
- Other keyhole procedures
- Laser procedures

47

Systemic lupus erythematosus with severe kidney complications

A definite diagnosis of systemic lupus erythematosus confirmed by a rheumatologist. We'll only cover this event if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy.

WHO (World Health Organisation) lupus classification:

- Type III – Focal Segmental glomerulonephritis
- Type IV – Diffuse glomerulonephritis
- Type V – Membranous glomerulonephritis



Under this definition we won't cover:

- Other forms such as discoid lupus or those forms with only haematological or joint involvement

48

Terminal illness

The conclusive diagnosis of a condition that is expected to result in the life assured's death within 12 months. The life assured must no longer be receiving active treatment other than for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by our appointed doctor.

49

Third-degree burns - of specified severity

Third degree (full thickness) skin burns covering at least 20% of the total body surface area.



Starting and ending the insurance coverage



This section describes when each *certificate* starts and some of the ways it may end. It also sets out the terms of the 15-day free look period.

When the *certificate* starts and cover begins

Each *certificate* is in force from the *commencement date* on the *certificate* and is in force for 2 years at a time. From that date, the terms and conditions in this *master policy* apply.

The insurance coverage is in force for 2 years at a time from the *commencement date* on the *certificate* or any *endorsements*, until the *expiry date* on the *certificate*. From that date, we'll provide the cover and benefits described in this *master policy*.

The insurance won't start until these things happen:

- The *certificate* is given when the life assured is alive and healthy.
- The first *premium* for the insurance is made.
- We will conduct a *customer assessment* on the life assured. This is to comply with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and Anti-Money Laundering, Counter Financing of Terrorism, Countering Proliferation Financing and Targeted Financial Sanctions for Financial Institutions (AML/CFT/CPF and TFS for FIs). The *customer assessment* will be conducted within 30 days from the *issue date* as stated in the *certificate*. We are happy with the assessment if 30 days pass and we do not send a rejection notice. However, if we do not accept the results of the assessment, we will refuse to provide insurance.

If we refuse to provide insurance, we will send a rejection notice to the *certificate owner* within 30 days of the *issue date* as stated in the *certificate* and refund any paid *premium* without interest.

Free look period – the *certificate owner* can cancel the *certificate* in the first 15 days at no charge

The *certificate owner* has a 15-day free look period. This means the *certificate owner* can cancel the *certificate* by returning it to us within the first 15 days after receiving it and we'll refund any amount of the *premium* paid, without interest.

The *certificate owner* can write to us to cancel the *certificate* at any time. We will refund to the *certificate owner* a percentage of the *premium* provided there was no claim made on the *certificate* during the current *certificate year*. The amount of *premium* refund will be based on the duration that the *certificate* has been in force:

Duration Not Exceeding	Refund of Annual Premium (%)
15 days*	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No Refund

*Not applicable to the first *certificate year*.



When the *certificate* ends

The *certificate* can end in several different ways. See the relevant sections for more information about each of the ways the *certificate owner* or we can end it.

The *certificate* ends when the first of these occurs.

- We have paid the Non-*Accidental*/Death Benefit (see **page 8**)
- We have paid the *Accidental*/Death Benefit (see **page 8**)
- On the *expiry date* as stated in the *certificate* or any *endorsements* that apply, amending the *expiry date*
- The *certificate owner* cancels the *certificate* (once we approve the cancellation)
- The *certificate owner* does not pay the *premium* at the end of the grace period
- The life assured takes up a risky occupation that we do not cover. If this happens, we will refund the *premium* paid, without interest. The refund will be calculated from the date they started the riskier occupation.



Making changes to the *master policy*



We can change some aspects of this *master policy*.



If we modify any terms and conditions of this *master policy*, we'll send you an *endorsement*, which records the change and forms part of your insurance contract with us.

Changes we can make to the *master policy* or *certificate*

We can make changes, revisions, or amendments to the *master policy* or *certificate* by letting you or the *certificate owner* know in writing 30 days in advance.

We may make changes because of the introduction of new laws, rules, regulations, or other relevant terms and conditions.

