

AIG Malaysia Insurance Berhad (795492-W)
formerly known as Chartis Malaysia Insurance Berhad
Level 18, Menara Worldwide, 198, Jalan Bukit Bintang,
55100 Kuala Lumpur, Malaysia.
603 2118 0188 Telephone
603 2118 0288 Facsimile



Dear Sir/ Madam,

We are now known as AIG Malaysia Insurance Berhad (795492-W) (*formerly known as Chartis Malaysia Insurance Berhad*). Henceforth all references to "Chartis" or "CMI" in these documents refers to AIG Malaysia Insurance Berhad with effect from 15 November 2012.

In line with our rebranding, we will also be moving to an exciting new office on 30 November 2012. Our new address is as follows:

Level 18, Menara Worldwide
198 Jalan Bukit Bintang
55100 Kuala Lumpur
T: 603 2118 0188 F: 603 2118 0288

You may continue to reach us from now until 30 November 2012 with our existing contact number and start contacting us at our new phone number stated above starting from 3 December 2012.

Thank you for choosing AIG as your insurance partner.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Harris".

Matt Harris

CEO

AIG Malaysia Insurance Berhad

Corporate Assist
Insurance Policy

Chartis Malaysia Insurance Berhad (795492-W)
Wisma Chartis, No. 99 Jalan Ampang,
50450 Kuala Lumpur, Malaysia
1 800 88 88 11 Telephone
60 3 2058 5500 Facsimile
www.chartisinsurance.com.my

SUMMARY OF COVERAGE

Schedule of Benefits

Section	Benefits	Maximum Benefit Level	
		Corporate Plan	Premier Plan
	Personal Accident Benefit		
Section 1	Personal Accident	RM200,000	RM500,000
	Overseas Medical & Evacuation Benefits		
Section 2	Medical Expenses	RM100,000	RM300,000
Section 3	Post Hospitalisation	RM100 per visit (max. 3 visits)	RM150 per visit (max. 3 visits)
Section 4	Hospital Confinement	RM150 per day (max. 60 days)	RM200 per day (max. 60 days)
Section 5	Double Hospital Confinement Benefit In ICU	RM300 per day (max. 60 days)	RM400 per day (max. 60 days)
Section 6	Emergency Medical Evacuation	Unlimited	
Section 7	Repatriation of Mortal Remains	Unlimited (to Malaysia)	
		RM15,000 (out of Malaysia)	RM30,000 (out of Malaysia)
Section 8	Compassionate Visit	RM5,000	RM8,000
	Travel Inconvenience Benefits		
Section 9	Trip Cancellation	RM8,000	RM10,000
Section 10	Trip Curtailment	RM5,000	RM8,000
Section 11	Travel Delay	RM200 for every 6 hours up to 1,000	
Section 12	Missed Departure	RM250	RM500
Section 13	Baggage Delay	RM200 (up to RM1,000 per person for over 6 hours delay)	RM200 (up to RM1,600 per person for over 6 hours delay)
Section 14	Loss of Baggage & Personal Effects	RM5,000	RM5,000
Section 15	Damage or Loss of Laptop Computer	RM1,000	RM1,250
Section 16	Loss of Travel Documents	RM2,000	RM2,000
Section 17	Loss of Personal Money	RM500	RM1,000
Section 18	Legal Fees	RM15,000	RM15,000
Section 19	Personal Liability	RM500,000	RM1,000,000
Section 20	Credit Card Indemnity	RM3,000	RM5,000
Section 21	Child Education Fund	RM5,000 per year (up to max. 5 years)	
	24 hours Worldwide Travel Assist	Free	
Domestic Travel (Optional)			
Section 22	Medical Expenses (Due to accident)	RM20,000	
Section 23	Evacuation & Repatriation	Unlimited	
Section 24	Trip Cancellation	RM500	
Section 25	Flight Delay	Up to RM1,000 (RM200 every 6 hours)	
Section 26	Baggage Delay	RM200 (by flight only)	
Section 27	Loss of Baggage Sub-limits	RM2,000 (excess RM50)	
Section 28	Personal Computer	RM2,000	
Section 29	Golf Equipment	RM1,000	
Section 30	Personal Liability	RM1,000,000	
* If travel by land, destination is beyond 100km from the normal place of business or place of residence.			
Annual Premium		Corporate Plan	Premier Plan
Regional		RM180	RM255
International		RM260	RM365
Optional - Domestic Travel			
Regional		RM50	RM50
International		RM50	RM50

THE REGIONAL COUNTRIES : ASEAN countries, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan & India.

INTERNATIONAL : Regional countries and the Rest of the World

This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from travel in, to or through Afghanistan, Cuba, Democratic of Congo, Iran, Iraq, Liberia, Sudan or Syria.

WHEREAS the Policyholder by a proposal and declaration which together with all statements made in writing by the Policyholder shall be the basis of this contract and is deemed to be incorporated herein has applied to **Chartis Malaysia Insurance Berhad** (hereinafter called the Company) for the insurance in respect of each Insured Person named or described in the Schedule hereto,

In consideration of the payment of premium and subject to the definitions, limitations and general provisions contained herein, endorsed hereon, or attached hereon, the Company hereby insures the person named in the Policy Schedule (herein called the Insured Person) and promises to pay indemnity for loss to the extent herein provided. The Period of Insurance shall be as stated in the Policy Schedule, at the place where the Policy was issued.

PART 1 - DEFINITIONS

Policyholder shall mean the entity named in the Policy Schedule as the Policyholder.

Policy Schedule shall mean the Policy Schedule attached to and forms part of the Policy.

Insured Person(s) shall mean the Person(s) named in the Policy Schedule or endorsed thereafter.

Overseas Trip shall mean business and/or leisure travel undertaken by the Insured Person up to a maximum of ninety (90) consecutive days from the time of departure from his/her place of residence or place of stay in MALAYSIA (whichever is later) until the return to his/her place of residence or place of stay in MALAYSIA (whichever is earlier). This shall include any travel from West Malaysia to East Malaysia or vice-versa.

Accident or Accidental means a sudden, unforeseen and fortuitous event that results in the Insured Person suffering Death, Disablement or bodily Injury.

Injury shall mean bodily Injury sustained by an Insured Person during the Period of Insurance and is caused by solely and directly by an Accident solely and independently of any other causes where death of or loss to the Insured Person results within 90 days from the date of such Accident.

Sickness shall mean any noticeable change in the physical health of an Insured Person due to a medical condition contracted, commencing or first manifesting whilst overseas during the period of the Overseas Trip in which the Insured Person seeks the care of a Qualified Medical Practitioner acting within the scope of his/her license to treat the Sickness for which the claim is made provided the Sickness is not a Pre-Existing Condition and the nature of the Sickness is not excluded from this Policy.

Serious Injury or Serious Sickness whenever applied to the Insured Person, is one which requires treatment by a Qualified Medical Practitioner and which results in the Insured Person being certified by that Qualified Medical Practitioner as being unfit to travel or continue with his/her original Overseas Trip. When applied to the Immediate Family Member, it shall mean Injury or Sickness certified as being a danger to life by a Qualified Medical Practitioner and which results in the Insured Person's discontinuation of his/her original Overseas Trip.

Permanent shall mean lasting a continuous period of 365 days from the date of Accident and at the expiry of that period being beyond any hope of improvement.

Total Disablement shall mean injury of a permanent nature which solely and directly totally disables and prevents an Insured Person from attending to any business or gainful occupation (of any and every kind) for compensation or profit, for which he/she is reasonably qualified by reason of his/her education, training or experience, or if he/she has no business or gainful occupation, from attending to any duties which would normally be carried out by him/her in his/her daily life.

Loss of Use shall mean total functional disablement and is treated like the total loss of said limb or organ in all aspects of living.

Loss of Limb shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of Fingers or Toes shall mean loss of use or complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

Loss of Sight shall mean the entire and irrecoverable loss of sight, and which is beyond remedy by any form of medical treatment.

Loss of Speech shall mean the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

Loss of Hearing shall mean permanent irrecoverable loss of hearing where:

If a dB = Hearing loss at 500 Hertz

If b dB = Hearing loss at 1000 Hertz

If c dB = Hearing loss at 2000 Hertz

If d dB = Hearing loss at 4000 Hertz

1/6 of (a+2b+2c+d) is above 80dB.

Air Travel shall mean riding as a fare paying passenger (not as an operator or crew member) in or on, boarding or alighting from a properly licensed private and/or commercial air common carrier.

Medically Necessary Expenses means expenses incurred as a result of Injury or Sickness sustained whilst overseas on a Overseas Trip and paid by the Insured Person to a legally Qualified Medical Practitioner, Hospital and/or ambulance service for medical, surgical, X-ray, Hospital or nursing treatment including the cost of medical supplies and ambulance hire and including the cost of dental treatment where such treatment is necessarily incurred to restore sound and natural teeth, caused only by an Accident. All treatment must be prescribed by a Qualified Medical Practitioner in order for expenses to be reimbursed under this Policy.

Usual, Customary And Reasonable Medically Necessary Expenses shall mean a charge which is made for treatment, supplies or medical services medically necessary to treat the Insured Person's condition; does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and does not include charges that would not have been made if no insurance existed.

Hospital or Hospitalisation shall mean a Hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home and/or drug or alcohol rehabilitation facilities) operated pursuant to law for the care and treatment of injured or sick person with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Qualified Medical Practitioner shall mean a registered and qualified medical practitioner licensed under any applicable laws and acting within the scope of his/her license and training. The attending Qualified Medical Practitioner shall not be the Insured Person, the Insured Person's spouse, a person booked to accompany the Insured Person on the Overseas Trip, or a person who is related to the Insured Person.

Pre-Existing Condition shall mean any condition which the Insured Person received medical care, treatment, advice for treatment, diagnosis, consultation or prescribed drugs within 90 days preceding the date that the Insured Person became insured under this Policy, or a condition for which medical advice or treatment was recommended by a Qualified Medical Practitioner within 90 days preceding the date that the Insured Person became insured under this Policy.

Acquired Immune Deficiency Syndrome or Aids wherever used in this Policy shall have the meanings assigned to it by the World

Health Organisation including Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus (HIV), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or Sickness in the presence of a sero-positive test for HIV.

- a) Opportunistic Infection shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.
- b) Malignant Neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness, Sickness or disability, in the presence of Acquired Immune Deficiency.

Post-Hospitalisation Expenses shall refer to Physiotherapy and Transportation Allowance as herein defined.

Transportation Allowance shall mean expenses incurred for public bus services and/or taxi for or to and fro journey from home to the required location for post-hospitalisation follow-up within 35 days from discharge from the Hospital and excluding any chartered limousine or vehicle rental services.

Physiotherapy shall mean treatment with physical agents and methods such as massage, manipulation, therapeutic exercises, cold heat including shortwave, microwave and ultrasonic diathermy, hydrotherapy, electrical stimulation and light to assist in rehabilitating the Insured Person and restoring normal function following an Injury or Sickness.

Hospital Confinement shall mean being confined in a Hospital as a registered patient as a result of Sickness or Injury on the recommendation of a Qualified Medical Practitioner. One day of Hospital Confinement shall mean a period for which the Hospital makes a charge for room and board for the treatment of Injury or Sickness.

Intensive Care Unit (ICU) shall mean a class of room dedicated to the constant, close monitoring of the vital body functions of patients in critical medical conditions, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients.

Emergency Medical Evacuation means:

- a) the Insured Person's medical condition warrants immediate Transportation from the place where the Insured Person suffers Injury or Sickness to the nearest Hospital where appropriate medical treatment can be obtained; or
- b) after being treated at a local Hospital, the Insured Person's medical condition warrants Transportation to MALAYSIA to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the benefit level stated under Section 6, for Transportation, medical services and medical supplies necessarily incurred in connection with the Emergency Medical Evacuation of the Insured Person. All transportation arrangement made for evacuating the Insured Person must be:

- a) by the most direct and economical route; and
- b) are subject to prior approval of the Company; and
- c) must be arranged for by Travel Guard or an authorized representative of Travel Guard.

Expenses for special Transportation must be recommended by the attending Qualified Medical Practitioner or required by the standard regulations of the conveyance transporting the Insured Person.

Expenses for medical supplies and services must be recommended by the attending Qualified Medical Practitioner.

Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Special Transportation includes, but is not limited to air ambulance, land ambulance, and private motor vehicles.

Immediate Family Member shall refer to the Insured Person's spouse, child, parent, parent-in-law, grandparents, grandchild, brother, sister, niece, nephew, auntie or uncle, brother-in-law, sister-in-law, residing in MALAYSIA.

Common Carrier shall mean any bus, coach, taxi, ferry, hovercraft,

hydrofoil, ship, train, tram or underground train provided and operated by a carrier duly licensed for the regular transportation of fare paying passengers, and any fixed-wing aircraft provided and operated by an airline or an air charter company which is duly licensed for the regular transportation of fare-paying passengers and any helicopter provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers and operating only between established commercial airports or licensed commercial heliports, and any regularly scheduled airport limousine operating on fixed routes and schedules.

Terrorist Act shall mean any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts.

Terrorist Act shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

Civil Unrest, Riot or Commotion shall mean a gathering of citizens (organized or unorganized) to promote their views and this gathering of persons becomes violent (whether or not police and/or military respond). The gathering of persons asserting sovereign rights and operating on behalf of a sovereign state shall not be considered as Civil Unrest, Riot or Commotion. These terms do not include an individual act of violence.

One can consider civil unrest as an extended and/or sporadic period of group violence within a country, province or town.

Strike shall mean any organised, wilful refusal by any worker or employee to continue working to register a protest or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimising the consequences of any such act.

Lap-Top Computer shall mean the Laptop, Notebook or Sub-Notebook. Any hand held computers or Personal Digital Assistants (PDA) are excluded from this category.

Dependent Child shall mean any unmarried child less than 25 years of age who is dependent upon the Insured Person for his or her maintenance and support.

Public Place shall mean but is not limited to shops, airports, trains stations, bus stations, streets, hotel foyers and grounds, restaurants, beaches, public toilets and any place to which the public has access.

Country of Origin shall mean any country to which the Insured Person is granted rights of citizenship or permanent residence by the respective governmental authorities.

RM shall mean Ringgit Malaysia; the currency of MALAYSIA.

Selected Plan shall mean the choice of Corporate Plan, Premier Plan selected by the Policyholder or the Insured Person or his/her representative at the time of application as set out in the Policy Schedule.

PART II - COVERAGE

SECTION 1 - PERSONAL ACCIDENT (TA01)

Whilst this Policy is in force, if the Insured Person is on an Overseas Trip and suffers Injury caused by a covered Accident as defined and which results in specific loss as herein specified, the Company will pay the relevant percentage of the Principal Sum insured specified in the Policy Schedule, subject to and in accordance with the exclusions, limitations, provisions and terms described herein.

EVENT	% of PRINCIPAL SUM
1. Accidental Death	100%
2. Permanent total disablement	100%
3. Loss of or the permanent total loss of use of two limbs	100%
4. Loss of or the permanent total loss of use of one limb	75%
5. Permanent total loss of sight of both eyes	100%
6. Permanent total loss of sight of one eye	50%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	100%
8. Loss of speech and hearing	100%
9. Permanent and incurable insanity	100%
10. Permanent total loss of hearing	
a) both ears	75%
b) one ear	25%
11. Loss of speech	50%
12. Permanent total loss of the lens of one eye	50%
13. Loss of or the permanent total loss of use of four fingers and thumb of	
a) right hand	70%
b) left hand	50%
14. Loss of or the permanent total loss of use of four fingers of	
a) right hand	40%
b) left hand	30%
15. Loss of or the permanent total loss of use of one thumb	
a) both right phalanges	30%
b) one right phalanx	15%
c) both left phalanges	20%
d) one left phalanx	10%
16. Loss of or the permanent total loss of use of fingers	
a) three right phalanges	10%
b) two right phalanges	7.5%
c) one right phalanx	5%
d) three left phalanges	7.5%
e) two left phalanges	5%
f) one left phalanx	2%
17. Loss of or the permanent total loss of use of toes	
a) all-one foot	15%
b) great toe-two phalanges	5%
c) great toe-one phalanx	3%
d) other than great toe, each toe	1%
18. Fractured leg or patella with established non-union	10%
19. Shortening of leg by at least 5 cm	7.5%

SECTION 2 - MEDICAL EXPENSES (TA02)

The Company will reimburse the Usual Customary and Reasonable Medically Necessary Expenses as defined, incurred up to the maximum benefit level applicable to the Selected Plan whilst on an Overseas Trip for Injury or Sickness suffered by the Insured Person [solely and independently of any other causes].

This Section extends to cover against Medically Necessary Expenses incurred for treatment or follow-up treatment in MALAYSIA Injury or Sickness which the Insured Person had sustained whilst overseas on an Overseas Trip. The time limit for seeking such medical treatment is as follows:

- If prior medical treatment had not been sought overseas, the Insured Person must seek medical treatment in MALAYSIA within seven (7) days of return to MALAYSIA. From the date of first treatment upon return, the Insured Person has up to a maximum of twenty-one (21) days to continue medical treatment in MALAYSIA or up to a maximum sum of 5% of the maximum benefit level applicable to the Selected Plan whichever occurs first.
- If medical treatment had already been sought overseas, the Insured Person has up to a maximum of twenty-one (21) days upon return to MALAYSIA to continue medical treatment in MALAYSIA or 5% of the maximum benefit level applicable to the Selected Plan whichever occurs first.

Medical treatment by an acupuncturist, herbalist, and/or a bonesetter for a covered Injury sustained on an Overseas Trip is

payable up to a maximum of RM750 per Accident.

In the event an Insured Person becomes entitled to a refund of all or part of any of the expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source. All reimbursement of such expenses shall be in accordance to the prevailing laws, rules and regulations of MALAYSIA.

In no event shall the total of the Medically Necessary Expenses and medical expenses for medical treatment by an acupuncturist, herbalist, chiropractor and/or a bonesetter incurred overseas and in MALAYSIA exceed the maximum benefit level applicable to the Selected Plan.

Exclusions

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following :-

- Any Pre-Existing Medical Condition;
- Any Overseas Trip undertaken against the advice of a Qualified Medical Practitioner, or when the purpose of such Trip was to obtain any form of medical treatment, consultation or advice.

SECTION 3 - POST HOSPITALISATION (TA03)

When the Insured Person by reason of Injury or Sickness, causing Hospitalisation and require any return treatment in MALAYSIA by a Qualified Medical Practitioner, the Company shall reimburse the actual expenses incurred with regards to the following, subject to the maximum benefit level applicable to the Selected Plan up to 35 days after the discharge of the Insured Person from the Hospital.

- Physiotherapy by a qualified physiotherapist up to the limit stated per visit; and/or
- Transportation Allowance

The maximum payable under Section 3 will be up to three (3) visits.

Exclusions

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following :-

- Any Pre-Existing Medical Condition;
- Any Overseas Trip undertaken against the advice of a Qualified Medical Practitioner, or when the purpose of such Trip was to obtain any form of medical treatment, consultation or advice.

SECTION 4 - HOSPITAL CONFINEMENT (TA04)

The Company will pay for Hospital Confinement benefit due to Injury or Sickness as defined herein sustained whilst on an Overseas Trip. The Company shall pay for every complete day of Hospitalisation if the Insured Person is Hospitalised whilst overseas for the number of days applicable to the Selected Plan.

SECTION 5 - DOUBLE HOSPITAL CONFINEMENT IN ICU (TA05)

The Hospital Confinement Benefit specified under Section 4 shall be doubled in the event that a Sickness or an Injury sustained overseas by an Insured Person on an Overseas Trip medically necessitates the confinement of such Insured Person in an Intensive Care Unit (ICU) within a Hospital as a resident patient.

This section is applicable for the duration of the period of confinement in an ICU and not exceeding the number of days applicable to the Selected Plan per Sickness or Injury.

An Insured Person cannot claim under both Sections 4 and 5 for each day of Hospitalisation for the same event.

Exclusions (Applicable to both Section 4 & 5)

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following :-

- Any Pre-Existing Medical Condition; or
- Any Overseas Trip undertaken against the advice of a Qualified Medical Practitioner, or when the purpose of such Trip was to obtain any form of medical treatment, consultation or advice.

SECTION 6 - EMERGENCY MEDICAL EVACUATION (TA06)

If the Insured Person suffers Injury or Sickness during a Overseas Trip, and if in the opinion of Travel Guard, or an authorised

representative of Travel Guard it is judged medically appropriate to move an Insured Person to another location for medical treatment, or to return the Insured Person to MALAYSIA, Travel Guard, or the authorised representative, shall arrange for the evacuation utilizing the means best suited to do so, based on the medical severity of the Insured Person's condition. The Company shall pay directly to Travel Guard the covered expenses for such evacuation.

The means of evacuation arranged by Travel Guard, or an authorised representative of Travel Guard, may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of Transportation and the final destination will be made by Travel Guard or the authorised representative, and will be based solely upon medical necessity.

Exclusions

The Company shall not be liable for:-

1. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Overseas Trip;
2. Any expenses for a service not approved and arranged by Travel Guard, or an authorised representative of Travel Guard, except that this exclusion shall be waived in the event the Insured Person cannot for reasons beyond his/her control notify Travel Guard during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which Travel Guard would have provided under the same circumstances and up to the benefit level applicable to the Selected Plan; and/or
3. Any expenses other than those specified under this Section.

SECTION 7 - REPATRIATION OF MORTAL REMAINS (TA07)

If the Insured Person dies as a result of Injury or Sickness whilst on an Overseas Trip, Travel Guard, or an authorised representative of Travel Guard shall make the necessary arrangements for the return of the Insured Person's mortal remains to MALAYSIA. The Company shall pay directly to Travel Guard the covered expenses for such Repatriation.

For the return of the Insured Person's mortal remains directly to his/her home in MALAYSIA, the Company shall not be liable for expenses in excess of expenses that would deem to have incurred for repatriation back to MALAYSIA.

In addition to the transportation of the remains, the Company shall reimburse to the Insured Person's Estate expenses actually incurred for services and supplies provided by a mortician or undertaker, including but not limited to the cost of a casket, the embalming and cremation if so elected applicable to the Selected Plan.

Expenses incurred for repatriation of the Insured Person's mortal remains to Country of Origin other than MALAYSIA (inclusive of reimbursement of the above expenses) is limited to:

Corporate Plan - RM15,000

Premier Plan - RM30,000

Exclusions

The Company shall not be liable for:-

1. Any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled Overseas Trip;
2. Any expenses for a service not approved and arranged by Travel Guard, or an authorised representative of Travel Guard, except that this exclusion shall be waived in the event the Insured Person cannot for reasons beyond his/her control notify Travel Guard during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which Travel Guard would have provided under the same circumstances and up to the benefit level applicable to the Selected Plan.
3. Any expenses other than those specified under this Section;

SECTION 8 - COMPASSIONATE VISIT (TA08)

The Company will pay up to the benefit level applicable to the

Selected Plan the reasonable travel fare (economy air travel or first class rail travel) and hotel accommodation expenses necessarily incurred by one relative or friend to visit and stay with an Insured Person, as advised by a Qualified Medical Practitioner, in the event that the Insured Person is hospitalised overseas for more than 5 days as a result of Injury or Sickness sustained whilst on an Overseas Trip and his/her medical condition forbids evacuation.

TRAVEL INCONVENIENCES

SECTION 9 - TRIP CANCELLATION (TA09)

The Company will pay for loss of travel and/or accommodation expenses paid in advance by the Insured Person and for which the Insured Person is legally liable and which are not recoverable from any other source consequent upon the cancellation of the Overseas Trip necessitated by any of the following occurring within thirty (30) days before the date of commencement of the Overseas Trip up to the benefit level applicable to the Selected Plan:-

- a) Death or Serious Injury or Serious Sickness or compulsory quarantine of the Insured Person, the Insured Person's spouse, child, parent, parent-in-law, grandparent, grandparent-in-law, grandchild, brother, sister, brother-in-law or sister-in-law who is resident in MALAYSIA;
- b) Unexpected outbreak of strike, riot or civil commotion or natural disasters (typhoon, earthquake etc) arising out of circumstances beyond the control of the Policyholder or Insured Person at the planned destination;
- c) Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (typhoon, earthquake etc) within seven (7) days before the departure date, which requires the Insured Person's presence on the premises on the departure date; or
- d) Witness summons, jury service of the Insured Person.

Exclusion

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Any loss caused directly or indirectly by common carrier caused cancellation.
2. Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

SECTION 10 - TRIP CURTAILMENT (TA10)

The Company will pay for additional travelling and hotel expenses or board incurred and loss of travel fare and/or hotel expenses forfeited consequent upon the Insured Person having to return directly to MALAYSIA necessitated by any of the following up to the benefit level applicable to the Selected Plan:-

- a) Serious Injury or Serious Sickness of the Insured Person;
- b) Hijacking of the common carrier or automobile in which the Insured Person is travelling as a passenger;
- c) Unexpected Death or Serious Injury or Serious Sickness as defined in this Policy of the Insured Person's spouse, child, parent, parent-in-law, grandparent, grandparent-in-law, grandchild, brother, sister, brother-in-law, sister-in-law, who is resident in MALAYSIA;
- d) Natural disaster (typhoon, earthquake, etc) which prevent the Insured Person from continuing with his/her scheduled Overseas Trip; or
- e) Unexpected outbreak of Civil Unrest, Riot or Commotion and Terrorist Act arising out of circumstances beyond the control of the Policyholder or Insured Person.

Coverage under this section is effective only if coverage is accepted before the Insured Person becomes aware of any circumstance, which could lead to the disruption of his/her Overseas Trip.

SECTION 11 - TRAVEL DELAY (TA11)

In the event that the scheduled Common Carrier in which the Insured Person had arranged to travel is delayed for at least 6 consecutive hours from the time specified in the itinerary supplied to the Insured Person due to Strike/industrial action, adverse weather condition, mechanical breakdown/derangement and structural

defect of Common Carrier, The Company will pay RM200 for every full 6 consecutive hours of delay up to the maximum limits level applicable to the Selected Plan.

Exclusion

The Company shall not be liable for:-

1. Any loss caused directly or indirectly by common carrier caused cancellation;
2. Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation; and/or
3. Any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him/her, and obtain written confirmation from the Common Carrier or their handling agents of the number of hours delayed and the reason for such delay.
4. Any strike or industrial action existing on the date the Overseas Trip is arranged.

SECTION 12 - MISSED DEPARTURE (TA12)

In the event that the Insured Person's confirmed onward travel connection whilst on an Overseas Trip is missed at the transfer point due to the late arrival of the Insured Person's incoming confirmed connecting scheduled conveyance and no onward Transportation is available to the Insured Person within 6 consecutive hours on his/her arrival, the Company shall indemnify the Insured Person for expenses incurred in respect of hotel accommodation and restaurant meals or refreshments of up to the benefit level applicable to the Selected Plan, if not provided or compensated by the carrier or any third party.

Exclusion

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Any loss arising from failure of the Insured Person to check in according to the itinerary supplied to him/her, and obtain written confirmation from the Common Carrier or their handling agents of the number of hours delayed and the reason for such delay.

Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation;

SECTION 13 - BAGGAGE DELAY (TA13)

The Company will pay RM200 if the checked-in baggage accompanying the Insured Person has been delayed, misdirected or temporarily misplaced by the Common Carrier after every full 6 consecutive hours of delay after the Insured Person's arrival at the baggage pick-up point of the scheduled overseas destination up to the benefit level applicable to the Selected Plan.

SECTION 14 - LOSS OF BAGGAGE & PERSONAL EFFECT (TA14)

The Company will pay up to the benefit level applicable to the Selected Plan for loss of or damaged sustained overseas to personal baggage taken, or purchased on the Overseas Trip (including clothing and personal effects worn or carried on the Insured Person, in trunks, suitcases and like receptacles).

- a) The Company may make payment or at its option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of articles more than twelve (12) months old;
- b) The loss must be reported to the police or relevant authority such as hotel and airline management having jurisdiction at the place of the loss within 24 hours from the incident. Any claim must be accompanied by proper documentation from such authorities;
- c) The Insured Person must take every possible step to ensure that their baggage or personal effects are not left unattended.
- d) The Company shall not be liable for more than RM800 in respect of any one article or pair or set of articles;
- e) The maximum limit for Personal Digital Assistants (PDAs) is RM250.

An Insured Person cannot claim under both Sections 13 and 14 for the same event.

SECTION 15 - DAMAGE OR LOSS OF LAP-TOP COMPUTER (TA15)

The Company will pay up to the benefit level applicable to the Selected Plan for loss of or damaged sustained overseas to Lap-Top taken, or purchased on the Overseas Trip.

If as a result of Accident occurring overseas, the Lap-Top is proven to be beyond economical repair, a claim will be dealt with under this Policy as if the article had been lost provided that:

- a) The Company may make payment or at its option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of the Lap-Top more than twelve (12) months old;
- b) The loss must be reported to the police or relevant authority such as hotel and airline management having jurisdiction at the place of the loss within 24 hours from the incident. Any claim must be accompanied by proper documentation from such authorities;
- c) The Insured Person must take every possible step to ensure that their Lap-Top are not left unattended; and
- d) The Company will pay up to the limits applicable to the Selected Plan for loss or damage to Lap-Top.

An Insured person cannot claim under both Sections 14 and 15 for the same event.

Exclusions (Applicable to both Sections 14 & 15)

1. The following classes of property are excluded from coverage: animals, motor vehicles (including accessories), motorcycles, boats, motors, any other conveyances, snow skis, fruits, foodstuff, household effects, antiques, artifacts, paintings, objects of art, computers (including software and accessories with the exception of Lap-Top Computers as provided herein above), manuscript, jewellery, watches, securities or souvenirs;
2. Loss or damage caused by wear and tear or damage due to any process of repair, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process or while actually being worked upon resulting therefrom;
3. Loss or damage to hired or leased equipment and loss of or damage to property resulting directly or indirectly from insurrection, rebellion, revolution, civil war, usurped power, or action taken by Governmental Authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulations, confiscation by order of any Government or Public Authority or risk of contraband or illegal transportation or trade;
4. Loss or damage to property insured under any other Insurance Policy, or reimbursed by any other carrier, hotel or any other party;
5. Loss to Insured Person's baggage sent in advance, mailed or shipped separately;
6. Loss to Insured Person's baggage left unattended in any public place or as a result of the Insured Person's failure to take due care and precautions for the safeguard and security of such property or left with a person that the Insured Person does not know;
7. Loss of business goods or samples or equipment of any kind;
8. Loss of data recorded on tapes, cards, discs or otherwise;
9. Loss of or damage to golf balls and clubs and golf equipment whilst actually in the course of play or practice;
10. Loss or damage covered by any other Policy already covering section 14 & 15;
11. Loss in respect of shortage due to error, omission, exchange transactions or depreciation in value applicable to Section 14 and 15;
12. Loss not reported to the police within 24 hours after the discovery of such loss; and/or
13. Mysterious disappearance;

SECTION 16 - LOSS OF TRAVEL DOCUMENTS (TA16)

The Company will pay up to the benefit level applicable to the Selected Plan for the cost of obtaining replacement passports, travel tickets and other relevant travel documents lost as well as additional travel expenses and hotel accommodation incurred to replace lost travel documents when such loss arises out of robbery, burglary or theft whilst on an Overseas Trip.

Exclusion

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Loss of cash and bank notes, travellers cheque, bonds, coupons, stamps, negotiable instruments, title deeds, manuscripts, securities of any kind, loss of credit cards or replacement of Credit Cards, Identity Cards (IC) and driving licenses, travel documents except as provided for in this section;
2. Loss in respect of shortage due to error, omission, exchange transaction or depreciation in value;
3. Loss not reported to the police within 24 hours after the discovery of such loss; and/or
4. Loss as a result of detention or confiscation by any lawfully constituted authorities.

SECTION 17 - LOSS OF PERSONAL MONEY (TA17)

Should the Insured Person whilst overseas experience a loss of cash belonging to him/her arising out of robbery, burglary or theft, and which were in his/her care, custody or control, the Company will pay for such loss up to the benefit level applicable to the Selected Plan provided such loss is reported to the police having jurisdiction at the place of the loss within 24 hours after the discovery of such loss. Any claim must be accompanied by written documentation from the police.

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Loss is not reported to the police within 24 hours after the discovery of such loss;
2. Any loss that is covered by any other existing insurance scheme

SECTION 18 - LEGAL FEES

The Company will pay up to the benefit level applicable to the Selected Plan for the legal costs and expenses arising as a result of dealing with claims for compensation against a third party causing the Insured Person's Accidental Death or Permanent Disablement during the Overseas Trip.

Exclusions

The Company shall not be liable for any legal costs and expenses arising directly or indirectly from in respect of or due to any of the following:-

1. Any claim where the Company or its legal representatives believe that an action is not likely to be successful or if the Company believes that the cost of taking action will be greater than any award;
2. Any claim against the Company, our agents or representatives or against any tour operator, carrier or any person with whom the Insured Person has travelled or arranged to travel with; and/or
3. The following up a claim for bodily injury, loss or damage caused by or in connection with the Insured Person's profession or business, under contract or arising out of the Insured Person processing, using or living on any land or in any building.

SECTION 19 - PERSONAL LIABILITY (TA19)

The Company will indemnify the Insured Person for legal liability to a third party up to the benefit level applicable to the Selected Plan arising during the Overseas Trip as a result of:

- a) Death or Accidental bodily injury caused to any third party; or
- b) Accidental loss of or damage to property of any third party.

The Policyholder and/or Insured Person must not make any offer or promise payment or admit fault to any other party, or become involved in any litigation without the Company's written approval.

