

MEGA PA - PRIME SHIELD

WHAT MAKES UP THIS POLICY

Insurance does not cover You against everything that can happen.

The heading does not form part of the Policy wording.

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

This Policy reflects the terms and conditions of the contract of insurance as agreed between You and Us.

This Policy sets out what You are covered for as shown on the Schedule and the circumstances where You are covered and not covered.

To help preserve the environment, We will send You one Policy booklet only. Please keep this Policy booklet in a safe place. In case of renewal and/or Policy condition amendment, We will send You the renewal Schedule and/or Endorsement only. If at any time You would like a replacement for this document, please contact Us and We will be happy to provide one.

YOUR DUTY TO INFORM US

1. Communication

All communication to Us must be in writing or You may contact Our Etiqua Online at 1300 13 8888.

2. Duty of disclosure before this insurance is granted

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

3. Duty of disclosure during this insurance

You are required to inform Us immediately if at any time after this contract of insurance or any other Policies effected on or by You has been entered into, varied or renewed with Us on any information given in the Application Form (or when You applied for this insurance or other Policies) is inaccurate or has changed including but not limited to any changes in Your occupation, work duties, sporting activities, or any relevant information that may increase the risk including any disease, physical or mental defect or infirmity. We may:

- i) require You to pay an additional Premium for the increase risk;
- ii) make changes to the terms and conditions of this Policy; or
- iii) leave the Policy terms, conditions and Premium unaltered.

You will only be covered for any increased risk if agreed in writing by Us.

DEFINITIONS

Unless indicated or defined otherwise, the definitions with interpretation as set out below, will apply to this Policy.

Accident and Accidental means a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of all other causes, be the sole cause of Bodily Injury.

Bodily Injury means bodily injury suffered by You during the Period of Insurance resulting solely and directly from Accident. This does not include any sickness, disease, parasite, bacterial, parasitic or viral infection even if contracted by Accident, or any naturally occurring condition or degenerative process or the result of any gradually operating cause.

Benefit means the respective benefit(s), as stated in the Policy, Schedule and/or Endorsement payable by Us under the terms, exclusions and conditions of this Policy in respect of each event or loss covered by this Policy.

Claimant means the person who is entitled to claim the insurance Benefit, according to the terms and conditions of this Policy.

Child or Children means Your natural or step or legally adopted unmarried child or children that are not in full time employment, aged between forty-five (45) days to eighteen (18) years of age [or under twenty-three (23) years old if still studying full-time in a recognised institution of higher learning].

Doctor means a registered medical practitioner, who is qualified and licensed to practice western medicine, and in rendering such treatment is practising within the scope of their licensing and training in the geographical area of practice. The attending doctor cannot be You, Your Spouse, Your business partner, Your employer, Your employee, Your agent or a person who is related to You in any way by blood, marriage or adoption.

Domestic Violence shall mean the commission of any of the following acts:

- a) willfully or knowingly placing, or attempting to place, You in fear of physical injury;

- b) causing physical injury to You by such act, which is known or ought to have been known would result in physical injury;
- c) compelling You by force or threat to engage in any conduct or act, sexual or otherwise, from which You have a right to abstain;
- d) confining or detaining You against your will; or
- e) causing mischief or destruction or damage to property with intent to cause or knowing that it is likely to cause distress or annoyance to You.

Effective Date of Insurance means the effective date on the Schedule.

Endorsement means a written alteration or amendment to the information, terms and conditions of this Policy. Endorsement to this Policy must be issued by Us.

Family Member means Your spouse, parent, parent-in-law, grandparent, child, brother or sister.

Hijack means unlawful seizure and control of a Public Transport from the regular crew by use or threatened use of violent means.

Hospital means an institution which has accommodation for inpatients and facilities for diagnosis, surgery and treatment. It does not include a long term nursing home, a rehabilitation centre, an old people's or convalescence home or an extended-care facility.

Hospitalisation means admission to a Hospital as an inpatient and for at least twenty-four (24) hours in a row, admission in a Hospital as a registered patient for an overnight stay upon recommendation by a Doctor.

Household Member means the person who is residing in Your home other than the Family Member.

Insured Person, You and Your means the person(s) named on the Schedule as the Insured Person and must be a Malaysian, permanent resident of Malaysia, residents legally employed in Malaysia and/or their Spouse and Children who are legally residing in Malaysia.

Intensive Care Unit or ICU means a place in a Hospital for the acutely ill, providing extra services and equipment, prescribed by the Doctor and billed as a specific charge by the Hospital.

Loss of Hearing means total, permanent and irreversible loss of hearing as a result of Accident 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.

Loss of Limb means complete severance between wrist and shoulder for an arm, or between ankle and hip for a leg, or the total and permanent functional disability of an entire hand, arm, foot or leg.

Loss of Sight means total, permanent and irreversible loss of sight as a result of Accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in one (1) eye or both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

Loss of Speech means total and irrecoverable loss of speech which is beyond remedy by surgical or other treatment.