Changes require an *endorsement*

No changes or waivers of any terms and conditions in the *master policy* or *certificate* are valid unless we let you or the *certificate owner* know 30 days in advance and record them in an *endorsement*.



The *certificate owner's* responsibilities under this *master policy*



This section sets out the *certificate owner's* responsibilities under this *master policy*. Each of these responsibilities is detailed below. The *certificate owner* must:

- pay the *premium* on time
- notify us of a claim within 30 days
- provide proof when making a claim
- live in Malaysia when the *certificate* begins
- give us complete and correct information
- let us know if his or her occupation changes

How ownership of this *master policy* works

As the *master policy owner* specified in this *master policy* and the *certificate*, and subject to any *endorsements* affecting ownership, you own this *master policy*.

This means that you can decide not to offer the product to new *eligible members* by giving 30 days' notice prior to the effective stop offer date. We also reserve the same right as you.

As the *certificate owner* specified on the *certificate*, and subject to any *endorsements* affecting the ownership, the *certificate owner* owns the *certificate*.

This means that, throughout the lifetime of the life assured, as stated in the *certificate*, only the *certificate owner* can exercise any right or privilege under the *certificate*, subject to applicable law.

Who can be covered under this *master policy*

To be able to get insurance under this *master policy*, the person must be an *eligible member* on or after the *commencement date* as stated in the *certificate*.





The *certificate owner* can nominate someone to receive the Death Benefit

The *certificate owner* can nominate another person to receive the Death Benefit payment by completing the nomination form. If they do, we'll pay the person or people on the nomination form, in accordance with the Financial Services Act 2013 or any other applicable Malaysian law.

The *certificate owner* can change the nominee or nominees at any time by completing the nomination form, but the request is subject to those laws and any other relevant legal requirements.

If the *certificate owner* is a non-Muslim, nominating certain family members may create a trust for the Death Benefit

If the *certificate owner* is a non-Muslim and nominates someone to receive the Death Benefit, trust may be created in favour of their name to receive the Death Benefit.

This applies if the *certificate owner's* nominee is:

- the spouse or child; or
- the parent, if the *certificate owner* doesn't have a living spouse or child when the *certificate owner* nominates someone.

If the nominee is not the *certificate owner's* spouse, child, or parent, we'll pay the Death Benefit to the nominee under the capacity as the executor of the *certificate owner's* estate. This will fulfil our obligations under the *certificate*.

If the *certificate owner* is a Muslim, we'll pay the nominee as executor

If the *certificate owner* is Muslim and nominates someone to receive the Death Benefit, we'll pay the Death Benefit to the nominee under the capacity as the executor of the *certificate owner's* estate. This will fulfil our obligations under the *certificate*.

The *certificate owner* must pay the *premium* on time

The *certificate owner* must pay all *premium* under the *certificate* to us by electronic means, on or before the date it's due.

The *certificate owner* must pay the *premium* in the currency and amount specified in the *certificate* or any *endorsements*.

After the payment of first *premium*, if the *certificate owner* fails to pay full *premium* on or before each *certificate anniversary*, it will represent a default in payment of *premium*.

Grace Period - the *certificate* remains in force for 31 days if the *certificate owner* hasn't paid the *premium*

The *certificate owner* has 31 days from *premium* due date to pay their *premium*. During this time, the *certificate* will still provide coverage. If the *certificate owner* doesn't pay the *premium* by the end of this grace period, the *certificate* will lapse.





The *certificate owner* must notify us of a claim within 30 days if possible

The *certificate owner* (or someone representing the *certificate owner*) must notify us in writing about any claims within 30 days after the event of the claim.

We'll still consider a claim after 30 days if the *certificate owner* can show that:

- it was not reasonably possible for the *certificate owner* to notify us within 30 days; and
- the *certificate owner* notified us as soon as reasonably possible.



The *certificate owner* must provide proof of the event when making the claim

At the *certificate owner's* expense, the *certificate owner* must send us proof of the event of claim and any relevant documents we ask for within 30 days after the *certificate owner* notifies us of the claim.

We may ask the *certificate owner* to send further medical reports or other supporting documents, if we require them.