Exclusions

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Any claims arising out of the Insured Person's criminal, malicious or deliberate acts;
2. Employer's liability, contractual liability or liability to a member of an Insured Person's family;
3. Acts of animals belonging to, or in the care, custody or control of an Insured Person;
4. Pursuit of trade, business or profession;
5. Ownership or occupation of land or buildings (other than occupation only of any temporary residence);
6. Ownership possession or use of vehicles, aircraft or water craft;
7. Legal costs resulting from any criminal proceedings;
8. The Insured Person's participation in any motor rallies or motor racing of any kind;
9. Judgements that are not in the first instance delivered by or obtained from a Court of competent jurisdiction within MALAYSIA;
10. Sexual molestation, physical or mental abuse;
11. Golfing either in the course of play or practice; and/or
12. Any punitive, aggravated or exemplary damages awarded by the Courts.

SECTION 20 - CREDIT CARD IDEMNITY (TA20)

If the Insured Person suffers loss of life or sustains Permanent Total Disablement as a result of an Injury sustained during an Overseas Trip, the Company will pay for the then current month outstanding credit card expenses (less any arrears payments from prior months) incurred by the Insured Person during the Overseas Trip and up to the benefit level of the applicable Selected Plan.

Any claim must be accompanied by the original copy of the bank credit card monthly statement(s), along with other necessary claim documentation specified herein.

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

1. Any loss that is covered by any other existing insurance scheme

SECTION 21 - CHILD EDUCATION FUND (TA21)

When an indemnity becomes payable under this Section upon Accidental Death of the Insured Person and such Insured Person who, at the date of the Accident, had a Dependent Child or children enrolled as a full-time student or students in a recognised institution of higher learning, the Company will pay up to the benefit level applicable to the Selected Plan for each legally Dependent Child.

If there are 3 or more children eligible for this benefit, the aggregate sum payable under this benefit shall be limited to RM75,000.

PART III - GENERAL EXCLUSIONS

THE COMPANY WILL NOT PAY UNDER ANY SECTION OF THIS POLICY FOR LOSS OR LIABILITY DIRECTLY OR INDIRECTLY ARISING AS A RESULT OF:

1. Loss of or damage resulting from wilful, malicious or unlawful act or negligence of the Insured Person;
2. Any act of war, act of a foreign enemy, civil war, invasion, revolution, insurrection use of military power or usurpation of government or military power. War shall mean war, whether declared or not, any warlike activities including the use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends;
3. Any serious physical injury, Sickness or Disease resulting directly or indirectly from; attributed to, or accelerated by;

The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction, or radiation or radioactive contamination; or The dispersal or application of pathogenic or poisonous biological or chemical materials; or

The release of pathogenic or poisonous biological or chemical materials.

For the purpose of this exclusion, serious physical injury means:

- a) Physical injury that involves a substantial risk of death; or
- b) Protracted and obvious physical disfigurement; or

- c) Protracted loss of or impairment of the function of a bodily member or organ;
4. Loss, destruction or damage to any property whatsoever or any loss or expense whatsoever arising therefrom or any consequential loss directly or indirectly caused or contributed to by or arising from ionizing radiation or contamination by radio-activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 5. Any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities;
 6. Any prohibition or regulations by any government;
 7. Any breach of government regulation or any failure by the Insured Person to take reasonable precautions to avoid a claim under the Policy following the warning of any intended strike, riot or civil commotion through or by general mass media;
 8. The Insured Person not taking all reasonable efforts to safeguard his/her property or to avoid injury or minimize any claim under the Policy;
 9. Hunting, riding or driving in any kind of race, participating in any professional sports or in any sport whereby the Insured Person would or could earn or receive remuneration, donation, sponsorship, award or certificate of any kind and air travel (other than as a fare-paying passenger in any properly licensed private and/or commercial aircraft or other mode of conveyance or transportation);
 10. Pregnancy or childbirth, and any Injury or Sickness associated with pregnancy, childbirth or venereal disease;
 11. Suicide or attempted suicide or intentional self injury or provoked assault or intoxication or drugs;
 12. Mental and nervous disorders, including but not limited to insanity; and/or
 13. Acquired Immune Deficient Syndrome (AIDS) or Human Immune Deficiency Virus (HIV);
 14. The Insured Person employed on merchant vessels, engaging in naval, military or airforce service or operations or testing of any kind of conveyance or being employed as a manual worker or whilst engaging in offshore activities like diving and oil-rigging or mining or aerial photography or handling of explosives;
 15. The Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation;
 16. The Company will not provide cover or service for:
 - any loss, injury, damage or legal liability arising directly or indirectly from travel in, to or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria; and
 - any loss, injury, damage, or legal liability suffered or sustained directly or indirectly by an insured person if that insured person is:
 - (i) a terrorist;
 - (ii) a member of a terrorist organization;
 - (iii) a narcotics trafficker; or
 - (iv) a purveyor of nuclear, chemical or biological weapons.

PART IV - GENERAL PROVISIONS

1. HIJACK, MURDER AND ASSAULT

This Policy is extended to cover the Insured Person against Accidental Death or Injury as a result of being a victim of hijack, murder or assault whilst on an Overseas Trip. The Company shall not be liable for any claims arising out of or in connection with Insured Person's own participation or provocation of any such act.

2. UNSCHEDULED FLIGHT

The Policy is extended to cover the Insured Person against Accidental Death or Injury whilst on an Overseas Trip and travelling as a fare paying passenger in any properly licensed private aircraft and/or helicopter.

PART V - GENERAL CONDITIONS

1. PHYSICAL HEALTH OF INSURED PERSON

At the time of commencement of an Overseas Trip, the Insured Person must be fit to travel and not be aware of any circumstances, which could lead to cancellation or disruption of the Overseas Trip, otherwise any claim is not payable.

2. NUMBER OF POLICY

The Insured Person can only be covered under one (1) such Policy for the same Overseas Trip.

3. ENTIRE CONTRACT

The Policy, Schedule, Endorsements, Proposal Form, Declaration and attached papers together with other statement in writing shall constitute the entire contract. Any word or expression to which a specific meaning has been ascribed in any part of the Schedule attached shall bear specific meaning wherever it may appear in this Policy. In the event of a conflict, the terms, conditions or provisions of the Schedule attached shall prevail. No statement made by the applicant for insurance not included herein in writing shall void the insurance cover or be used in any legal proceedings. No agent has the authority to change or waive any provisions of the insurance. No change of provisions in this Policy shall be valid unless approved by an executive officer of the Company and such approval be endorsed hereon.

4. CHANGE OF OCCUPATION

If an Insured Person shall engage in any occupation in which a greater risk may be incurred than in the occupation disclosed in the proposal for this Policy without first notifying the Company and obtaining written agreement to the amendment of the Policy (subject to the payment of such reasonable additional premium as the Company may require as the consideration for such agreement), then no claim shall be payable in respect of any Injury arising out of or in the course of such occupation.

5. COMPLYING WITH POLICY PROVISIONS

The due observations and fulfilment of the terms of this Policy insofar as they relate to anything to be done or complied with by the Policyholder and/or an Insured Person and the truth of the statements and answers in any proposal and/or application and of evidence required from the Policyholder and/or an Insured Person in connection with this insurance shall be conditions precedent to any liability of the Company to make any payment under this Policy.

6. AGE LIMIT

Cover is available to Insured Persons between the ages of 18 and 70 years on the first day of the Period of Insurance with renewal up to the age of 75.

7. NOTICE OF CLAIM

Written notice of claim must be given to the Company within thirty (30) days after the occurrence of any event likely to give rise to a claim under this Policy or as soon thereafter as is reasonably possible. Notice given by or on behalf of an Insured Person to the Company with information sufficient to identify the Insured Person, shall be deemed notice to the Company.

8. NOTIFY AUTHORITIES

If the property insured under Section 14 and Section 15 of this Policy shall be lost or damaged, the Insured Person shall take all reasonable measures to protect, save, and recover it, and shall also promptly notify police, hotel, transportation company or transportation terminal authorities. Under Section 14 and Section 15, the Insured Person must report losses to the Police, responsible hotel management, or responsible officer of any aircraft, vessel or conveyance on which the he/she is travelling and obtain a written statement from such authority when available unless failure to do so is due to circumstances beyond his/her control.

9. SUBROGATION

The Company shall at any time be entitled to undertake in the name of and on behalf of the Insured Person the absolute conduct, control, defence and/or settlement of any proceedings, and at any time to take proceedings at its own expense and for its own behalf, but in the name of the Insured Person, to cover compensation or secure indemnity from any third party in respect of anything covered by this insurance. The Insured Person must cooperate fully with the Company to this end and do nothing to prejudice the Company's rights.

10. CLAIM FORMS

The Company, upon receipt of a notice of claim will furnish to the Policyholder such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after giving of such notice the claimant shall be deemed to have complied with requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.