Medically Necessary means a medical service which is:

- a) consistent with the diagnosis and customary medical treatment for a covered disability;
- b) in accordance with standards of good medical practice, consistent with current standards of professional medical care, and of proven medical benefits;
- c) not for the convenience of You or the Doctor, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient); and
- d) not of an experimental, investigational or research nature, or preventive or of a screening nature, for which the charges are fair and reasonable and customary for the disability.

Nominee means the person that the Policy Holder has nominated to receive the Insurance Benefit payable under this Policy upon Your death. The nomination must be registered with Us.

Occurrence means the exact period when the incident took place.

Ombudsman for Financial Services, or OFS means an independent body set up to help settle disputes between a Claimant and Us, as an alternative to the courts.

Policy Holder means the person named on the Schedule as a Policy Holder who has full rights on the Policy.

Personal Data means any information that relates directly or indirectly to You and extends to any individual whose personal data has been provided by You, who is identified or identifiable from that information or from that and other information in Our possession, including any sensitive personal data and expression of opinion about You and the individual. For clarity purposes, Your personal data may have otherwise been provided to Us by an authorised third party.

Personal Effects means hand carried bag, wallet or purse in Your possession together with the contents therein and/or valuables or jewellery carried or worn by You.

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

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

Public Transport means any licensed and regularly scheduled land, sea or air conveyance which has fixed and established routes operating as a form of public transport, and any member of the public can join at a recognised stop and pay a fare. Public Transport includes taxi services but does not include rented vehicle, vehicle on hire, tour coach or any chartered services.

Premium means any amount We require You to pay under this Policy and includes Government charges.

Schedule means the Policy Schedule where the Benefits and Sum Insured are stated.

Spouse means Your husband or wife under a marriage recognised by Malaysian law, aged between eighteen (18) and sixty-five (65) years of age on the Effective Date of Insurance. Only one (1) Legal Spouse is eligible to be insured under this Policy.

Temporary Partial Disability means You are incapable of attending to a substantial part of any work, occupation or profession for wages, compensation or profit, solely due to Accident as certified by a Doctor.

Temporary Total Disability means that You are incapable of performing any work, occupation or profession for wages, compensation or profit, solely due to Accident as certified by a Doctor.

Terrorism means an act or acts, of any person or group(s) of person, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s). Act of Terrorism shall also include any act which is verified or recognised by the (relevant) government as an act of Terrorism and/or regulated under any relevant laws.

Total and Permanent Disability means that You are incapable of performing any work, occupation or profession for wages, compensation or profit, solely due to Accident, with no chances of recovery based on current medical knowledge and technology as a result of You being permanently total paralysis, permanently bedridden or complete insanity.

We, Us and Our means Etiqa General Insurance Berhad.

Weekly Benefit means compensation payable at a rate per week.

WHAT DOES YOUR POLICY COVERS

BENEFITS SECTION	Benefit Amount (RM)			
	Silver Plan	Gold Plan	Platinum Plan	Diamond Plan
Section 1 – Death				
If, during the Period of Insurance, You have sustained Bodily Injury which results in Death, within twelve (12) calendar months from the date of Accident, We shall pay a lump sum payment of the Benefit Amount as specified below: a) Per Adult b) Per Child	100,000 25,000	300,000 50,000	500,000 50,000	1,000,000 50,000
Section 2 – Permanent Disability				
If during the Period of Insurance, You have sustained Bodily Injury which results in Permanent Disability, within twelve (12) calendar months from the date of Accident, We shall pay a proportion of the relevant Benefit Amount as specified below: a) Per Adult b) Per Child	100,000 25,000	300,000 50,000	500,000 50,000	1,000,000 50,000
Proportion of Benefit Amount Paid				
1. Total and Permanent Disability	100%	100%	100%	100%
2. Loss of two (2) limbs	100%	100%	100%	100%
3. Loss of Sight in both eyes	100%	100%	100%	100%
4. Loss of Sight in one (1) eye and loss of one (1) limb	100%	100%	100%	100%
5. Loss of one (1) limb	50%	50%	50%	50%
6. Loss of Sight in one (1) eye	50%	50%	50%	50%
7. Loss of Hearing in both ears	50%	50%	50%	50%
8. Loss of Speech	50%	50%	50%	50%
The maximum Benefit paid under Section 2 is restricted to 100% of the Benefit Amount. All other losses less than 100% if having been paid shall reduce the coverage by that amount from the date of Accident until the expiry of this Policy. Benefit on partial disability is not payable.				
Section 3 – Double Indemnity				
The Benefit Amount will be doubled if the Death or Permanent Disability as mentioned in Section 1 and Section 2 respectively occur under the following circumstances: 1. You are travelling on a Public Transport; 2. The Public Transport that You are travelling in is Hijacked; 3. You being a victim of murder, provided that such event did not arise out of or in connection with Your own participation or provocation of any such act; or 4. You being a victim of Terrorism, provided that You are in no way directly, indirectly, proximately or remotely, actively or otherwise participating or engaging in any of such act, Note: Claim under double indemnity is payable for only one (1) of the covers under (1), (2), (3) or (4) per Accident.	Up to 200,000	Up to 600,000	Up to 1,000,000	Up to 2,000,000
Section 4 – Child Education Fund				
If any Benefit Amount becomes payable under Section 1 or Section 2(1) of this Policy, We shall pay a lump sum payment of the Benefit Amount under this section.	Not Covered	Not Covered	10,000 per child	20,000 per child
Section 5 – Domestic Violence Compassionate Cash				
We shall pay Compassionate Cash for Domestic Violence limited to one (1) incident in any one annual Period of Insurance as a result of You suffering personal injuries or financial loss or damage to Your property due to Domestic Violence.	Not Covered	Not Covered	1,000	1,000