Schedule of *Premium* in this *master policy*

The annual *premium* for age next birthday 18 to 57 years old is specified in the table. The following annual *premium* applies to both male and female.

<i>Premium</i>	RM		
	Plan 1	Plan 2	Plan 3
Annual <i>Premium</i>	70	140	175

The *premium* is guaranteed for the duration of the 2-year *certificate* term. Upon *certificate* renewal, the renewal *premiums* are non-guaranteed. This means we can change the *premium* rates on the *master policy anniversary* by giving 90 days' notice in writing. We'll change the *premium* on the next *certificate anniversary* after the 90 days' notice period.

We apply relevant taxes as they apply to the *certificate*

We'll charge the *certificate owner* the relevant taxes in connection with any goods or services we supply or are deemed to supply to the *certificate owner* under the *certificate*. This includes:

- any existing applicable tax, at the current rate
- any other duties, taxes, levies, or imposts that are introduced in future under Malaysian law.



The *certificate owner* must pay relevant tax in addition to any other *premiums*, fees, charges, or other outstanding payments.



The life assured must live in Malaysia when the *certificate* begins

The life assured must live in Malaysia at the *certificate's commencement date*.

However, this *certificate* doesn't stop the life assured from traveling or living outside Malaysia after the *commencement date*.



The *certificate owner* must notify us in writing if the life assured becomes a resident in any country other than Malaysia while the *certificate* is in force. Changing residency may affect our ability to continue the *certificate*.

Seek independent advice on how changing the residence may impact tax

We recommend the *certificate owner* to seek independent financial or tax advice to understand how changing the residency may affect their tax payment.

What we may do if the *certificate owner* becomes a taxpayer in another country

Despite any other parts of this *master policy*, if the *certificate owner* becomes a taxpayer in another country, and that country sets compliance requirements on foreign financial institutions through legislation, we may do any or all of the following.

- Comply with information requests from its governmental or regulatory bodies;
- Withhold tax; and
- Terminate the *certificate*





The *certificate owner* must give us complete and correct information

We issue the *certificate* to the *certificate owner* based on the material information the *certificate owner* provides and the *premium* the *certificate owner* pays. The *certificate owner* must take reasonable care not to make any misrepresentations in the material information the *certificate owner* provides.



A misrepresentation is where the *certificate owner* gives us incomplete or incorrect information, whether intentionally or unintentionally.

Material information forms part of the *certificate* between us and the *certificate owner*. It includes:

- the answers the *certificate owner* provides us in their application form
- any information the *certificate owner* discloses to us between submitting the application and entering into the *certificate*



This *certificate* is available for all Malaysians aged between 18 to 55 years old based on their next birthday. Eligible applicants must be mentally sound. All occupation groups are allowed except for Group 5. To refer to the occupation group list, please visit <https://www.fwd.com.my/support/faq>.

What happens if the *certificate owner* gives us incorrect information

We'll avoid the *certificate* if the *certificate owner* does any of the following:

- supply any untrue information regarding the *certificate owner* or life assured in an application or declaration
- incorrectly state or omit any material facts affecting the life assured's insurance risk
- obtain the *certificate* or a *certificate* renewal by misstating, misrepresenting, or suppressing information
- make any fraudulent or exaggerated claim or support a claim using a false declaration or statement.

What happens if the *certificate owner* misrepresents information before insurance begins

If the *certificate owner* misrepresents any material information prior to the insurance *certificate* beginning until the time the *certificate* is issued, we'll do one of the following, depending on the nature and effect of the misrepresentation:

- avoid the *certificate* and refuse all claims the *certificate owner* makes
- avoid the *certificate* and refuse all claims the *certificate owner* makes, but refund any *premium* the *certificate owner* paid
- treat the *certificate* as entered into or renewed on different terms
- reduce the amount we pay for a claim.

What happens if the life assured is not of sound mind upon entering into *certificate*

If the life assured is not of sound mind when they enter into the *certificate*, we will avoid the *certificate* and refuse all claims the *certificate owner* makes, but refund any *premium* the *certificate owner* paid.