11. PROOF OF LOSS

Written proof of loss including original Policy/ certificate, original receipts, invoices and all other relevant documents must be furnished to the Company at one of its local offices within sixty (60) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and not later than one (1) year from the date of loss.

12. PHYSICAL EXAMINATION AND AUTOPSY

The Company at its own expense shall have the right and opportunity to examine the Insured Person when and as often as it may reasonably require during the pendency of a claim under Section 1 of this Policy and to make an autopsy in the case of death where it is not forbidden by law.

13. LEGAL ACTIONS

No actions at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of two (2) years from the date of rejection of claims.

14. ARBITRATION

Any dispute, difference or question which may arise at any time hereafter between the Company and the Insured Person or his/her legal representatives in relation to the true construction of the Policy or the rights or liabilities of parties hereto shall be referred to arbitration and Malaysian Law shall apply thereto.

The arbitration shall be heard by a single arbitrator to be agreed by the parties hereto within fourteen (14) days of the commencement of the arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act of the Malaysian or any statutory modification or reenactment thereof for the time being in force.

15. EXPOSURE AND DISAPPEARANCE

When by reason of any Accident covered by this Policy the Insured Person is exposed to the elements and as the result of such exposure suffers an Event for which compensation is otherwise payable hereunder such Event will be covered under the terms of this Policy. If the body of the Insured Person has not been found within twelve (12) calendar months after the date of disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which the Insured Person was travelling at the time of the injury and under such circumstances as would otherwise be covered hereunder, it will be presumed that the Insured Person suffered Accidental Death resulting from bodily injury caused by an Accident covered by this Policy at the time of such disappearance, sinking or wrecking.

16. TO WHOM BENEFITS ARE PAYABLE

All indemnities of this Policy are payable to the Policyholder or at Policyholder's written request to Insured Person, except under Section 6, 7 and 19. Under Section 2, in the event funds for emergency medical treatment are guaranteed to the provider of healthcare by Travel Guard or their authorised representative, indemnities shall be payable directly to the provider of healthcare. Under Section 6 and Section 7 the benefits will be paid directly to the provider of service as indicated in each Benefit. Under Section 19, the benefit shall be payable directly to whom the Insured Person is legally liable.

17. CANCELLATION

The Company may cancel this Policy at any time by sending thirty (30) days notice in writing to the Policyholder at the last address shown by records of the Company stating when thereafter such cancellation shall be effective. In event of such cancellation, the Company will return promptly the pro rata unearned portion of any premium actually paid by the Policyholder. Such cancellation shall be without prejudice to any claim originating prior thereto.

18. RIGHT OF RECOVERY

In the event authorisation of payment and/or payment is made by the Company or Travel Guard or authorised representative of Travel Guard for a medical claim whereby Policy is not engaged, the Company or Travel Guard or an authorised representative of Travel Guard reserves the right to recover against the Policyholder and/or the Insured Person for the full sum which the Company or Travel Guard or an authorised representative if Travel Guard is liable to the medical institution which the Insured Person was admitted to.

19. REINSTATEMENT OF POLICY

If default is made in the payment of the agreed premium for this Policy, the subsequent acceptance of a premium by the Company or by any of its duly authorised agents shall reinstate the Policy, but only to cover loss sustained 24 hours after date of reinstatement.

20. RENEWAL

This Policy may be renewed with the consent of the Company from term to term by payment of the premium in advance at the Company's premium rate in force at time of renewals. The Premium Warranty Endorsement, Part V, Clause 23 is applicable herein.

21. INTEREST

No indemnity from the Company shall carry any interest.

22. GOVERNING LAW

This Policy shall be governed by and interpreted in accordance with MALAYSIAN Law.

23. PREMIUM WARRANTY ENDORSEMENT

It is a fundamental and absolute Special Condition of the contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this Policy/ Endorsement. If this condition is not complied with, then this contract is automatically cancelled and the Company shall be entitled to the pro-rata premium to the period they have been on risk. Where the premium payable pursuant to the warranty is received by an authorised agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Company.

Domestic - This Endorsement attaches to and forms part of the TRAVEL GUARD CORPORATE ASSIST BUSINESS TRAVEL INSURANCE POLICY

It is hereby declared and agreed that this Policy shall from the Policy Inception Date be amended in the manner as set out herein to include Additional Benefits for Domestic Journey to the extent described below.

A. PART I [DEFINITIONS] OF THE POLICY IS HEREBY AMENDED TO INCLUDE THE FOLLOWING:

"Domestic Journey" wherever used in this Policy, applies to journeys within the territorial limits of Malaysia, which are undertaken by the Insured Person and which destination is beyond 100 kilometers. This excludes any travel from West Malaysia to East Malaysia or vice-versa from the limits of his/her normal place of residence or place of business wherever the journey commenced when traveling by land or sea, or which shall require at least one round-journey air travel to and from the planned domestic destination.

B. THE FOLLOWING TERMS AS DEFINED IN PART I [DEFINITIONS] OF THE POLICY ARE HEREBY REVISED AS FOLLOWS:

"Sickness" shall mean any noticeable change in the physical health of an Insured Person due to a medical condition contracted, commencing or first manifesting (i) whilst overseas during the period of the Overseas Trip or (ii) during the insured Domestic Journey, in which the Insured Person seeks the care of a Qualified Medical Practitioner acting within the scope of his/her license to treat the Sickness for which the claim is made provided the Sickness is not a Pre-Existing Condition and the nature of the Sickness is not excluded from this Policy.

"Serious Injury Or Serious Sickness" whenever applied to the Insured Person, is one which requires treatment by a Qualified Medical Practitioner and which results in the Insured Person being certified by that Qualified Medical Practitioner as being unfit to travel or continue with his/her original Overseas Trip or Domestic Journey. When applied to the Immediate Family Member, it shall mean Injury or Sickness certified as being a danger to life by a Qualified Medical Practitioner and which results in the Insured Person's discontinuation of his/her original Overseas Trip or Domestic Journey.

"Qualified Medical Practitioner" shall mean a registered and qualified medical practitioner licensed under any applicable laws and acting within the scope of his/her license and training. The attending Qualified Medical Practitioner shall not be the Insured Person, the Insured Person's spouse, a person booked to accompany the Insured Person on the Overseas Trip or Domestic Journey, or a person who is related to the Insured Person.

"Covered Expenses" are expenses, up to the benefit level stated under the Schedule Of Benefit, for Transportation, medical services and medical supplies necessarily incurred in connection with the Emergency Medical Evacuation of the Insured Person. All transportation arrangement made for evacuating the Insured Person must be:

- a) by the most direct and economical route; and
- b) are subject to prior approval of the Company; and
- c) must be arranged for by Travel Guard or an authorized representative of Travel Guard.

Expenses for special Transportation must be recommended by the attending Qualified Medical Practitioner or required by the standard regulations of the conveyance transporting the Insured Person.

Expenses for medical supplies and services must be recommended by the attending Qualified Medical Practitioner.

C. PART II [COVERAGE] OF THE POLICY IS HEREBY AMENDED TO INCLUDE THE FOLLOWING BENEFITS:

Section 22 - Medical Expenses (Domestic Journey) (TA22):

The Company will reimburse the Usual Customary and Reasonably Medically Necessary Expenses as defined, incurred up to the sub-limit of reimbursement stated in the Schedule of Benefits for Injury suffered by the Insured Person (solely and independently of any other causes) whilst on a Domestic Journey.

The Company will reimburse eligible expenses not advanced by Travel Guard directly to the Insured Person upon the Insured Person's return to his/her normal place of residence provided sufficient proof of claim is provided as described in this Policy.

Exclusions Applicable to Section 22

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:

1. Any Pre-Existing Condition;
2. Any Domestic Journey undertaken against the advice of a Qualified Medical Practitioner, or when the purpose of such trip was to obtain any form of medical treatment, consultation or advice.

Section 23 - Evacuation and Repatriation (Domestic Journey) (TA23)

a. Emergency Medical Evacuation

When as a result of an Accidental Injury sustained or Sickness commencing while the Insured Person is traveling on an insured Domestic Journey and if in the opinion of Travel Guard or its authorized representative, it is judged medically appropriate to move the Insured Person to another location for medical treatment, or to return the Insured Person to his/her normal place of residence, Travel Guard shall arrange for the evacuation utilizing the means best suited to do so, based on the medical severity of the Insured Person's condition. The Company shall pay directly to the service provider the covered expenses for such evacuation.

The means of evacuation arranged by Travel Guard may include air ambulance, surface ambulance, regular air transportation, railroad or any other appropriate means. All decisions as to the means of transportation and the final destination will be made by Travel Guard and will be based solely upon medical necessity.

