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,

Matt Harris

CEO

AIG Malaysia Insurance Berhad

CHARTIS

Group Employee Medical Plan (GEM)

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

- PROVISIONS -

- SCHEDULES -

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

CHARTIS

PART 1 - DEFINATIONS

In this Policy where consistent with the contents the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender: and each of the following words and expressions shall have the following meanings:

1. **"CMI"** refers to Chartis Malaysia Insurance Berhad (795492-W) (hereinafter referred to either as CMI).

2, **"Policy"** shall mean this agreement, any supplementary contracts or endorsement herein, any amendments hereto signed by CMI, the application form of the Policyholder, and any application forms required statements to CMI's medical examiners, questionnaires and enrolment cards of the Insured Person, which shall together constitute the entire contract between the Policyholder and CMI.

3. **"Policy Effective date"** shall mean the date from which the insurance coverage under this Policy becomes effective and shall be the date specified in the Policy Schedule.

4. **"Policy Year"** shall mean the one year period including the effective date of commencement of Insurance and immediately following that date, or the one year period following the Renewal or Renewed Policy.

5. **"Insured"** means the body corporate to whom this Policy has been issued in respect of cover for the Insured Persons.

6. **"Insured Person/Insured Person Employee "** shall mean a person described in the Policy Schedule.

7. **"Entry Date"** shall mean the date an Eligible Employee becomes and Insured Person under this Policy.

8. **"Active Service"** shall mean for employee to be employed with the Insured on a full time permanent basis and who are actively working on a day which is one of the Insured's scheduled work days and are performing inn the customary manner all the regular duties of his/her employment with the Insured on a full-time basis that day, either at one of the Insured business establishments, or at some location to which the Insured's business requires him to travel. An employee will be considered in Active Service on a day which is not one of the Insured schedule work days only if he or she was performing in the customary manner of all the regular duties of his employment on the preceding scheduled work day.

9. **"Sickness" "Sickness, Disease or Illness"** shall mean a physical condition marked by a pathological deviation from the normal healthy state.

10. **"Injury"** shall mean bodily injury caused solely by Accident.

11. **"Hospital"** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:

    i) has facilities for diagnosis and major surgery,
    ii) provides 24 hour a day nursing services by registered and graduate nurse(s),
    iii) is under the supervision of a Physician, and
    iv) is not primarily a clinic; a place for alcoholics or drugs addicts; a nursing, rest convalesce home or a home for the aged or similar establishment.

12. **"Any One Disability"** shall mean all of the periods disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

13. **"Renewal or Renewed Policy"** shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.

14. **"Accident"** shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs ant any identifiable time and place which shall, independently of any cause, be the sole cause bodily injury.

15. **"Disability"** shall mean a sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

16. **"Congenital Conditions"** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth these conditions include all types of hernias, and epilepsy except when caused by a trauma which occurs after the inception date of cover.

17. **Child** shall mean any person who has attained the age of 30 days and is an unmarried person, is financially Dependant upon the Insured Person and is under the age of 19, or up to the age of 23 for those registered as full time students at a recognized educational institution.

18. **Dependant** shall mean any of the following persons:
    (a) a legally married spouse of the Insured Person;
    (b) unmarried children over 30 days old but under nineteen (19) years of age or twenty-three (23) years of age is still on full-time higher education, and who are not gainfully employed.

19. **"Eligible Expenses"** shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule.

20. **Medically Necessary** shall mean a medical service which is:
    (a) consistent with the diagnosis and customary medical treatment for a covered Disability; and
    (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits; and
    (c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient); and
    (d) not of an experimental, investigational or research nature, preventive or screening nature; (e) for which the charges are fair and reasonable and customary for the Disability.

21. **"Pre-Existing Illness"** shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which :-
    a) the Insured Person had received or is receiving treatment;
    b) medical advice, diagnosis, care or treatment has been recommended;
    c) clear and distinct symptoms are or were evident; or
    d) its existence would have been apparent to a reasonable person in the circumstances

22. **"Specified Illnesses"** shall mean the following disabilities and its related conditions, occurring within the first 120 days of Insurance of the Insured Person, :
    a) Hypertension and diabetes mellitus and Cardiovascular disease.
    b) All Tumours, cancers, cycts, nodules, polyps, stones of the urinary system and biliary system.
    c) All ear, nose(including sinuses) and throat conditions
    d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
    e) Endometriosis including disease of the Reproduction System
    f) