

ETIQA LIFE INSURANCE POLICY ETIQA CRITICAL CARE PLUS

This Policy is the entire contract between You and Us	<p>This Policy forms the entire contract between You and Us, and consists of:</p> <ol style="list-style-type: none"> 1) The Policy; 2) The Policy Information Page; 3) The Application Form; 4) The Policy Information Statement; and 5) Any Endorsements We may issue on this Policy. <p>Any change to this Policy must be contained in the Endorsement made to it by Etiqa Life Insurance Berhad.</p> <p>As this is the legal contract between You and Us, please read Your Policy carefully and confirm that this life insurance plan meets Your requirements.</p>
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POLICY INFORMATION STATEMENT

Change of Address	<p>Please inform Us immediately of any change of address of the Policy Owner or the Nominee, to ensure that there will be no interruption in communication from Us to You, and the Nominee.</p>
Failure to pay Premium	<p>Each Policy Owner has the obligation to pay the Premium to Us, according to the mode of Premium and other terms as agreed between the Policy Owner and Us.</p> <p>You are given a Grace Period of thirty-one (31) days to pay the Premium due. If We do not receive Your Premium within the Grace Period, Your Policy may Lapse, except as stated under the Premiums, Lapse and Termination Provisions.</p>
Payment of Premium	<p>The Premium is paid by deduction of the Policy Owner's Kumpulan Wang Simpanan Pekerja (KWSP) account, subject to terms and conditions by KWSP.</p> <p>However, for Policy Owner whose age is fifty-five (55) and above, and has insufficient fund in the KWSP account, You may pay the Premiums by:</p> <ol style="list-style-type: none"> 1) online banking; 2) credit card; 3) debit card; or 4) banking account auto debit service. <p>Once the above Premium paying method is opted, no revision to KWSP account is allowed.</p> <p>We reserve the right to vary the manner of payment from time to time, which shall be communicated to You via such channels or mediums as We may determine.</p>
Right to terminate the Policy	<p>The Policy Owner has the right to terminate the Policy, for any reason.</p> <p>In the event of termination within fifteen (15) days of the Free Look Period. We will cancel this Policy and refund the Premiums received by Us.</p> <p>For request of cancellation of the Principal Life Insured's policy under a Family Package within the Free Look Period, We shall terminate this Policy and refund You the total Premiums received under the family package.</p> <p>Notification must be received by Us during the Free Look Period. The Policy will be deemed to be received by Us on the date it is personally delivered, the date of posting if sent to Us by registered post, or on the date of transmission if electronically transmitted.</p> <p>In the event of termination after the Free Look Period, the Policy Owner will not be receiving any surrender benefit under the Policy.</p> <p>For request of cancellation of the Principal Life Insured's policy under a Family Package after the Free Look Period, We shall terminate this Policy under the family package.</p> <p>In the event of unsuccessful Premium payment to Us for the Policy, We shall have the right to void the Policy from the day the application was accepted.</p>
Right to nominate Insurance Benefit	<p>Where the Policy Owner is the Life Insured, the Policy Owner of the Policy may nominate a person to receive Insurance Benefit payable upon the death of the Life Insured.</p> <p>The nomination must be registered with Us, and may be made:</p> <ol style="list-style-type: none"> 1) At the time of application; or

	<p>2) By notifying Us in writing, at any time after the issuance of the Policy.</p> <p>The Policy Owner may specify the shares to be paid to the Nominee. In the absence of such specified shares by the Policy Owner, We shall pay the Nominee in equal shares.</p> <p>A nomination by the Policy Owner under a Trust, regardless of any written law, shall not form part of the estate of the Life Insured, or be subject to his or her debt.</p> <p>Upon the payment of Insurance Benefit, We shall be discharged from any further liability under the Policy.</p>
Right to revoke a nomination	<p>A nomination shall be revoked:</p> <ol style="list-style-type: none"> 1) Upon the death of the Nominee or where there is more than one Nominee, upon death of all the Nominees, during Your lifetime; 2) By a notice in writing from the Policy Owner to Us; or 3) By any subsequent nomination by the Policy Owner to Us. <p>Subject to the above, a nomination shall not be revoked by a will or by any other act, event or means. Revocation of nomination requires the consent from the trustee if there is a Trust policy created.</p> <p>Where there is more than one Nominee and one of the Nominees who is nominated as an executor predeceases the Policy Owner, in the absence of any subsequent nomination by the Policy Owner disposing of the share of the deceased Nominee, We shall pay the share to the remaining Nominees in proportion to their respective shares.</p>
Sales illustration	<p>Any sales illustration that You have received is strictly for Your reference only to understand the benefits, the main terms and conditions of the Policy.</p> <p>The sales illustration is not intended to be a legally binding contract between You and Us.</p>
Our Head Office Address	<p>Our Head Office address is:</p> <p>Etiqa Life Insurance Berhad Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur. Telephone Number: 03-2297 3888 Facsimile Number: 03-2297 3800 E-mail: info@etiqa.com.my</p>
The claim process and how to make a claim	<p>The Claimant must notify Us of a claim for any Insurance Benefit by writing to Our contact address, within the notification timeframe. The claim notification must include the Life Insured's proof of age such as a copy of the identity card, passport, and other required claim documentation. The claim notification period and claim documentation is specific to the type of Insurance Benefit according to the terms and conditions of the Policy.</p> <p>Claim notification may be submitted after the notification timeframe, if it can be shown that notice was given as soon as it was reasonably possible.</p> <p>Should there be any assistance required when making a claim, the Claimant should contact Etiqa Oneline at 1-300-13-8888.</p> <p>Additional documentation may be requested by Us when the Claimant notifies Us of a claim, or following a preliminary assessment by Us of the documentation accompanying the claim form. The Claimant will be notified in writing of any additional documentation requirements.</p> <p>Documentation supporting a claim shall be provided at the Claimant's own cost.</p> <p>Once all documentation is received by Us, We will admit or reject the claim for Insurance Benefits according to the terms and conditions of the Policy. Our claim decision will be advised to the Claimant in writing. We reserve the right to deduct any related charges and outstanding amounts owing to Us before any claim is payable under this Policy.</p>
How to contact Us	<p>If You need to contact Us, have any questions relating to the Policy, or have a request to change the contents of the Policy, please write to Our postal address: Etiqa Life Insurance Berhad, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur; facsimile to 03-2297 3800, or e-mail to Us at info@etiqa.com.my, or by calling Etiqa Oneline at 1300-13-8888.</p>
How to complain to Us	<p>If a Claimant or Policy Owner is not satisfied with Our service under the Policy, please write to Our postal address: Complaint Management Unit, Etiqa Life Insurance Berhad, Level 6, Tower B, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or by facsimile to 03-2297 1919, or e-mail at complaint_cmu@etiqa.com.my. Our telephone number is 1-300-13-8888 (for overseas callers, the number is +603-2780 4500).</p>
How to complain to the government regulator	<p>If a Claimant or Policy Owner is not satisfied with Our conduct, please write to the BNM, including details of the conduct, nature of their dispute, Our name, Policy number, and any correspondence between the Claimant or Policy Owner and Us.</p>

	<p>The postal address for writing to BNM is: Director, Jabatan LINK dan Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur; or by facsimile to 03-2174 1515; or e-mail at bnmlink@bnm.gov.my. The BNM telephone number is 1-300- 88- 5465.</p>
<p>How to settle a dispute through mediation</p>	<p>The Ombudsman for Financial Services (OFS) may be contacted by the Claimant or Policy Owner, in the event that the Claimant or Policy Owner is dissatisfied with the decision of Etiqa Life Insurance Berhad to a dispute, or Etiqa Life Insurance Berhad's failure to respond to a complaint within sixty (60) days. The OFS contact details are as follows:</p> <p>Email : enquiry@ofs.org.my or Fax : 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.</p> <p>Alternatively, the Claimant or Policy Owner 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 Etiqa Life Insurance Berhad to the dispute of the Claimant or Policy Owner. For further details on the OFS, please obtain the information pamphlets from Etiqa Life Insurance Berhad 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 Owner's right to take legal action against Etiqa Life Insurance Berhad should they be dissatisfied with the outcome by the OFS.</p>
<p>How to settle a dispute through arbitration</p>	<p>If a Claimant or Policy Owner disputes a decision We have made relating to the Policy, and does not wish to mediate the dispute, nor accepts the OFS's decision following mediation, the Claimant or Policy Owner may refer to arbitration. Request for referral must be made within twelve (12) months from notification of the decision.</p> <p>The Claimant or Policy Owner and We shall mutually agree to appoint a single Arbitrator. If the Claimant or Policy Owner and We cannot agree upon a single Arbitrator within one (1) month of the notice of arbitration, then the Claimant or Policy Owner and We shall each appoint an Arbitrator, and the two Arbitrators will appoint an umpire. The umpire shall sit with the Arbitrators and preside at their meetings. All appointments must be in writing by the respective parties making the appointment.</p> <p>The single Arbitrator (in the case where the Claimant or Policy Owner and Us agree to a single Arbitrator), or the Arbitrators and umpire (in the case where the Claimant or Policy Owner and Us do not agree on a single Arbitrator), shall review the dispute and make a decision. The arbitration decision will cover the settlement of the dispute and the costs of arbitration. The decision of arbitration is not contestable and is binding on the Claimant or Policy Owner and Us.</p>

Note: For further details, please refer to the full terms and conditions under the Policy.

GENERAL DEFINITIONS

This section identifies and defines phrases, words or abbreviations which are common throughout the Policy. These definitions are identified in upper case. Where these definitions are provided in the singular form, the interpretation will include the plural form, and vice versa according to the context.

Common Phrase, Word or Abbreviation	Definition
Accident	A sudden, unforeseen, violent and unplanned event which is external and visible in nature, that results in bodily injury.
Activities of Daily Living	Activities of Daily Living are as follows: 1) Transfer Getting in and out of a chair without requiring physical assistance; 2) Mobility The ability to move from room to room without requiring any physical assistance; 3) Continence The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene; 4) Dressing Putting on and taking off all necessary items of clothing without requiring assistance of another person; 5) 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; and 6) Eating All tasks of getting food into the body once it has been prepared.
Arbitrator	An independent party, appointed to settle a dispute between a Claimant and Us, as an alternative to the courts. The Arbitrator is not BNM or OFS.
Bank Negara Malaysia, or BNM	The government body in Malaysia responsible for primary regulation of insurance companies. BNM's Customer Services Bureau provides an avenue for a party to file complaints against any misconduct or unfair market practice by Us.
Claimant	The Policy Owner, the Life Insured or the Nominee of the Policy Owner's estate, who is entitled to claim the Insurance Benefit, according to the terms and conditions of the Policy.
Commencement Date	The earliest date at which the Policy Owner is eligible for Insurance Benefit according to the terms and conditions of the Policy. The Commencement Date is provided in the Policy Information Page.
Diagnosis	The definite conclusion that is arrived at after a careful medical assessment of all the available clinical, radiological, laboratory and histological evidence that is required by Us.
Endorsement	A change to the Policy. The Endorsement will be notified or issued by Us to You.
Expiry Date	The last date at which the Life Insured is eligible to Insurance Benefit according to the terms and conditions of the Policy. The Expiry Date is provided in the Policy Information Page.
Family Package	An insurance package for a family. The Life Insured under the Family Package is indicated in the Policy Information Page
Free Look Period	This is the period of fifteen (15) days, from when the Policy was received by the Policy Owner.
Grace Period	The additional period of time that provided for Policy Owner to pay the Premium due. The Grace Period under this Policy is thirty-one (31) days from the date the Premium is due.

Hospital	<p>A registered institution under supervision of Physicians, established for the purpose of providing treatment and care of bed-paying sick or injury patients, and has facilities for:</p> <ol style="list-style-type: none"> 1) Twenty-four (24) hours nursing services by registered and graduate nurses; and 2) Diagnostic and major surgery. <p>A Hospital is expressly not:</p> <ol style="list-style-type: none"> 1) Primarily a clinic; 2) A convalescent, nursing or rest home; 3) A rehabilitation centre for alcoholics or drugs addicts; or 4) A home for the elderly or infirmed.
In Force	<p>A status of the Policy reflecting the eligibility of a Policy Owner to Insurance Benefit according to the terms and conditions of the Policy. A Policy has the status of In Force at a point in time, if at that point in time all the following conditions are fulfilled:</p> <ol style="list-style-type: none"> 1) We have issued the Policy to the Policy Owner; 2) The Life Insured is alive; 3) The Premiums due on the Policy have been received within the Grace Period by Us, according to the terms and conditions of the Policy; 4) The eligibility of the Policy Owner to Insurance Benefit has not been terminated or voided, according to the terms and conditions of the Policy; and 5) The Expiry Date has not been exceeded.
Insurance Benefit, or Benefit	The collective name for the payments made according to the terms and conditions of the Insurance Benefit section of the Policy.
Issue Date	The date that the Policy was issued by Us. The Issue Date is provided in the Policy Information Page.
Lapse(d)	A Policy has a Lapse status when the Premiums due have not been received by Us within the Grace Period
Life Insured	The person named as the Life Insured in the Policy Information Page as the life being insured. The Life Insured does not have any right to the Policy, unless the Life Insured is also the Policy Owner.
Material Information	<p>Any information (including reports), answers, and disclosures provided by the Policy Owner or Life Insured, or a third party on behalf of the Policy Owner or Life Insured, which is:</p> <ol style="list-style-type: none"> 1) In respect of the Life Insured or Policy Owner; and 2) Is provided prior to the Issue Date or the latest Endorsement date.
Nominee	The person that You have nominated to receive the Insurance Benefit payable under the Policy upon the death of the Life Insured. The nomination must be registered with Us.
Non-Participating	This is a Non-Participating Policy. The Policy shall not share in the profit or surplus of the Company's fund.
Ombudsman for Financial Services, or OFS	An independent body set up to help settle disputes between a Claimant and Us, as an alternative to the courts.
Personal Data	<p>Shall have the same meaning ascribed to it as under section 4 of the Personal Data Protection Act 2010. Personal Data refers to the information, reports, answers, and disclosures provided by the Policy Owner or the Life Insured, or a third party on behalf of the Policy Owner or Life Insured, which is in respect of the Life Insured or Policy Owner.</p> <p>Personal Data does not include information, reports, answers, and disclosures which are in the public domain.</p>
Policy	This document, and all subsequent Endorsements which are identified as relating to this document.
Policy Anniversary	The anniversary of the Commencement Date.
Policy Owner, You, or Your	The entity or person named as the Policy Owner in the Policy Information Page. The Policy Owner has full right to the Policy.
Policy Year	Any one (1) year period that starts on the Commencement Date, or a subsequent Policy Anniversary.

Pre-existing Condition	A Medical Condition about which the Life Insured is considered to have a reasonable knowledge, based on any of the following occurring before the Issue Date of the Policy: <ol style="list-style-type: none"> 1) The Life Insured had received or is receiving any Medical Services for the Medical Condition; 2) Medical advice, diagnosis, care or treatment has been recommended; 3) Clear and distinct symptoms are or were evident; or 4) The Medical Condition would have been apparent to a reasonable person in such circumstances.
Premium	The amount of money paid regularly by the Policy Owner to Us, according to the terms and conditions of the Policy.
Principal Life Insured	One of the life insured under a Family Package. The principal life insured is also the policy owner of all policies under a Family Package. The Principal Life Insured of this Policy, if any, is stated in the Policy Information Page.
Sane	A state of mind which permits normal perception, behaviour, and social interactions. A person is not regarded as Sane if that person: <ol style="list-style-type: none"> 1) Has been certified as insane by a psychiatrist, where the psychiatrist is licensed and recognised as a psychiatrist in Malaysia; and 2) Is undergoing regular treatment by the psychiatrist for the cause, condition or outcome directly related to insanity.
Sum Insured	The amount of insurance coverage provided by the Policy. The Sum Insured is provided in the Policy Information Page.
Trust	A nomination by the Policy Owner, other than a Muslim Policy Owner, shall create a Trust in favour of the Nominee of the Insurance Benefit payable under the Policy upon the death of the Life Insured if: <ol style="list-style-type: none"> 1) The Nominee is his or her spouse or child; or 2) The Nominee is his or her parent, where there is no spouse or child living at the time of nomination. A Policy Owner may appoint a trustee for the Policy moneys and in the event of failure to do so, the competent Nominee; or where the Nominee is incompetent to contract, the parent of the incompetent Nominee other than the Policy Owner and where there is no surviving parent, the public trustee or a trust company nominated by the Policy Owner, shall be the trustee. For a Muslim Policy Owner, no Trust policy shall be created. The Nominee of a Muslim Policy Owner shall receive the Insurance Benefit payable upon the death of the Life Insured as an executor and not solely as a beneficiary.
We, the Company, Our, or Us	Etiqa Life Insurance Berhad.

GENERAL TERMS AND CONDITIONS

Contract Basis	The Policy, Policy Information Page and Endorsement, if any, are evidence of the contract between the Policy Owner and Us. The application made to Us, and such additional information disclosed to Us in connection with this insurance coverage shall form part of this contract.
Headings and Tables	Unless indicated otherwise, headings and tables within the Policy are inserted for convenience only, and shall not affect the interpretation of the Policy.
How to contact Us	If You need to contact Us, have any questions relating to the Policy, or have a request to change the contents of the Policy, please write to Our postal address: Etiqa Life Insurance Berhad, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur; facsimile to 03-2297 3800, or e-mail to Us at info@etiqa.com.my , or by calling Etiqa Online at 1300-13-8888.
Currency for all payments	All payments under the Policy shall be made in the legal currency of Malaysia.
Applicable law	The Policy shall be interpreted and governed by the legislation of Malaysia.
Changes in taxation, regulations and legislation	We may vary the terms of the Policy, if there are changes in taxation, regulations or legislation that affect this Policy. We shall notify You in writing when terms in this Policy need to be changed.

Sanction limitation and exclusion clause	<p>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 or any of its states, and/or any other applicable economic or trade sanction laws or regulations. We may terminate this Policy with immediate effect and shall not thereafter be required to transact any business with You in connection with this Policy.</p>
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GENERAL RIGHTS AND OBLIGATIONS