Covered expenses are expenses for services provided and/or arranged by Travel Guard for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of an Insured Person as described herein.

b. Repatriation of Remains

If the Insured Person dies as a result of an Accidental Injury sustained or Sickness commencing while the Insured Person is traveling on an insured Domestic Journey, Travel Guard shall make the necessary arrangements for the return of the Insured Person's remains to his/her normal place of residence in MALAYSIA. The Company shall pay directly to Travel Guard the covered expenses for such repatriation.

Exclusions Applicable to Section 23

The Company shall not be liable for any expenses for a service not approved and arranged by Travel Guard, or an authorized representative of Travel Guard, except that this exclusion shall be waived in the event the Insured Person cannot for reasons beyond his/her control notify Travel Guard during an emergency medical situation. In any event, the Company reserves the right to reimburse the Insured Person only for those expenses incurred for services which Travel Guard would have provided under the same circumstances.

Section 24 - Trip Cancellation (Domestic Journey) (TA24)

The Company will pay the Insured Person up to the limit stated in the Schedule of Benefits for loss of travel fare and/or accommodation expenses paid in advance by the Insured Person and for which the Insured Person is legally liable and which are not recoverable from any other source consequent upon the cancellation of the Domestic

Journey necessitated by the following and occurring within thirty (30) days before the date of the commencement of the Journey:

1. Death or Serious Accidental Injury or Serious Sickness of the Insured Person or an Immediate Family Member,
2. Witness summons, jury service of the Insured Person;
3. Unexpected outbreak of strike, riot or civil commotion at the planned destination;
4. Serious damage to the Insured Person's principal residence from fire, flood, or similar natural disaster (typhoon, earthquake, etc.) within one week before the departure date which requires the Insured Person's presence on the premises on the departure date.

The Company will not pay for any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

For the trip cancellation coverage to be valid you must have purchased this insurance prior to the date of departure and the cause of the cancellation must happen at least one day after the date of purchase of the insurance policy, except where caused by accident.

Exclusions Applicable to Section 24

No benefits will be provided for any loss:

1. Arising directly or indirectly from Government regulation or Act, delay or amendment of the booked itinerary, or failure in provision of any part of the booked Domestic Journey, (including error, omission or default) by the provider of any service forming part of the booked Domestic Journey as well as of the agent or tour operator through whom the Domestic Journey was booked,
2. Arising directly or indirectly from disinclination to travel or financial circumstances of the Insured Person.
3. Occasioned by any Pre-Existing Condition.
4. Any loss caused directly or indirectly by carrier caused cancellation.
5. Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

Section 25 - Flight Delay (Domestic Journey) (TA25)

In the event the departure of the Common Carrier in which the Insured Person has arranged to travel on an insured Domestic Journey is delayed for at least six (6) hours from the time specified in the itinerary supplied to the Insured Person due to strike/industrial action, inclement weather, mechanical breakdown/derangement and structural defect of the Common Carrier or strike or hijack or other industrial action by the employees of the Common Carrier during the Domestic Journey, the Company will pay RM200 for each full six (6) consecutive hours delay up to the limit stated in the Schedule of Benefits.

The period of delay will be calculated from the original scheduled departure time of the Common Carrier until the commencement of the first available alternative transportation offered by the Common Carrier management.

Exclusions Applicable to Section 25

No benefits will be provided for any loss:

1. Arising from failure of the Insured Person to check in according to the itinerary supplied to him/her, and obtain written confirmation from the Common Carriers or their handling agents of the number of hours delayed and the reason for such delay.
2. Arising from strike or industrial action of companies/carrier other than Common Carriers and existing on the date the Journey is arranged.
3. Arising from the late arrival of the Insured Person at the airport or port (except for the late arrival due to strike or industrial action).
4. Any loss that is covered by any other existing insurance scheme, government program or which will be paid or refunded by a hotel, airline, travel agent or any other provider of travel and/or accommodation.

Section 26 - Baggage Delay (Domestic Journey) (TA26)

The Company will reimburse the Insured Person the cost of

emergency purchase of essential items of clothing or requisites in the event that delivery of accompanying baggage has been temporarily delayed by the Common Carrier during the insured Domestic Journey beyond six (6) consecutive hours from time of flight arrival at destination by the Airline traveled. The total limit of coverage for this section is RM200 for every 6 consecutive hours of delay up to a maximum amount of RM1,000 or such value as is amended by the limit stated in the Schedule of Benefit. All purchases must be supported by original bills or receipts.

Section 27 - Loss of Personal Baggage (Domestic Journey) (TA27)

The Company will reimburse the Insured Person for loss of or damage sustained on a Domestic Journey to personal baggage/personal property taken, or purchased on the Domestic Journey (including clothing and personal effects worn or carried on the Insured Person. In respect of luggage bags, the limit payable is RM2,000 or such value as is amended by the limit stated in the Schedule of Benefits.

If as a result of an Accident occurring on a Domestic Journey, any article is proven to be beyond economical repair, a claim will be dealt with under this Policy as if the article had been lost provided that:

- a) The Company may make payment or at its option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of articles more than twelve (12) months old;
- b) The loss must be reported to the police or relevant authority such as hotel and airline management having jurisdiction at the place of the loss within 24 hours from the incident. Any claim must be accompanied by proper documentation from such authorities;
- c) The Insured Person must take every possible step to ensure that their baggage or personal effects are not left unattended
- d) The Company shall not be liable for more than RM800 in respect of any one article or pair or set of articles;
- e) The maximum limit for Personal Digital Assistants (PDAs) is RM250.

An Insured Person cannot claim under both Sections 26 and 27 for the same event.

Section 28 - Personal Computer - Extension of Cover (Domestic Journey) (TA28)

The Company will also pay the Insured Person for loss of functional Personal Computer due to the documented theft of said Personal Computer while in the care, custody and control of the Insured Person while on an insured Domestic Journey. Documented theft as used in this Section shall mean the Insured Person shall be required to make a written report with the hotel management (if applicable) and the police authorities in the location where the theft has occurred, and shall be presented as part of the claims documentation, along with any other required documentation by the Company for filing proof of loss.

With regards to Personal Computer, the Company shall not be liable for more than the amount which is stated in the Schedule of Benefits in the event of loss.

In no event shall the total amount payable under this Section exceed 100% of the limit stated in the Schedule of Benefits.

Exclusions Applicable to Sections 27 - 28

No benefits will be provided:

1. For any loss that has been caused solely by the personal fault or negligence of the Insured Person.
2. For the first RM50 of each and every claim.
3. In respect of loss or damage arising from delay or confiscation or detention by customs or other official.
4. In respect of loss or damage to documents.
5. For breakage or damage to fragile articles, (eye glasses, contact lenses, hearing aids, prosthetic limbs, artificial teeth on dental bridges, cameras, musical instruments, radio).
6. In respect of business goods or samples, foodstuffs, perishable & consumable goods.
7. In respect of normal wear, tear, gradual deterioration, normal mechanical breakdown, electrical breakdown or derangement.
8. In respect of loss or damage whilst in the custody of a hotel or common carrier, unless reported immediately on discovery in

writing to such hotel or carrier within 3 days and in the case of an airline, a Property Irregularity Report obtained.

9. In respect of losses not reported to the police within 24 hours and a report obtained.
10. The following classes of property are excluded: animals, motor vehicles (including accessories), motorcycles, boats, motors, any other conveniences, household furniture, antiques, jewellery, loss of cash and bank notes, bonds, coupons, stamps, negotiable instruments, title deeds, manuscripts, securities of any kind, travel documents, tickets.
11. Loss of data recorded on tapes, cards, diskettes or otherwise.
12. Loss of Insured Person's baggage/property sent in advance or souvenirs and articles mailed or shipped separately.
13. Mysterious disappearance.

Section 29 - Golfing Equipment - Extension of Cover (Domestic Journey) (TA29)

The Company will pay the Insured Person for theft of or damage to the Golfing Equipment belonging to the Insured Person during the course of an insured Domestic Journey.

The Company shall not be liable, in whole or in part, directly or indirectly, for:

- a) Loss or damage to golf balls whilst actually in the course of play or practice,
- b) Loss of or damage due to wear and tear or damage due to any process of repair or while having worked upon resulting therefrom,
- c) Loss of or damage resulting from willful act or negligence of the Insured Person,
- d) Loss of or damage arising from confiscation or retention by customs or other officials,
- e) Accidental breakage of the golf clubs during the course of play or practice.

"Golfing Equipment", wherever used in this Policy shall include Golf Clubs, Bags, Golf Balls, and hand-drawn/pulled Golf Carriages (other than licensed electric or motor propelled caddie cars).

The maximum amount payable for any theft or damage to the Golfing Equipment shall not exceed the sub-limit stated in the Schedule of Benefits.