BENEFITS SECTION	Benefit Amount (RM)			
	Silver Plan	Gold Plan	Platinum Plan	Diamond Plan
<p>We shall not pay for claims arising directly or indirectly caused by person(s) other than Your Family Member or Household Member.</p> <p>The loss, injury or damage must be reported to the police within twenty-four (24) hours after the Occurrence of the incident. Failure to lodge a report to the police immediately shall not invalidate Your claims if it can be shown to Our satisfaction that You have reported to the police as soon as is practicable.</p>				
Section 6 – ATM Cash Withdrawal				
<p>We shall compensate You for loss of actual cash up to the limit of Benefit Amount in any one annual Period of Insurance as a result of unauthorized use of Your bank card for withdrawal of cash by force or threat by any unknown person.</p> <p>The loss must be reported to the police and/or card issuer within twenty-four (24) hours after the Occurrence of the incident. Failure to lodge a report to the police and/or card issuer immediately shall not invalidate Your claims if it can be shown to Our satisfaction that You have reported to them as soon as is practicable.</p> <p>Exclusions applicable to Section 6 We shall not pay for claims arising directly or indirectly from, in respect of or due to:</p> <ol style="list-style-type: none"> Any carelessness, confiscation, errors or omission in receipts, payments or transfers; Any dishonest, fraudulent or criminal act of You; Liability for any debt unless You must upon discovery of any event which may result in a claim immediately report to the police and card issuer in accordance with the terms and conditions of the issue of the card; Liability for any debt arising from any supplementary card issued to Your Family Member; Liability for any debt through Your collusion or Your Family Member; or Loss resulting from unauthorized use of Your card by Your Family Member or Household Member. 	500	1,000	2,000	3,000
Section 7 – Snatch Theft				
<p>We shall compensate You for loss or damage to Your Personal Effects and necessary expenses incurred for the replacement of the personal identification card, driving license, passport, credit cards and/or bank cards stolen or damaged by a snatch thief or wayside robbery up to the limit of Benefit Amount in any one annual Period of Insurance.</p> <p>The limit for cash will not exceed Ringgit Malaysia Five Hundred (RM500).</p> <p>We shall not pay if the loss or damage occurred in Your home in which You normally reside.</p> <p>The loss or damage must be reported to the police and/or card issuer within twenty-four (24) hours after the Occurrence of the incident. Failure to lodge a report to the police and/or card issuer immediately shall not invalidate Your claim if it can be shown to Our satisfaction that You have reported to them as soon as is practicable.</p>	500	700	1,000	2,000
Section 8 – Kidnap or Abduction				
<p>We shall pay a lump sum up to the limit of Benefit Amount for the necessary expenses incurred by Your family to recover You and also as a reward for information leading to Your recovery provided that You are alive at the time of recovery. Provided always that expenses incurred under this section shall exclude ransom demanded by the kidnapers or abductors for Your return.</p> <p>The payment of this Benefit is subject only upon verification and confirmation by the police that a ransom has been demanded by the kidnapers for Your return. Where no demand of ransom has been made, We have absolute discretion whether or not to make any payment under this Benefit.</p> <p>Conditions applicable to Section 8 Payment of Benefit Amount under this section subject to the following conditions:</p> <ol style="list-style-type: none"> You must keep this insurance cover confidential. We will not act as an intermediary or negotiator for You, nor will We offer direct advice on dealing with the kidnapper. On advice that You have or may have been kidnapped, it will be necessary for the approved beneficiary/nominees acting on Your behalf to: <ol style="list-style-type: none"> Determine whether You have been kidnapped; Notify the appropriate law enforcement agency and comply 	Not Covered	Not Covered	10,000	20,000