What happens if we avoid a *certificate*

If we avoid a *certificate*, it means we cancel it and treat it as having never existed. We'll also refund, without interest, any amount of the *premium* the *certificate owner* has paid.



The *certificate owner* must take reasonable care not to make a misrepresentation during renewal or variation

Before we renew or vary the *certificate*, we may require the *certificate owner* to confirm or amend any information the *certificate owner* has previously sent us.



When the *certificate owner* confirms or amends information, the *certificate owner* has a duty to take reasonable care not to misrepresent any information.

The *certificate owner* must let us know if information changes

The *certificate owner* must inform us if any change affects information:

- that the *certificate owner* has previously sent us; or
- after the *certificate owner* has submitted the application for renewal or variation, but before the renewal or variation takes effect.

We may change the benefits or *premium* if the life assured's age or gender is different from the application

We issue the *certificate* based on the age and gender of the life assured in the *certificate*.

We calculate the life assured's age using the date of birth stated in the application form. The *certificate owner* must provide us proof of the life assured's age before we'll pay any claims under this *master policy*.

If the *certificate owner* has given us incorrect information about the life assured's age or gender, then we may, based on their actual age or gender:

- change any benefits in the *certificate*;
- charge the *certificate owner* the correct *premium*; or
- require the *certificate owner* to complete additional formalities, such as providing proof of age, in keeping with any laws that apply.

We won't contest the certificate on the basis of incorrect information after 2 years

After 2 years, we won't contest the validity of the *certificate* on the basis that a statement or omission has been inaccurate, false, or misleading in the following documents leading to us issuing the *certificate*.

- The application for insurance
- Any report from a doctor, referee, or any other person
- Any other document

This applies if the *certificate* has been in effect for more than 2 years from the *issue date*.

However, this doesn't apply if:

- the statement or omission is related to a material matter or fact; or
- the *certificate owner* or life assured fraudulently made or omitted the statement that suppress a material fact.



A matter or fact is material if it's relevant to our decision to cover the life assured, or the rates and terms we apply to the cover.





The *certificate owner* must let us know if the life assured changes occupation

The *certificate owner* must let us know if, while the *certificate* is in force, the life assured engages in a new occupation, business, or pursuit where the life assured previously had none.

We won't cover any claims under the *certificate* if the life assured do either of the following without our written consent.

- Engages or is employed in any occupation, business, or pursuit which, in our opinion, is more hazardous or involves greater risk to life or health than those the *certificate owner* told us about.
- Engages in a new occupation, business, or pursuit where previously the life assured had none without immediately notifying us in writing.



General terms and conditions applying to this *master policy*



The general terms and conditions in this section apply to this *master policy*. These cover:

- how we contact the *certificate owner* about the *certificate*
- how we comply with laws and sanctions
- why this *master policy* doesn't participate in surplus earnings sharing
- what we mean the *master policy* doesn't have cash value
- what we mean the renewal is non-guaranteed

How we contact the *certificate owner* about the *certificate*

We'll contact the *certificate owner* using ordinary post, pre-paid registered post, personal delivery, or e-mail. Unless the *master policy* expressly says otherwise, we'll use the *certificate owner's* last known address to send the *certificate owner*.

- notices;
- requests;
- instructions; or
- correspondence.



The *certificate owner's* last known address includes the postal correspondence address or e-mail address they've provided us.

When we consider information to be delivered

When we send the *certificate owner* information, we'll consider it to be delivered:

- if we use e-mail, on the date we send it;
- if we deliver it personally, on the date of delivery; or
- if we use ordinary post or pre-paid registered post, 7 days after we send it.

We can withhold information after 3 attempts to reach the *certificate owner*

If any information we try to send the *certificate owner* is returned after we've made a maximum of 3 attempts to deliver it, we can choose not to send the *certificate owner* further information until they confirm their latest postal correspondence address or e-mail address.



This *master policy* is subject to Malaysian law

Malaysian law applies to this *master policy*. It falls within the jurisdiction of Malaysia courts.