Section 30 - Personal Liability (Domestic Journey) (TA30)

The Company will indemnify the Insured Person for legal liability to a third party up to the limit stated in the Schedule of Benefits arising during the insured Domestic Journey as a result of:

- a) death or Accidental bodily Injury to a third party; or
- b) accidental loss of or damage to property of a third party.

The Policyholder and/or the Insured Person must not make any offer or promise payment or admit fault to any other party, or become involved in any litigation without the Company's written approval.

Exclusions Applicable to Section 30

The Company shall not be liable for any claim arising directly or indirectly from, in respect of, or due to any of the following:

1. Employer's liability, contractual liability or liability to a member of an Insured Person's family;
2. Acts of animals or property belonging to, or in the care, custody or control of an Insured Person;
3. Any claim arising out of the Insured Person's criminal, willful, malicious or unlawful act;
4. Pursuit of trade, business or profession;
5. Ownership or occupation of land or buildings (other than occupation only of any temporary residence);
6. Ownership possession or use of vehicles, aircraft or water craft;

7. Legal costs resulting from any criminal proceedings;
8. The Insured Person's participation in any motor rallies, motor racing of any kind or the use of firearms;
9. Sexual molestation, physical or mental abuse;
10. Golfing either in the course of play or practice; and/or
11. Any punitive, aggravated or exemplary damages awarded by the Courts.
12. Any claims arising out of the Insured Person's criminal, malicious or deliberate acts;

D. PART III [GENERAL EXCLUSIONS] OF THE POLICY IS HEREBY AMENDED TO INCLUDE THE FOLLOWING:

15. Any congenital and hereditary conditions of the Insured Person.

E. PART V [GENERAL CONDITIONS] OF THE POLICY IS HEREBY REVISED AS FOLLOWS:

1. PHYSICAL HEALTH OF INSURED PERSON

At the time of commencement of an Overseas Trip and Domestic Journey, the Insured Person must be fit to travel and not be aware of any circumstances, which could lead to cancellation or disruption of the Overseas Trip or the Domestic Journey, otherwise any claim is not payable.

2. NUMBER OF POLICY

The Insured Person can only be covered under one (1) such Policy for the same Overseas Trip and/or Domestic Journey.

3. NOTIFY AUTHORITIES

If the property insured under Sections 14, 15, 27, 28 and 29 of this Policy shall be lost or damaged, the Insured Person shall take all reasonable measures to protect, save, and recover it, and shall also promptly notify police, hotel, transportation company or transportation terminal authorities.

Under Sections 14, 15, 27, 28 and 29, the Insured Person must report losses to the Police, responsible hotel management, or responsible officer of any aircraft, vessel or conveyance on which the he/she is travelling and obtain a written statement from such authority when available unless failure to do so is due to circumstances beyond his/her control.

4. TO WHOM BENEFITS ARE PAYABLE

All indemnities of this Policy are payable to the Policyholder or at Policyholder's written request to the Insured Person, except for benefits under Sections 6, 7, 19, 23 and 30. Under Section 2 & 22, in the event funds for emergency medical treatment are guaranteed to the provider of healthcare by Travel Guard or their authorised representative, indemnities shall be payable directly to the provider of healthcare. Under Section 6, 7 and Section 23 the benefits will be paid directly to the provider of service as indicated in each Benefit. Under Section 19 & 30, the benefit shall be payable directly to whom the Insured Person is legally liable.

All other Policy Terms and Conditions remain Unchanged.

DISCLOSURE & POLICY STATEMENT
KETERANGAN & KENYATAAN POLISI

1. Under the prudential framework of Corporate Governance the following avenues have been set up to handle customer grievances:-
Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-

- a) The Customer Care Officer of Chartis Malaysia Insurance Berhad ("Company") at tel: 1-800-88-8811 or fax: 03-2081 3696 or via e-mail to cmicare@chartisinsurance.com. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer.

Pegawai Khidmat Pelanggan Chartis Malaysia Insurance Berhad ("Syarikat") di tel: 1-800-88-8811 atau faks: 03-2081 3696 atau e-mel pada cmicare@chartisinsurance.com. Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjatkan kepada Pegawai Khidmat Pelanggan.

- b) The Financial Mediation Bureau (FMB) at tel: 03-2272 2811 or fax: 03-2274 5752

Any policyholder who is not satisfied with the decision of an insurance company may write to the FMB, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate FMB's reference.

Biro Pengantaraan Kewangan (BPK) di tel: 03-2272 2811 atau faks: 03-2274 5752

Pemegang polisi yang tidak berpuas hati dengan keputusan sesebuah syarikat insurans boleh menulis surat aduan kepada FMB dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada FMB untuk rujukan.

An award of the FMB is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the FMB's decision and pursue an alternative legal recourse instead. There is no fee charged for services of the FMB.

Pihak Syarikat adalah terikat kepada keputusan FMB. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterima secara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak berpuas hati dengan keputusan FMB, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicalai untuk perkhidmatan FMB.

The address is / Alamat ialah:-

Biro Pengantaraan Kewangan
Tingkat 25, Bangunan Sime Bank
4, Jalan Sultan Sulaiman
50000 Kuala Lumpur

- c) Laman Informasi Nasihat dan Khidmat of Bank Negara Malaysia (BNM) at tel: 03-2698 8044 or fax: 03-2693 4051.

Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.

Laman Informasi Nasihat dan Khidmat di Bank Negara Malaysia (BNM) di tel: 03-2698 8044 atau faks: 03-2693 4051

Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.

The address is / Alamat ialah:-

Pengarah
Laman Informasi Nasihat dan Khidmat (LINK)
Tingkat Bawah, Blok C
Bank Negara Malaysia
Peti surat 10922
50929 Kuala Lumpur

2. By virtue of the Anti-Money Laundering Act, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.

Bersandarkan Akta Pencegahan Pengubahan Wang Haram, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.

3. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.

Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.

4. **CONSENT TO USE OF PERSONAL DATA** : Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at P.O. Box 11768, 50756 Kuala Lumpur or phone: 1-800-88-8811, fax: 03-2081-3696 or e-mail: cmicare@chartisinsurance.com.

By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by writing to the Company as above.

KEBENARAN UNTUK MENGGUNAKAN MAKLUMAT PERIBADI : Mana-mana maklumat peribadi yang dikumpulkan atau dipegang oleh pihak Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) yang diberikan kepada pihak Syarikat dan boleh dipegang, digunakan dan didedahkan oleh pihak Syarikat kepada individu, badan atau organisasi yang menyediakan perkhidmatan, organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (dalam atau luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyalatan tuntutan dan persatuan/perbadanan industri) bagi tujuan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pemedanan data, soal selidik dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan membuat pembetulan kepada apa-apa maklumat peribadi yang dipegang oleh pihak Syarikat berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat secara menulis kepada pihak Syarikat di P.O. Box 11768, 50756 Kuala Lumpur or phone: 1-800-88-8811, fax: 03-2081-3696 or e-mail: cmicare@chartisinsurance.com.

Dengan menyerahkan maklumat peribadi anda, anda menunjukkan persetujuan anda untuk membenarkan pihak Syarikat berkomunikasi dengan anda berkenaan produk terbaru, perkhidmatan dan acara-acara baru pihak Syarikat. Jika anda tidak mahu dihubungi oleh pihak Syarikat, anda boleh pilih keluar bila-bila masa dengan menulis kepada pihak Syarikat seperti di atas.

[L-V6] April 11

IMPORTANT NOTICE

Please take note that an Information Sheet is attached to your policy contract for the following products:

- i) Motor Insurance; and
ii) Fire Insurance for Residential Properties.

The Information Sheet contains a summary of the product features. If you have any queries or are unsure of any of the policy terms or conditions, kindly call our Customer Service Toll free at **1800 88 8811** (Monday – Friday, 9am – 5pm).

NOTIS PENTING

Sila ambil perhatian bahawa sesaliran Helaian Maklumat adalah dilampirkan dengan kontrak polisi anda untuk produk-produk berikut:

- i) Insurans Motor; dan
ii) Insurans Kebakaran untuk Harta Kediaman.

Helaian Maklumat mengandungi ringkasan ciri-ciri produk. Jika anda ada sebarang pertanyaan atau tidak pasti mengenai apa jua terma-terma atau syarat-syarat polisi, sila hubungi Talian Bebas Tol Perkhidmatan Pelanggan kami di **1800 88 8811** (Isnin – Jumaat, 9pagi – 5petang).

CHARTIS 
Your world, insured

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Wisma Chartis, No. 99 Jalan Ampang
50450 Kuala Lumpur, Malaysia
www.chartisinsurance.com.my