BENEFITS SECTION	Benefit Amount (RM)			
	Silver Plan	Gold Plan	Platinum Plan	Diamond Plan
<p>with their recommendation and instructions;</p> <p>c) Give Us immediate notification of the kidnapping or suspicion of it;</p> <p>4. If investigation establishes collusion or fraud by You, You must reimburse Us for any payment We have made under this section.</p> <p>The full Benefit Amount will be paid in full if You are not recovered after a period of one (1) year from the date of the kidnap.</p>				
Section 9 – Outstanding on Credit Card, House and/or Hire Purchase				
<p>If any Benefit Amount becomes payable under Section 1 or Section 2(1) of this Policy, We shall pay Your outstanding credit liabilities for credit/charge card(s), housing loan and/or private motor vehicle hire purchase loan with any banks as at the date of Accident up to the limit of Benefit Amount.</p> <p>The payment of this Benefit shall be paid directly to the bank, provided You have no other Insurance Policy(ies) or Takaful Certificate(s) covering them, else We will only pay the excess amount which is not covered by the other Insurance Policy(ies) or Takaful Certificate(s).</p>	Not Covered	Not Covered	8,000	10,000
Section 10 – Additional Income for Total and Permanent Disability				
<p>If any Benefit Amount becomes payable under Section 2(1) of this Policy, We shall also pay a lump sum payment of the Benefit Amount under this section.</p> <p>We shall not pay this Benefit if You are not gainfully employed or not engaged in any registered or licensed business at the time of the Accident. This includes full-time housewives and students.</p>	Not Covered	Not Covered	100,000	200,000
Section 11 – Temporary Total Disability (Weekly Benefit)				
<p>If during the Period of Insurance, You have sustained Bodily Injury which results in Temporary Total Disability, We shall pay the Benefit Amount up to twenty-four (24) weeks, effective from the date of confirmation of such temporary disability by a Doctor.</p> <p>This Benefit will only be applicable if You have not made any claims under Section 2 of this Policy.</p> <p>We shall not pay this Benefit if You are not gainfully employed or not engaged in any registered or licensed business at the time of the Accident. This includes full-time housewives and students.</p>	200 per week	400 per week	600 per week	1,000 per week
Section 12 – Temporary Partial Disability (Weekly Benefit)				
<p>If during the Period of Insurance, You have sustained Bodily Injury which results in Temporary Partial Disability, We shall pay the Benefit Amount up to twenty-four (24) weeks, effective from the date of confirmation of such temporary disability by a Doctor.</p> <p>This Benefit will only be applicable if You have not made any claims under Section 2 of this Policy.</p> <p>We shall not pay this Benefit if You are not gainfully employed or not engaged in any registered or licensed business at the time of the Accident. This includes full-time housewives and students.</p>	100 per week	200 per week	300 per week	500 per week
Section 13 – Compassionate Care				
<p>We shall reimburse You up to the limit of Benefit Amount for the reasonable expenses incurred in travelling and accommodation by one (1) Family Member or Household Member to take care and/or accompany You, during the period of Hospitalisation, provided Your Hospitalisation is a result of an Accident and are recommended by a Doctor.</p>	Not Covered	2,000	3,000	5,000
Section 14 – Recovery Expenses				
<p>In the event You suffer Permanent Disability due to an Accident, We shall reimburse You, up to the limit of Benefit Amount for actual costs of purchasing any of the following medical equipment provided always that such medical equipment are necessary to assist in Your mobility and are recommended by a Doctor:</p> <p>a) wheelchair;</p> <p>b) artificial arm or leg; and/or</p> <p>c) crutches.</p>	500	1,000	2,000	3,000
Section 15 – Lifestyle Modification Expenses				
<p>We shall reimburse You up to the limit of Benefit Amount for costs necessarily incurred by You in modifying Your home, motor vehicle or relocating You to a suitable home in the event You suffer Total and Permanent Disability due to an Accident.</p>	Not Covered	Not Covered	5,000	10,000
Section 16 – Recovery Nursing				

BENEFITS SECTION	Benefit Amount (RM)			
	Silver Plan	Gold Plan	Platinum Plan	Diamond Plan
We shall reimburse You up to the limit of Benefit Amount, up to thirty (30) days per any one Accident, for nursing care charges considered necessary by the Hospital after discharge there from, provided that Hospitalization is due to an Accident.	Not Covered	Not Covered	300 per day	500 per day
Section 17 – Compassionate Cash				
If any Benefit Amount becomes payable under Section 1 of this Policy, We shall pay a lump sum payment of the Benefit Amount under this section in the event of Your death resulting from an Accident.	2,000	3,000	4,000	5,000
Section 18 – Infertility Compassionate Cash				
We shall pay You a lump sum payment of Benefit Amount if during the Period of Insurance You have sustained injury to the reproductive organs (ovaries, womb, penile, scrotum and/or testicles) resulting in total and permanent inability to reproduce, as certified by a Doctor. This section ceases upon the payment of the full Benefit Amount payable under this section.	Not Covered	Not Covered	10,000	20,000
Section 19 – Hospital ICU Cash Allowance				
We shall pay the Benefit Amount for each complete twenty-four (24) hours if You are hospitalised in Intensive Care Unit (ICU) for treatment or surgery, up to thirty (30) days per any one Accident.	Not Covered	Not Covered	300 per day	500 per day
Section 20 – Hospital Cash Allowance				
We shall pay the Benefit Amount for each complete twenty-four (24) hours if You are hospitalised for treatment or surgery, up to thirty (30) days per any one Accident.	Not Covered	Not Covered	150 per day	250 per day
Section 21 – Medical In Hospital Expenses				
We shall reimburse You up to the limit of Benefit Amount as specified below per any one Accident for the actual cost of medical and Hospital expenses necessarily and reasonably incurred, excluding all daily room and board expenses. a) Per Adult b) Per Child Any expenses for traditional or alternative treatment are included, provided always that such treatment is sought subsequent to any medical and Hospital treatment. This is limited to Ringgit Malaysia Fifty (RM50) per visit and a maximum of Ringgit Malaysia One Hundred and Fifty (RM150) per any one Accident. Any such treatment must be provided by a qualified traditional or alternative medicine practitioner, other than Yourself or Your Family Member, who is duly registered and approved by the relevant authorities.	500 150	2,000 600	3,000 900	5,000 1,500
Section 22 – Medical In Hospital Room & Board Expenses				
We shall reimburse You for the actual cost of all daily room and board expenses necessarily and reasonably incurred, up to the limit of Benefit Amount up to sixty (60) days per any one Accident.	Not Covered	Not Covered	300 per day	500 per day
Section 23 – Medical Outpatient Expenses				
We shall reimburse You for the actual cost of Medical Outpatient expenses necessarily and reasonably incurred, up to the limit of Benefit Amount as specified below, per any one Accident. a) Per Adult b) Per Child	300 100	700 200	1,000 300	2,000 600
Section 24 – Road Ambulance Fee				
We shall reimburse You the actual charges incurred for necessary domestic ground ambulance services (inclusive of attendance) in conveying You to and/or from the Hospital as a result of an Accident up to the limit of Benefit Amount.	500	500	500	500
Section 25 – Facial Reconstructive Surgery and/or Dental Treatment				
We shall reimburse You for the actual cost incurred up to the limit of Benefit Amount as specified below per any one Accident to undergo corrective surgery to the head, face and/or neck, and/or treatment of injury of or damage to sound natural teeth. a) Per Adult b) Per Child Such dental correction and/or corrective cosmetic surgery is Medically Necessary, recommended and performed by a licensed orthodontist or cosmetic surgeon.	Not Covered Not Covered	5,000 1,500	5,000 1,500	5,000 1,500