Conditions precedent to rights	<p>The Policy Owner and Life Insured due observance and fulfilment of the terms and conditions of the Policy, shall be conditions precedent to the rights under the Policy.</p>
Options to change the Sum Insured	<p>The Policy Owner may reduce the Sum Insured by written notice to Us, subject to the terms and conditions of the Policy.</p> <p>Increase of Sum Insured is not allowed for this plan. Should the Policy Owner wish to have a higher Sum Insured, a new plan should be applied, subject to the terms and conditions of the Policy.</p>
Right to terminate the Policy	<p>The Policy Owner has the right to terminate the Policy, for any reason.</p> <p>In the event of termination within fifteen (15) days of the Free Look Period. We will cancel this Policy and refund the Premiums received by Us.</p> <p>For request of cancellation of the Principal Life Insured's policy under a Family Package within the Free Look Period, We shall terminate this Policy and refund You the total Premiums received under the Family Package.</p> <p>Notification must be received by Us during the Free Look Period. The Policy will be deemed to be received by Us on the date it is personally delivered, the date of posting if sent to Us by registered post, or on the date of transmission if electronically transmitted.</p> <p>In the event of termination after the Free Look Period, the Policy Owner will not be receiving any surrender benefit under the Policy.</p> <p>For request of cancellation of the Principal Life Insured's policy under a Family Package after the Free Look Period, We shall terminate this Policy under the Family Package.</p> <p>In the event of unsuccessful Premium payment to Us for the Policy, We shall have the right to void the Policy from the day the application was accepted.</p>
Right to terminate due to anti-money laundering and counter financing of terrorism	<p>If We discover, or have justified suspicion, that the Policy is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate the Policy immediately. We shall deal with all Premiums paid and all benefits or sums payable in respect of the Policy in accordance with any applicable laws.</p>
Obligation to correct mistakes and errors	<p>We shall correct any mistake or error made in the Policy as soon as We are aware of, or are informed of, such mistake or error. Our correction will be made via an Endorsement to the Policy, and will be valid from the Commencement Date of the Endorsement.</p>

<p>Data protection obligations and rights</p>	<p>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 the Policy Owner or the Life Insured, as the context may require, to:</p> <ol style="list-style-type: none"> 1) Etiqa Life Insurance Berhad, Etiqa Family Takaful Berhad, Etiqa Life International (L) Ltd or Etiqa Offshore Insurance (L) Ltd; 2) Other entities within the Maybank Group; 3) Our authorised agents and service providers with whom We have contractual agreements to provide functions, services and activities; 4) Other insurance companies or Takaful operators and distribution partners (such as, banks, Islamic banks, insurance brokers, Takaful brokers, reinsurance companies, Retakaful operators); 5) Industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA); 6) Our merchants and strategic partners; 7) Any parties authorised by the Policy Owner or a Life Insured (from time to time); or 8) Regulatory enforcement and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities. <p>The Policy Owner and Life Insured will keep Us updated in respect of all such Personal Data as soon as is practical.</p> <p>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.</p> <p>We may from time to time request that the Policy Owner and Life Insured provide other Personal Data required for the purposes of the Policy.</p> <p>Prior to providing Us with the Personal Data of any individual, the Policy Owner or Life Insured providing the Personal Data, must inform that individual of Our privacy notice.</p> <p>For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our branches, contact Etiqa Online at 1-300-13-8888, or refer to Our website at www.etiqa.com.my.</p>
<p>Obligation to take reasonable care and not to misrepresent</p>	<p>It is the duty of the Policy Owner and Life Insured to take reasonable care not to make a misrepresentation when answering the questions or making the disclosures, when:</p> <ol style="list-style-type: none"> 1) Making an application; 2) If varying the Policy; and 3) If required by Us to confirm answers or declarations previously provided. <p>This duty shall continue until the Commencement Date of the Policy, or the effective date of a subsequent variation.</p> <p>In the event that We identify misrepresentation within two (2) years of the later of the Commencement Date, the remedies of the Financial Services Act 2013 will apply.</p> <p>We can only challenge a Policy for misrepresentation more than two (2) years from the later of the Commencement Date, if We are able to show that the Policy Owner or the Life Insured suppressed or fraudulently provided Material Information, which if known by Us, would have led to Our refusal to issue the Policy, or would have led Us to impose terms and conditions less favourable than those imposed in the Policy. In such an event the remedies of the Financial Services Act 2013 will apply.</p>
<p>Non-disclosure or misrepresentation of Material Information</p>	<p>In the event that We terminate this Policy due to misrepresentation or non-disclosure of Material Information, the remedies of the Financial Service Act 2013 will apply.</p>
<p>Right to adjust terms for misstatement of age and sex</p>	<p>If the age or sex of the Life Insured has been misstated, resulting in a shortage of Premium, the Sum Insured for that Life Insured will be reduced based on the amount that corresponds to the correct age and sex.</p> <p>If the misstatement of age or sex of the Life Insured resulted in an excess of Premium, then We shall refund the excess to the Life Insured.</p> <p>The adjustment to Sum Insured or the refund will be based on Our Premium rates in effect at the Commencement Date.</p> <p>In the event that the Life Insured is not eligible for the insurance cover at the correct age and/or sex, the Policy will be voided. We shall refund the total Premiums paid without interest.</p>
<p>Right to waiver and non-waiver of rights</p>	<p>A delay or failure by Us to exercise or enforce any rights under the Policy, shall not be deemed as a waiver of any such rights, or termination of those rights. Waiver of any right by Us shall only be valid when confirmed in writing provided such delay or failure to exercise or enforce is still within the statutory limitation period under any applicable laws.</p>

<p>Right to nominate Insurance Benefit</p>	<p>Where the Policy Owner is the Life Insured, the Policy Owner of the Policy may nominate a person to receive Insurance Benefit payable upon the death of the Life Insured.</p> <p>The nomination must be registered with Us, and may be made:</p> <ol style="list-style-type: none"> 1) At the time of application; or 2) By notifying Us in writing, at any time after the issuance of the Policy. <p>The Policy Owner may specify the shares to be paid to the Nominee. In the absence of such specified shares by the Policy Owner, We shall pay the Nominee in equal shares.</p> <p>A nomination by the Policy Owner under a Trust, regardless of any written law, shall not form part of the estate of the Life Insured, or be subject to his or her debt.</p> <p>Upon the payment of Insurance Benefit, We shall be discharged from any further liability under the Policy.</p>
<p>Right to revoke a nomination</p>	<p>A nomination shall be revoked:</p> <ol style="list-style-type: none"> 1) Upon the death of the Nominee or where there is more than one Nominee, upon death of all the Nominees, during Your lifetime; 2) By a notice in writing from the Policy Owner to Us; or 3) By any subsequent nomination by the Policy Owner to Us. <p>Subject to the above, a nomination shall not be revoked by a will or by any other act, event or means. Revocation of nomination requires the consent from the trustee if there is a Trust policy created.</p> <p>Where there is more than one Nominee and one of the Nominees who is nominated as an executor predeceases the Policy Owner, in the absence of any subsequent nomination by the Policy Owner disposing of the share of the deceased Nominee, We shall pay the share to the remaining Nominees in proportion to their respective shares.</p>