We'll comply with sanctions, anti-money laundering and counter-terrorism financing laws

We may take steps to comply with the laws, regulations, and request of relevant authorities in the areas of sanctions, anti-money laundering, and counter-terrorism financing, inclusive but not exhaustive of the sanctions adopted by:

- the United Nation Security Council (UNSC);
- the Ministry of Home Affairs (MOHA); and
- the government agencies in Malaysia or outside of Malaysia.

These steps could include:

- terminate the *certificate* and related cover; and
- freeze and treat *premiums* paid and amounts payable under the *certificate*, in any manner we deem appropriate.

How overseas sanctions affect this *master policy*

Despite anything else in this *master policy*, we'll only cover the life assured as long as the *certificate* doesn't contradict any applicable sanctions or resolutions adopted by:

- the United States of America;
- the Ministry of Home Affairs (MOHA);
- the United Nations Security Council (UNSC); or
- the government agencies in Malaysia or outside of Malaysia.

This also applies to sanctions targeted on:

- individuals;
- industries;
- government-owned entities;
- financial institutions; and
- other groups.

We conduct due diligence to determine the risk of new and existing customers regularly. This is to ensure the cover we provide does not contradict:

- sanctions or resolutions adopted by the United States of America, MOHA or UNSC;
- any other applicable provisions of the UNSC that member countries adopt; or
- any sanction notice issued by the government agencies in Malaysia or outside of Malaysia.

We do this regularly, as such sanctions, resolutions, and provisions can change from time to time.

If we become aware at any time from when the *certificate owner* first begins to apply for their *certificate* that the cover we're providing contradicts such sanctions or provisions, we'll take the following action without giving *certificate owner* prior notice.

- Terminate the *certificate* with immediate effect
- Declare the *certificate* void from the beginning
- Deal with all monies payable in respect to the *certificate* in any manner which we deem appropriate, including, but not limited to freezing the money or handing it over to the relevant authorities
- Not be liable for any losses arising from or related to any steps taken



This *master policy* doesn't participate in sharing surplus

This is a non-participating policy. That means we don't return our surplus earning to you or the *certificate owner* in the form of any dividends or bonuses.

This *master policy* doesn't have cash value

This is a pure protection policy. That means we don't offer any cash value. The *certificate owner* will not get any cash when the *certificate owner* surrenders the *certificate*.

The renewal is non-guaranteed

This is a non-guaranteed renewable policy. That means we can decide not to renew the *certificate* upon the expiry of any 2-year *certificate* term. We will let the *certificate owner* know if we do not renew the *certificate* in writing 60 days in advance.



What the key terms in this *master policy* mean



Accident or accidental

A sudden, unintentional, unexpected, unusual event that occurs at an identifiable time and place, which shall, independently of any other cause, be the sole cause of bodily *injury*.

Activities of daily living

The *activities of daily living* are made up of these 6 abilities:

- **Transfer** – the ability to get in and out of a chair without requiring physical assistance.
- **Mobility** – the ability to move from room to room without requiring physical assistance.
- **Continence** – the ability to voluntarily control bowel and bladder functions to maintain personal hygiene.
- **Dressing** – the ability to put on and take off necessary items of clothing without requiring assistance of another person.
- **Bathing or Washing** – the ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- **Eating** – All tasks of getting food into the body once it has been prepared.

Assessment period

The period where we'll assess a condition before deciding whether the condition qualifies as being *permanent*.

The *assessment period* will be for the minimum period time frame stated in the relevant definition and will not be longer than 12 months (provided all required evidence has been submitted).

Certificate

The certificate of insurance issued which records the details specific to the *certificate owner* and life assured under this *master policy*.

Certificate anniversary

Any 12-month anniversary of the *certificate commencement date* as shown in the certificate of insurance.

Certificate owner

A Malaysian who is sound of mind and aged between 18 to 56 years old. This person owns the *certificate* mentioned in the certificate of insurance or any *endorsements*. The *certificate owner* can exercise all rights, privileges, and options available under the *certificate*.

Certificate year

Each 12-month period, starting from *certificate commencement date*, and then from each *certificate anniversary*.

Commencement date

The date that this *master policy* or the *certificate* begins.