BENEFITS SECTION	Benefit Amount (RM)			
	Silver Plan	Gold Plan	Platinum Plan	Diamond Plan
Section 26 – Skin Graft				
<p>We shall reimburse You up to the limit of Benefit Amount per any one Accident for the actual cost of undergoing skin transplantation and/or burns.</p> <p>Burns shall mean burning (at least 2nd degree) and the surgery must be in the opinion of the Doctor deemed Medically Necessary.</p> <p>We shall not pay for claims due to correction of facial disfigurement other than caused by Accident and/or burns.</p>	Not Covered	3,000	5,000	10,000
Section 27 – Personal Liability				
<p>We shall indemnify You against all sums which You shall become legally liable to pay in respect of:</p> <ol style="list-style-type: none"> Accidental Bodily Injury to any third party; and Accidental loss of or damage to property of a third party happening within the territorial limit during the Period of Insurance provided always that the amount payable hereunder in respect of any one claim or series of claims arising out of any one cause shall not in any case exceed the limit of Benefit Amount. <p>We shall pay all costs and expenses incurred subject to Our written consent and the limit of Benefit Amount.</p> <p>In the event of Your death, We shall in respect of the liability incurred by You indemnify Your legal representatives in the terms of and subject to the limitations of this Benefit provided that such representatives shall as though they were the Insured Person observe fulfill and be subject to the terms, conditions and exceptions of this Benefit insofar as they can apply.</p> <p>The territorial limit of this Policy is within Malaysia only.</p> <p>Exclusions applicable to Section 27 We shall not be liable in respect of:</p> <ol style="list-style-type: none"> Any liability directly or indirectly arising from: <ol style="list-style-type: none"> the ownership or occupation of any land or building other than the ownership or occupation by You or a private dwelling; the pursuit or exercise by You of any employment, business or profession; the use of horses for hunting, racing or steeple chasing; and the use of any mechanically propelled vehicle, aircraft or watercraft. Liability for Bodily Injury to Your Family Member or to any person under a contract of service or apprenticeship with You arising out of and in the course of the employment of such person by You. Liability for loss of or damage to property belonging to or in Your custody or control or any person in Your service. Any liability which attaches by virtue of an agreement but which would not have attached in the absence of such agreement. 	Not Covered	Not Covered	100,000	200,000

EXTENSIONS

- Exposure**
Death of the Insured Person which was the result of his being unavoidably exposed to the natural elements as a result of an Accident.
- Disappearance**
If You disappear and Your body has not been found within one (1) year after Your disappearance, We shall pay the death Benefit after We have examined all available evidence and We are satisfied that the disappearance can be presumed to be due to Your death as the result of an Accident.

Subsequently, if You are found to be alive, any amount that We have paid must be refunded to Us.
- Sedentary Work / Off-Duty Cover**
If You are insured under this Policy but Your employment or any activity related to Your employment is under any of the excluded occupations specified under What Is Not Covered item 11 and 12, You shall still be covered under this Policy provided that:
 - You are employed to do sedentary/desk-bound duties only;
 - You are off-duty and/or safely return to mainland at the time of the Accident and the Bodily Injury does not arise in the course of Your employment or any activity related to Your employment.