INSURANCE BENEFITS

<p>The claim process and how to make a claim</p>	<p>The Claimant must notify Us of a claim for any Insurance Benefit by writing to Our contact address, within the notification timeframe. The claim notification must include the Life Insured's proof of age such as a copy of the identity card, passport, and other required claim documentation. The claim notification period and claim documentation is specific to the type of Insurance Benefit according to the terms and conditions of the Policy.</p> <p>Claim notification may be submitted after the notification timeframe, if it can be shown that notice was given as soon as it was reasonably possible.</p> <p>Should there be any assistance required when making a claim, the Claimant should contact Etiqa Online at 1-300-13-8888.</p> <p>Additional documentation may be requested by Us when the Claimant notifies Us of a claim, or following a preliminary assessment by Us of the documentation accompanying the claim form. The Claimant will be notified in writing of any additional documentation requirements.</p> <p>Documentation supporting a claim shall be provided at the Claimant's own cost.</p> <p>Once all documentation is received by Us, We will admit or reject the claim for Insurance Benefits according to the terms and conditions of the Policy. Our claim decision will be advised to the Claimant in writing. We reserve the right to deduct any related charges and outstanding amounts owing to Us before any claim is payable under this Policy.</p>
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(I) CRITICAL ILLNESS BENEFIT

<p>Insurance Benefits payable on Diagnosis of critical illness</p>	<p>While this Policy is In Force, when the Life Insured is diagnosed with any of the covered critical illnesses listed in the Appendix 1 - Definition of Critical Illness (except Early Stage Cancer, Angioplasty and Other Invasive Treatments For Coronary Artery Disease, Severe Mental Illness and Diabetes Mellitus Complications), a lump sum of the Sum Insured is payable to the Policy Owner.</p>
<p>Limited payment (for Early Stage Cancer, Angioplasty and Other Invasive Treatments For Coronary Artery Disease, Severe Mental Illness and Diabetes Mellitus Complications)</p>	<p>We shall pay ten percent (10%) of the Sum Insured of the Policy, up to a maximum of Twenty-five Thousand Malaysian Ringgit (RM25,000), when the Life Insured, for the first time ever,</p> <ol style="list-style-type: none"> 1) Diagnosed with Early Stage Cancer; 2) Undergo Angioplasty and Other Invasive Treatments For Coronary Artery Disease; 3) Diagnosed with Severe Mental Illness; or 4) Diagnosed with Diabetes Mellitus Complications. <p>You are allowed to make one (1) claim only for each of the four (4) covered illnesses.</p> <p>Any payment under the limited payment section will reduce the Sum Insured of the Policy.</p>

Conditions for critical illness Benefit to be paid	<p>We shall only pay the critical illness Benefit if:</p> <ol style="list-style-type: none"> 1) The Life Insured survives at least thirty (30) days after being diagnosed with a covered critical illness; 2) The covered critical illness is diagnosed thirty (30) days after the Issue Date of the Policy; 3) the following critical illnesses are only covered sixty (60) days after the Issue Date of the Policy: <ol style="list-style-type: none"> a) Cancer; b) Coronary Heart Disease Requiring Surgery; c) Heart Attack; and d) Other Serious Coronary Artery Disease. 4) The Life Insured is diagnosed with the critical illness for the first time; and 5) Diagnosis of event of the covered critical illness meets the Definition of Critical Illness.
Exclusions	<p>The Policy shall not cover critical illness occurring due to the following direct or indirect events or conditions:</p> <ol style="list-style-type: none"> 1) Pre-existing Condition; 2) Intentional self-inflicted Injury while Sane or insane; 3) Consumption of alcohol, non-prescribed or illegal drugs or narcotics; or 4) Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by the Human Immunodeficiency Virus (HIV) except those being covered.
Notification timeframe for critical illness claim	<p>You must provide Us with written notice of a claim due to critical illness within thirty (30) days from the date of Diagnosis or surgery.</p> <p>Failure to give notice within such time shall not invalidate any claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.</p>
Settlement terms for critical illness Benefit	<p>Upon full payment of Sum Insured under the Policy, We are discharged from any further liability in respect of that Policy.</p>

(II) CANCER CARE BENEFIT

Benefit payable for cancer care	<p>While this Policy is In Force, when the Life Insured is diagnosed with Cancer listed in the Definition of Critical Illness, an additional fifty percent (50%) of the Sum Insured is payable, on top of the Critical Illness Benefit.</p>
Conditions for cancer care Benefit to be paid	<p>We shall only pay the cancer care Benefit if:</p> <ol style="list-style-type: none"> 1) The Life Insured survives at least thirty (30) days after being diagnosed with cancer; 2) The cancer is diagnosed sixty (60) days after the Issue Date of the Policy; and 3) The Life Insured is diagnosed with cancer for the first time.
Exclusions	<p>We shall not pay the cancer care Benefit if the cancer condition is caused direct or indirect by the following events or conditions:</p> <ol style="list-style-type: none"> 1) Pre-existing Condition; 2) Intentional self-inflicted Injury while Sane or insane; 3) Consumption of alcohol, non-prescribed or illegal drugs or narcotics; or 4) Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by the Human Immunodeficiency Virus (HIV) except those being covered.

(III) COMMUNICABLE DISEASE CASH ALLOWANCE

Benefit payable for communicable disease cash allowance	<p>While this Policy is In Force, We shall pay Three Hundred Malaysian Ringgit (RM300) in one lump sum, if the Life Insured is diagnosed with any of the following communicable diseases and hospitalised within Malaysia for at least twenty-four (24) hours:</p> <ol style="list-style-type: none"> 1) COVID-19 2) Dengue; or 3) Any communicable diseases that require quarantine by law. <p>This benefit is claimable once per Policy Year and up to two (2) times throughout the Policy term, subject to Three Thousand Malaysian Ringgit (RM3,000) per Life Insured under all Etiqa Critical Care Plus policies issued by Us.</p> <p>Upon full payment of this Benefit, We are discharged from any further liability in respect of this Benefit.</p>
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Communicable disease cash allowance exclusions	<p>We shall not pay any communicable disease cash allowance if the condition of the communicable disease is caused directly or indirectly by, or coexist with any of the following events that:</p> <ol style="list-style-type: none"> 1) The symptoms of any of the communicable diseases are manifested prior to or within the first sixty (60) days of continuous cover from the Policy Issue Date; 2) The communicable diseases arise directly or indirectly from any Pre-existing Conditions; 3) The history of drug, substance or alcohol abuse of the Life Insured; 4) War (whether declared or not), revolution, attack by a foreign country, or invasion; or 5) The presence of Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) infection.
Notice of claim	<p>You must provide Us with written notice of claim within thirty days (30) from the date of Diagnosis. Failure to give notice within such time shall not invalidate any claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.</p>