The *commencement date* of the *master policy* is stated in the Policy Information Page in this *master policy*.

The *commencement date* of the *certificate* is stated in the certificate of insurance.

Customer assessment

The evaluation we conduct on the *eligible members* who want to be insured under this *master policy*. This evaluation includes, but is not limited to, checking against anti-money laundering requirements, and other rules set by us.



Eligible member

Customers of the *master policy owner*. This *eligible member* must be a Malaysian, sound of mind and aged between 18 to 56 years old.

Endorsement(s)

A document or documents that modify this *master policy* or the *certificate*.

Expiry date

The date that this *master policy* or the *certificate* expires.

The *expiry date* of the *master policy* is stated in the Policy Information Page in this *master policy*.

The *expiry date* of the *certificate* is stated in the certificate of insurance or any *endorsements*.

Hospitalisation

When the life assured is admitted to a hospital as a registered inpatient for medically necessary treatment related to a covered disability. The *hospitalisation* must be recommended by a physician.

To be considered an inpatient, the life assured must physically stay in the hospital for the whole period of *hospitalisation*.

Injury

An *accidental* bodily *injury* resulting solely and directly, and independent of any other causes from external, violent, and *accidental* means. An *injury* may be:

- a visible contusion or wound on the outside of the body;
- an internal *injury*;
- from *accidental* drowning revealed by autopsy.

Intensive care unit

A section within a hospital that is:

- designated by the hospital for intensive care;
- maintained on a 24-hour basis solely for treating patients in a critical condition; and
- equipped to provide nursing and medical services unavailable elsewhere in the hospital.

Irreversible

The relevant illness cannot be reasonably improved by medical treatment or surgical procedures that are consistent with the current standard of medical services available in Malaysia.

Issue date

The date that this *master policy* or the *certificate* issued.

The *issue date* of the *master policy* is stated in the Policy Information Page in this *master policy*.

The *issue date* of the *certificate* is stated in the certificate of insurance.

Master policy

This Qaseh Murni *master policy*.

Master policy anniversary

Any 12-month anniversary of the *master policy commencement date* as shown in the *master policy*.

Master policy owner

The person who owns this *master policy*. The *master policy owner* is stated in the Policy Information Page in this *master policy*. The *master policy owner* can decide not to offer the product to new *eligible members*.

Permanent

The illness is expected to last throughout the life assured's lifetime.



Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the life assured's lifetime.

Covered symptoms include:

- numbness;
- paralysis;
- localised weakness;
- dysarthria (difficulty with speech);
- aphasia (inability to speak);
- dysphagia (difficulty swallowing);
- visual impairment;
- difficulty in walking;
- lack of coordination;
- tremor;
- seizures;
- dementia;
- delirium; and
- coma.

Premium

A scheduled *premium* payment for this *master policy*. The *premium* is stated in the certificate of insurance or any *endorsements*.



For more information

Visit the nearest Bank Simpanan Nasional branch, Live chat us at fwd.com.my or email ask@fwd.com



Customer Careline

1300 22 6262

Operating hours:
Monday to Thursday,
8:30 AM - 5:30 PM;
Friday, 8:30 AM - 4:30 PM
(excluding public holidays)

About FWD Insurance Berhad

FWD Insurance Berhad ("FWD Insurance") is an insurance provider in Malaysia that offers a comprehensive range of life insurance products, including medical and critical illness protection, savings plans and investment-linked solutions. FWD Insurance is regulated by Bank Negara Malaysia under the Financial Services Act 2013. For more information, please visit fwd.com.my

FWD Insurance is a subsidiary of FWD Malaysia Holdings Sdn Bhd ("FWD Malaysia"), which is a part of FWD Group (1828.HK) – a pan-Asian life and health insurance business serving approximately 34 million customers across 10 markets. Established in 2013, the company operates in some of the fastest-growing insurance markets in the world. FWD Group is listed on the Main Board of the Hong Kong Stock Exchange under the stock code 1828.

About Bank Simpanan Nasional

Bank Simpanan Nasional (BSN) is Malaysia's first and longest-running bank, focused on actively promoting the habit of savings and investments among Malaysians.

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