CONDITIONS

- A duty to comply with the Conditions**
We will only be liable to make any payment under this Policy if You have at all times complied with the terms, provisions and conditions of this Policy.
- Fraud**
If any claim is fraudulent or of any fraudulent means, including inflating or exaggerating of the claim or submission of forged or falsified documents, are used to obtain Benefits by You or anyone acting on Your behalf, all Benefits under this Policy shall be forfeited.

3. Claims Notification, Procedure and Settlement

- a) Written notice of any event likely to give rise to a claim should be submitted to Us as soon as reasonably possible and in any case not later than thirty (30) days from the date of the Accident causing such injury.
- b) You may be required, at Our expense to undergo further medical examination.
- c) We will only pay the Benefits if medical report, medical certificates, police report, original invoices/quotations and receipts (for all reimbursement benefit) and other evidence which We may require are provided on request at Your expenses.
- d) On payment of the Benefits, for which once You give Us a receipt or discharge, Our liability in that respect will reduce by the sum paid or cease if full Benefits have been paid.
- e) We reserve the right to repudiate a claim where We are not satisfied with the evidence available to validate either:
 - i. Your identity; or
 - ii. The circumstance of the loss.
- f) In the event of death, We shall be entitled to have a post-mortem report at Your expenses.
- g) We will pay the Benefits due under this Policy to You or in the event of Your death, to Your estate in accordance with the Financial Services Act 2013.

4. Nomination

Pursuant to Paragraph 5(1) of Schedule 10 of the Financial Services Act 2013, a nomination made by a non-Muslim Policy Holder shall create a trust in favour of the Nominee of the Policy moneys i.e. death Benefit payable upon the death of the Policy Holder, if:

- a) the Nominee is his/her Spouse or Child; or
- b) the Nominee is his/her parent (if there is no Spouse or Child living at the time of making the nomination).

A Nominee of a Muslim Policy Holder upon receipt of the Policy moneys shall distribute the Policy moneys in accordance with Islamic law.

5. Termination of Policy

a) Termination by You

If You give notice in writing to Us to terminate Your coverage under this Policy, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. We will refund the Premium for the unexpired portion of the Period of Insurance on pro-rated basis provided no claim has been submitted to Us in relation to that Period of Insurance.

b) Policy Automatic Termination

This Policy shall be terminated:

- i. on the death of the Policy Holder;
- ii. upon payment of any Benefit under Section 1 or 2(1) to 2(4) of the Policy Holder; or
- iii. when the Policy Holder is no longer resident in Malaysia or work permit has expired or has been cancelled by the relevant authorities.

c) Benefit Automatic Termination

The Benefit of the individual Insured Person under this Policy shall be terminated:

- i. on the death of the Insured Person;
- ii. upon payment of any Benefit under Section 1 or 2(1) to 2(4) of the Insured Person; or
- iii. when the Insured Person is no longer resident in Malaysia or work permit has expired or has been cancelled by the relevant authorities.

Except for paragraphs (b)(i), (ii) and (c)(i), (ii) above, We will refund the Premium for the unexpired portion of the Period of Insurance on pro-rated basis provided no claim has been submitted to Us in relation to that Period of Insurance.

d) Termination by Us

We may give notice of termination hereof by registered post to You at Your last known address. Such termination shall become effective after thirty (30) days following the date of such notice. We will refund the Premium for the unexpired portion of the Period of Insurance on pro-rated basis provided no claim has been submitted to Us in relation to that Period of Insurance.

e) Effective Time of Termination

This Policy shall terminate at 12:01am Malaysian time on the relevant date of termination.

6. Payment of Premium – Cash Before Cover

You must pay the Premium before the coverage under this Policy is effective.

7. Premium Basis and Adjustment

Your Premium shall be based upon Your attained age as of the Effective Date of Insurance or yearly renewal date of this Policy whichever is applicable.

The Premium rates are not guaranteed and may be increased or varied by Us upon renewal of the Policy based on:

- a) Child attainment of age eighteen (18) years old;
- b) Your attainment of age sixty-six (66) years old; or
- c) Our portfolio claims experience in this class of business.

Premium applicable shall be amended upon renewal of this Policy.

8. Eligibility

To be eligible under this insurance, You must be eighteen (18) of age and not more than sixty-five (65) years of age on the Effective Date of Insurance. Your Spouse and Children are also eligible for cover under this insurance. You may renew this Policy up to the age eighty (80) years. This Policy will cease when You attains age of eighty one (81) years.

9. Overseas Travel and Medical Treatment

We shall not pay any Benefit whilst You are outside of Malaysia:

- a) if the event which may give rise to claim occurs on business or vacation for a period exceeding three (3) consecutive months in any one annual Period of Insurance; or
- b) to seek medical treatment.

10. Arbitration Clause

Any dispute, controversy or claim arising out of or relating to this Policy shall be referred to the decision of an Arbitrator. The Arbitrator shall be appointed in writing by the parties in difference, or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators one to be appointed in writing by each of the parties. Appointment shall be within one calendar month after having been required to do so by either of the parties. In the case the parties do not agree on a single Arbitrator, an Umpire will be appointed in writing by the the Arbitrators in accordance

with the Asian International Arbitration Centre (AIAC) for i-Arbitration Rules. The Umpire shall sit with the Arbitrators and preside at their meeting and the making of an Award shall be a condition precedent to any right of action against Us. The place of arbitration shall be Kuala Lumpur, Malaysia.