PREMIUMS, LAPSE AND TERMINATION PROVISIONS

Premium amount and due date	<p>The Premium amount, the Commencement Date, and the mode of Premium are shown in the Policy Information Page. The Life Insured must be alive when the first Premium is paid.</p> <p>All Premiums are payable in advance and due on the Commencement Date and subsequently according to the mode of Premium.</p> <p>Should there be any excess of Premiums, We may either:</p> <ol style="list-style-type: none"> 1) Refund to You once the said excess of Premium is determined by Us; or 2) Carry forward the excess payment to the following month(s) in such manner as We deem appropriate. <p>Premium rates are not guaranteed and We reserve the right to revise the Premium rate by giving three (3) months prior notice. These terms are as agreed between the Policy Owner and Us.</p>
Premium payment and Grace Period	<p>Premiums are paid yearly anniversary of the Commencement Date, as set out in the Policy Information Page.</p> <p>If Premium is not paid within the Grace Period, the Policy shall Lapse thereafter. Upon lapsation of the Policy, We shall be discharged from any further liability under the Policy.</p>
Termination	<p>Under circumstances where no Benefit claim and/or the expiry of the Policy has not been reached, this Policy shall:</p> <ol style="list-style-type: none"> 1) remain In Force until the end of the prevailing Policy Year in the event of termination of the Principal Life Insured's Policy due to full payment of his/her policy's benefit; or 2) terminate upon the expiry of the Principal Life Insured's policy. <p>Upon termination of the Policy, We shall be discharged from any further liability under the Policy.</p>

COMPLAINTS AND DISPUTE RESOLUTION

How to complain to Us	<p>If a Claimant or Policy Owner is not satisfied with Our service under the Policy, please write to Our postal address: Complaint Management Unit, Etiqa Life Insurance Berhad, Level 6, Tower B, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or by facsimile to 03-2297 1919, or e-mail at complaint_cmu@etiqa.com.my. Our telephone number is 1-300-13-8888 (for overseas callers, the number is +603-2780 4500).</p>
How to complain to the government regulator	<p>If a Claimant or Policy Owner is not satisfied with Our conduct, please write to the BNM, including details of the conduct, nature of their dispute, Our name, Policy number, and any correspondence between the Claimant or Policy Owner and Us.</p> <p>The postal address for writing to BNM is: Director, Jabatan LINK dan Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur; or by facsimile to 03-2174 1515; or e-mail at bnmink@bnm.gov.my. The BNM telephone number is 1-300-88-5465.</p>

<p>How to settle a dispute through mediation</p>	<p>The Ombudsman for Financial Services (OFS) may be contacted by the Claimant or Policy Owner, in the event that the Claimant or Policy Owner is dissatisfied with the decision of Etiqa Life Insurance Berhad to a dispute, or Etiqa Life Insurance Berhad's failure to respond to a complaint within sixty (60) days. The OFS contact details are as follows:</p> <p>Email : enquiry@ofs.org.my</p> <p>or</p> <p>Fax : 603-2272 1577</p> <p>or</p> <p>Postal address: Chief Executive Officer, Ombudsman for Financial Services Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000, Kuala Lumpur.</p> <p>Alternatively, the Claimant or Policy Owner may file the dispute in person at the OFS office.</p> <p>The OFS must be contacted within six (6) months from the date of the final decision from Etiqa Life Insurance Berhad to the dispute of the Claimant or Policy Owner.</p> <p>For further details on the OFS, please obtain the information pamphlets from Etiqa Life Insurance Berhad or visit the OFS website at www.ofs.org.my.</p> <p>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 Owner's right to take legal action against Etiqa Life Insurance Berhad should they be dissatisfied with the outcome by the OFS.</p>
<p>How to settle a dispute through arbitration</p>	<p>If a Claimant or Policy Owner disputes a decision We have made relating to the Policy, and does not wish to mediate the dispute, nor accepts the OFS's decision following mediation, the Claimant or Policy Owner may refer to arbitration. Request for referral must be made within twelve (12) months from notification of the decision.</p> <p>The Claimant or Policy Owner and We shall mutually agree to appoint a single Arbitrator. If the Claimant or Policy Owner and We cannot agree upon a single Arbitrator within one (1) month of the notice of arbitration, then the Claimant or Policy Owner and We shall each appoint an Arbitrator, and the two Arbitrators will appoint an umpire. The umpire shall sit with the Arbitrators and preside at their meetings. All appointments must be in writing by the respective parties making the appointment.</p> <p>The single Arbitrator (in the case where the Claimant or Policy Owner and Us agree to a single Arbitrator), or the Arbitrators and umpire (in the case where the Claimant or Policy Owner and Us do not agree on a single Arbitrator), shall review the dispute and make a decision. The arbitration decision will cover the settlement of the dispute and the costs of arbitration. The decision of arbitration is not contestable and is binding on the Claimant or Policy Owner and Us.</p>

APPENDIX 1 – DEFINITION OF CRITICAL ILLNESS

<p>1.</p>	<p>Alzheimer's Disease/ Severe Dementia</p>	<p>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 Insured. The diagnosis must be clinically confirmed by a neurologist.</p> <p>From the above definition, the following are not covered:</p> <ol style="list-style-type: none"> 1) Non organic brain disorders such as neurosis; 2) Psychiatric illnesses; and 3) Drug or alcohol related brain damage.
<p>2.</p>	<p>Angioplasty and Other Invasive Treatments for Coronary Artery Disease</p>	<p>The actual undergoing for the first (1st) time of Coronary Artery Balloon Angioplasty, atherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one (1) or more coronary arteries as shown by angiographic evidence.</p> <p>Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under this Policy, subject to a maximum of Ringgit Malaysia Twenty-five Thousand (RM25,000). This covered event is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Lump Sum Payment which may be payable.</p>
<p>3.</p>	<p>Bacterial Meningitis – Resulting in Permanent</p>	<p>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</p>