If We shall disclaim liability to You for any claim hereunder, and such claim shall not within twelve (12) months from the date of such disclaimer have been referred to arbitration under the provisions herein contained, then the claim for all intents and purposes shall be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

11. Free Look Period

You have the right to return this Policy within fifteen (15) days after We deliver it to You, for any reason. If returned, this Policy will be considered void from the beginning and any Premium paid will be refunded to You, less any medical examination fee incurred.

12. Legal Actions

No action shall be brought to recover on this Policy before the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought more than three (3) years after the time written Proof of Loss is required to be furnished.

13. Alteration and Changes

We reserve the right to amend the terms and provisions of this Policy by giving thirty (30) days prior notice in writing by registered post to Your last known address in Our records, and such amendment will be applicable from the next renewal of this Policy.

No alteration to this Policy shall be valid unless authorised by Us and such approval is endorsed thereon.

14. Policy Renewal

This Policy shall be effective for a period of one (1) year from the Effective Date of Insurance and can be renewed annually. This Policy is renewable at Our option. We have the right to renew, cancel or amend any of its terms on the Policy renewal.

15. Other Insurance

No person shall be insured under more than one Mega PA – Prime Shield Policy issued by Us. In the event the person is insured under more than one such Policy, We shall consider that person to be insured under the Policy which was issued first or provides the greatest amount of Benefit (where applicable) and We shall refund any duplicated Premium payment which may have been made by or on behalf of that Insured Person.

If at the time of any claim under Benefits covered in this Policy which is on reimbursement basis, there shall be other insurance or takaful cover, either with Us or other companies covering the same risk or any part thereof, We will only pay Our ratable proportion.

16. Notice of Trust or Assignment

We shall not be bound to accept or be affected by any notice of any trust, charge, lien, assignment or other, dealing with or relating to this Policy.

17. Sanction Limitation Clause

This Policy shall not provide cover and We shall not be liable to pay any claim or provide any Benefit hereunder to the extent that the provision of such cover, payment of such claim, or provision of such Benefit would expose Us to any sanction, prohibition or restriction under the United Nations resolutions, or trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

18. Right to Terminate due to Anti- Money Laundering and Counter Financing of Terrorism

If We discover, or have justified suspicion, that this Policy is exploited for money laundering activities or to finance Terrorism, We reserve the right to terminate this Policy immediately. We shall deal with all Premiums paid and all Benefits or sums payable in respect of this Policy in any manner which We deem appropriate, including but not limited to handing it over to the relevant authorities.

19. Interest and Currency

All payments under this Policy shall be made in the legal currency of Malaysia.

20. Applicable Law

This Policy shall be governed by and interpreted in accordance with the laws of Malaysia.

21. Subrogation

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

22. Changes in Taxation, Regulations and Legislation

We may vary the terms of this Policy as We consider appropriate and equitable, if there are changes in taxation, regulations or legislation that affect this Policy. We will notify You in writing three (3) months prior when terms in this Policy need to be changed.

If any such tax applies, it shall be Your obligation to pay such chargeable tax (where applicable).

In the event You do not pay such all value added tax, goods and services tax or any other tax of a similar nature, We may, but is not obliged to pay such tax on Your behalf, and You shall reimburse or indemnify Us for all of such tax upon demand by Us.

23. Data Protection Obligations and Rights

We shall be able to process Personal Data according to the Section 4 of the Personal Data Protection Act 2010. We shall be able to disclose Personal Data provided by You, as the context may require to:

- a) Etiqa General Insurance Berhad, Etiqa General Takaful Berhad, Etiqa Life Insurance Berhad, Etiqa Family Takaful Berhad, Etiqa Life International (L) Ltd or Etiqa Offshore Insurance (L) Ltd;
- b) Other entities within the Maybank Group;
- c) Our authorised agents and service providers with whom we have contractual agreements for some of our functions, service and activities;
- d) Other insurance companies or takaful operators and distribution partners (such as, banks, Islamic banks, insurance brokers, takaful brokers, reinsurance companies and retakaful operators);
- e) Industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) & Malaysian Takaful Association (MTA);

- f) Our merchants and strategic partners;
- g) Any parties authorised by You (from time to time); or
- h) Regulatory enforcement and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities.

You will keep Us updated in respect of all such Personal Data as soon as is practicable.

We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us.

We may from time to time request that You provide other Personal Data required for the purposes of this Policy.

Prior to providing Us with the Personal Data of an Insured Person, or another individual, You must inform that individual of Our privacy notice.

For detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our branches, contact Etiqa Oneline at 1300 13 8888, or refer to Our website at www.etiqa.com.my.