	Inability to Perform Activities of Daily Living	perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The diagnosis must be confirmed by: 1) An appropriate Specialist; and 2) The presence of bacterial infection in the cerebrospinal fluid by lumbar puncture. For the above definition, other forms of meningitis, including viral meningitis are not covered.
4.	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: 1) It is life threatening; 2) It has caused damage to the brain; 3) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and 4) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques. The following are not covered: 1) Cysts; 2) Granulomas; 3) Malformations in or of the arteries or veins of the brain; 4) Hematomas; 5) Tumours in the pituitary gland; 6) Tumours in the spine; and 7) Tumours of the acoustic nerve.
5.	Blindness – Permanent and Irreversible	Permanent and irreversible loss of sight as a result of 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 and the result must be certified by an ophthalmologist.
6.	Brain Surgery	The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy (surgical opening of skull) is performed. For the above definition, the following are not covered: 1) Burr hole procedures; 2) Transphenoidal procedures; 3) Endoscopic assisted procedures or any other minimally invasive procedures; and 4) Brain surgery as a result of an accident.
7.	Cancer – of Specified Severity and Does Not Cover Very Early Cancers	Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma. For the above definition, the following are not covered: 1) All cancers which are histologically classified as any of the following: a) pre-malignant; b) non-invasive; c) carcinoma in situ; d) having borderline malignancy; e) having malignant potential; 2) All tumours of the prostate histologically classified as T1N0M0 (TNM classification); 3) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification); 4) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification); 5) Chronic Lymphocytic Leukemia less than RAI Stage 3; 6) All cancers in the presence of HIV; and 7) Any skin cancer other than malignant melanoma.
8.	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's classification of cardiac impairment. The diagnosis has to 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. Cardiomyopathy directly related to alcohol or drug abuse is not covered.
9.	Chronic Aplastic Anemia – Resulting in Permanent Bone Marrow Failure	Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments: 1) Regular blood product transfusion; 2) Marrow stimulating agents; 3) Immunosuppressive agents; or

		<p>4) Bone marrow transplantation. The diagnosis must be confirmed by a bone marrow biopsy.</p>
10.	Coma – Resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms	<p>A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety-six (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 thirty (30) days applies. Confirmation by a neurologist must be present.</p> <p>The following is not covered:</p> <p>1) Coma resulting directly from alcohol or drug abuse.</p>
11.	Coronary Artery By-pass Surgery	<p>Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.</p> <p>For the above definition, the following are not covered:</p> <p>1) Angioplasty; 2) Other intra-arterial or catheter based techniques; 3) Keyhole procedures; and 4) Laser procedures.</p>
12.	Deafness – Permanent and Irreversible	<p>Permanent and irreversible loss of hearing as a result of accident or illness to the extent that the loss is greater than eighty (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.</p>
13.	Diabetes Mellitus Complications	<p>1) Surgery for Type 2 Diabetic Retinopathy Severe proliferative diabetic retinopathy secondary to Type 2 Diabetes Mellitus which requires one (1) of the following treatments: a) Pan-retinal laser photocoagulation; or b) Vitrectomy; where the pan-retinal laser photocoagulation or vitrectomy has actually been performed. A detailed report by the attending eye Specialist must be submitted.</p> <p>2) Limb amputation due to Type 2 Diabetic Complications The actual amputation of a limb (at or above ankle/wrist level) as a result of complications of Type 2 Diabetes Mellitus. A report by the attending surgeon must be submitted.</p> <p>Payment under this clause is limited to ten percent (10%) of the critical illness coverage under this Policy subject to a maximum of Ringgit Malaysia Twenty-five Thousand (RM25,000). This covered event is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Lump Sum Payment which may be payable.</p>
14.	Early Stage Cancer	<p>1) Carcinoma in situ (CIS) Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/ or active destruction of normal tissue beyond the basement membrane. The Diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the Diagnosis of Carcinoma in situ must always be positively Diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical Diagnosis does not meet this standard. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with cervical biopsy. Clinical Diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without Carcinoma in situ) does not meet the required definition and are specifically excluded. Non-melanoma CIS is also specifically excluded. This coverage is available to the first occurrence of CIS only.</p> <p>2) Early Bladder Cancer Papillary microcarcinoma of Bladder supported by histopathology report.</p> <p>3) Early Chronic Lymphocytic Leukaemia Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.</p> <p>4) Early Prostate Cancer Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate cancers described using another equivalent classification.</p> <p>5) Early Thyroid Cancer Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.</p>

		Payment under this clause is limited to ten percent (10%) of the critical illness coverage under this Policy subject to a maximum of Ringgit Malaysia Twenty-five Thousand (RM25,000). This covered event is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Lump Sum Payment which may be payable.
15.	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 three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist. Encephalitis in the presence of HIV infection is not covered.
16.	End-stage Liver Failure	End-stage liver failure as evidenced by all of the following: 1) Permanent jaundice; 2) Ascites (excessive fluid in peritoneal cavity); and 3) Hepatic encephalopathy. Liver failure secondary to alcohol or drug abuse is not covered.
17.	End-stage Lung Disease	End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met: 1) The need for regular oxygen treatment on a permanent basis; 2) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than one (1) litre during the first (1st) second; 3) Shortness of breath at rest; and 4) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.
18.	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. In addition, the Life Insured must have a CD4 cell count of less than two hundred (200) / μ L and one or more of the following criteria are met: 1) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome); 2) Kaposi Sarcoma; 3) Pneumocystis Carinii Pneumonia; 4) Progressive multifocal leukoencephalopathy; 5) Active Tuberculosis; 6) Less than one-thousand (1000) Lymphocytes / μ L; or 7) Malignant Lymphoma.
19.	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: 1) A rapidly decreasing liver size as confirmed by abdominal ultrasound; 2) Necrosis involving entire lobules, leaving only a collapsed reticular framework; 3) Rapidly deteriorating liver functions tests; and 4) Deepening jaundice. Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.
20.	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: 1) A history of typical chest pain; 2) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and 3) 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. For the above definition, the following are not covered: 1) Occurrence of an acute coronary syndrome including but not limited to unstable angina; and 2) A rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.
21.	Heart Valve Surgery	The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. For the above definition, the following are not covered:

		<ol style="list-style-type: none"> 1) Repair via intra-arterial procedure; and 2) Repair via key-hole surgery or any other similar techniques.
22.	HIV Infection due to Blood Transfusion	<p>Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:</p> <ol style="list-style-type: none"> 1) The blood transfusion was medically necessary or given as part of a medical treatment; 2) The blood transfusion was received in Malaysia or Singapore after the commencement of the Policy; 3) 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; 4) The Life Insured does not suffer from haemophilia; and 5) The Life Insured is not a member of any high risk groups including but not limited to intravenous drug users.
23.	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.
24.	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 three (3) of the Activities of Daily Living. A minimum assessment period of six (6) months applies.
25.	Loss of Speech	Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat Specialist. All psychiatric related causes are not covered.
26.	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 three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.
27.	Major Organ/ Bone Marrow Transplant	<p>The receipt of a transplant of:</p> <ol style="list-style-type: none"> 1) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or 2) One (1) of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ. <p>Other stem cell transplants are not covered.</p>
28.	Medullary Cystic Disease	A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.
29.	Motor Neuron Disease – 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.
30.	Multiple Sclerosis	<p>A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:</p> <ol style="list-style-type: none"> 1) Investigations which confirm the diagnosis to be Multiple Sclerosis; 2) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and 3) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.
31.	Muscular Dystrophy	<p>The definite diagnosis of a Muscular Dystrophy by a Neurologist which must be supported by all of the following:</p> <ol style="list-style-type: none"> 1) Clinical presentation of progressive muscle weakness; 2) No central / peripheral nerve involvement as evidenced by absence of sensory disturbance; and 3) Characteristic electromyogram and muscle biopsy findings. <p>No benefit will be payable under this Covered Event before the Life Insured has reached the age of twelve (12) years next birthday.</p>

32.	Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection	<p>Infection with the Human Immunodeficiency Virus (only if the Life Insured is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.</p> <p>"Medical Staff" is defined as doctors (General Physicians and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.</p>
33.	Paralysis of Limbs	<p>Total, permanent and irreversible loss of use of both arms or both legs, or of one (1) arm and one (1) leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.</p>
34.	Parkinson's Disease – Resulting in Permanent Inability to Perform Activities of Daily Living	<p>A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:</p> <ol style="list-style-type: none"> 1) Cannot be controlled with medication; 2) Shows signs of progressive impairment; and 3) Confirmation of the permanent inability of the Life Insured to perform without assistance three (3) or more of the Activities of Daily Living. <p>Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.</p>
35.	Primary Pulmonary Arterial Hypertension – of Specified Severity	<p>A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.</p> <p>Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.</p> <p>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.</p>
36.	Serious Coronary Artery Disease	<p>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 sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (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 or not any form of coronary artery surgery has been performed.</p>
37.	Severe Mental Illness	<p>A definite Diagnosis by a consultant psychiatrist of any of the following:</p> <ol style="list-style-type: none"> 1) Bipolar Affective Disorder; 2) Major Depressive Disorder; 3) Schizophrenia; or 4) Schizoaffective Disorder. <p>which has resulted in Life Insured being admitted to Hospital under the care of a consultant psychiatrist for at least twelve (12) consecutive nights and all of the following criteria have been fulfilled for a minimum period of six (6) months from Hospital discharge:</p> <ol style="list-style-type: none"> 1) Life Insured has been on continuous psychiatric drug treatment to control symptoms; 2) Life Insured has been on regular monthly follow up with a consultant psychiatrist; and 3) Despite drug treatment Life Insured has persistent chronic severe symptoms resulting in significant reduction in mental and social functioning requiring continuous supervision by a caregiver. <p>Payment under this clause is limited to ten percent (10%) of the critical illness coverage under this Policy subject to a maximum of Ringgit Malaysia Twenty-five Thousand (RM25,000). This covered event is payable once only and shall be deducted from the amount of this Policy, thereby reducing the amount of the Lump Sum Payment which may be payable.</p>
38.	Stroke – Resulting in Permanent Neurological Deficit with Persisting	<p>Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization 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 minimum Assessment Period of three (3) months applies.</p> <p>For the above definition, the following are not covered:</p> <ol style="list-style-type: none"> 1) Transient ischemic attacks; 2) Cerebral symptoms due to migraine;

	Clinical Symptoms	3) Traumatic injury to brain tissue or blood vessels; and 4) Vascular disease affecting the eye or optic nerve or vestibular functions.
39.	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. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. For the above definition, the following are not covered: 1) Angioplasty; 2) Other intra-arterial or catheter based techniques; 3) Other keyhole procedures; and 4) Laser procedures.
40.	Systemic Lupus Erythematosus with Severe Kidney Complications	A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist. For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered. WHO Lupus Classification: Type III - Focal Segmental glomerulonephritis Type IV - Diffuse glomerulonephritis Type V - Membranous glomerulonephritis
41.	Terminal Illness	The conclusive diagnosis of a condition that is expected to result in death of the Life Insured within twelve (12) months. The Life Insured must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate Specialist and confirmed by the Company's appointed doctor, and filing of the claim must be during the survival period of the Life Insured.
42.	Third Degree Burns – of Specified Severity	Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.

PREAMBLE

Assessment Period	Means the period during which the insurer will assess a condition before deciding whether or not 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 twelve (12) months (provided all required evidence has been submitted).
Irreversible	Means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
Permanent	Means expected to last throughout the lifetime of the Life Insured.
Permanent neurological deficit with persisting clinical symptoms	Means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Insured. Symptoms that are covered included numbness, paralysis, localised weakness, dysarthria (difficult with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

APPENDIX 2 – DEFINITION OF COMMUNICABLE DISEASE

COVID-19	In the presence of active respiratory symptoms and definitive diagnosis of SARS-CoV-2 as confirmed by the following validated test in a reference laboratory and certified by a Specialist and requiring hospitalisation or quarantine at any quarantine center appointed by the Ministry of Health (MOH) of Malaysia, for at least twenty-four (24) hours. A positive detection of SARS-CoV-2 RNA via reverse transcriptase polymerase chain reaction (RT-PCR) assay validated by the CDC, with confirmation in a reference laboratory.
Dengue	Acute onset of high grade fever or associated with two or more of the following: headache, retro-orbital pain, myalgia, arthralgia, rash and mild hemorrhagic manifestation (epistaxis, gums bleeding and petechial). Diagnosis by attending doctor and/or standard dengue laboratory test results required for confirmation.

Any communicable diseases that require quarantine by law	<p>Diseases that are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another, transmitted through bites from insects or animals, or caused by ingesting contaminated food or water.</p> <p>Diagnosis of the disease must be confirmed by a validated test in a reference laboratory and certified by a Specialist and requires the Life Insured to undergo a compulsory quarantine by the law of Malaysia. The Life Insured is required to be hospitalised within Malaysia, or undergo quarantine at any quarantine center appointed by the Ministry of Health (MOH) of Malaysia, for at least twenty-four (24) hours.</p>
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