WHAT IS NOT COVERED

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

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny or usurped power, military or popular uprising;
2. Any action taken in controlling, preventing, suppressing, or in any way relating to (1) above;
3. Participating in a terrorist act, riot, strike, or civil commotion;
4. Ionisation, radiation or contamination, by radioactivity from any nuclear waste from the combustion of nuclear fuel or nuclear weapons materials;
5. Suicide, attempted suicide or self-inflicted injury, while sane or insane;
6. Pre-existing physical or mental defect or infirmity, illness, disease, bacterial or viral infections even if contracted by accident;
7. Physical and violent provocation by You, leading to a similar response that leads to physical harm or death;
8. Training, practising or taking part in hazardous sports or activities such as (but not limited to):
 - i) underwater activities involving the use of compressed air or gas;
 - ii) potholing, climbing or mountaineering;
 - iii) hunting, off-road vehicle activities, or water-skiing;
 - iv) flying or other aerial activities, except as a fare-paying passenger in a commercial airline;
 - v) parachuting, sky-diving, hang-gliding, or bungee jumping;
 - vi) any racing activities other than on foot;
 - vii) professional sports; or
 - viii) martial arts or fighting;
9. Committing or attempting to commit any unlawful or criminal act, whether directly or as an accessory;
10. Under the influence of, or due wholly or partly to the effect of, alcohol or drugs (other than drugs taken in accordance with the treatment prescribed and directed by a Doctor but excluding drugs used in the treatment of alcohol or drug addiction);
11. Being engaged, whether as employee, self-employed person, volunteer, intern, or trainee within the military, civil defence, law enforcement, fire-fighting or security services or organisations;
12. As a member of an air crew, ships crew, or oil-rig crew, or as divers or fishermen;
13. Participating in mining, logging, sawmilling, woodworking, underground work, demolition, blasting, or quarrying;
14. Using scaffolding, or work on the exterior of buildings above the ground floor; or
15. Involving explosives, poisonous or hazardous gases, liquids or substances.

POLICY INFORMATION STATEMENT

1. In case of any changes to Your address, please inform Us immediately.
2. If You have any enquiries other than claims, please contact Us at:
Etiqa General Insurance Berhad
Level 13, Tower B, Dataran Maybank
No. 1, Jalan Maarof
59000 Kuala Lumpur, Malaysia
Telephone Number: +603 2297 3888
Facsimile Number: +603 2297 3800
Etiqa Oneline: 1300 13 8888
E-mail: info@etiqa.com.my
Homepage: www.etiqa.com.my
3. In the event of claims under the Policy, please call Our Claims Assist at 1300 88 1007.

COMPLAINT PROCEDURES

If You feel that Our service to You needs improvement, please let Us have Your feedback by contacting Us by post at:

Complaint Management Unit
Etiqa General Insurance Berhad
Level 6, Tower B, Dataran Maybank
No. 1, Jalan Maarof
59000 Kuala Lumpur, Malaysia;

Or by telephone number 1300 13 8888 or +603 2780 4500 (Overseas)
Facsimile Number: +603 2297 1919
E-mail: complaint_cmu@etiqa.com.my

We assure You that Your feedback will be looked into.

The Ombudsman for Financial Services (OFS) and Bank Negara Malaysia's Laman Informasi, Nasihat & Khidmat (BNMLINK) provide alternative avenues for members of the public to seek redress against unfair market practices.

PROCEDURE FOR COMPLAINT TO OFS

The Ombudsman for Financial Services (OFS) may be contacted by the Claimant or Policy Holder, in the event that the Claimant or Policy Holder is dissatisfied with Our decision to a dispute, or Our failure to respond to a complaint within sixty (60) days. The OFS contact details are as follows:

E-mail: enquiry@ofs.org.my
or
Facsimile Number: +603 2272 1577
or
Postal address:
Chief Executive Officer
Ombudsman for Financial Services
Level 14, Main Block
Menara Takaful Malaysia
No.4, Jalan Sultan Sulaiman
50000, Kuala Lumpur

Alternatively, the Claimant or Policy Holder may file the dispute in person at the OFS office.

The OFS must be contacted within six (6) months from the date of the final decision from Us to the dispute of the Claimant or Policy Holder.

For further details on the OFS, please obtain the information pamphlets from Us or visit the OFS website at www.ofs.org.my.

Engagement of the OFS is subject to the terms of reference pursuant to Section 126 of the Financial Services Act 2013. Contacting the OFS does not affect the Claimant's or Policy Holder's right to take legal action against Us should they be dissatisfied with the outcome by the OFS.

PROCEDURE FOR COMPLAINT TO BNMLINK

Any Policy Holder or Claimant who is not satisfied with the conduct of the Insurance Company may write to BNMLINK, giving details of the complaint, the name of the Insurance Company and the Policy number or the claim number.

Copies of the correspondence (if any) between the Policy Holder or the Claimant and the Insurance Company may be sent to facilitate tracing the case file kept by the Insurance Company.

The contact details are as follows:

Director, Jabatan LINK dan Pejabat Wilayah
Bank Negara Malaysia
Jalan Dato' Onn
50480 Kuala Lumpur, Malaysia
Telephone Number: 1300 88 5465
Facsimile Number: +603 2174 1515
E-mail: bnmtelelink@bnm.gov.my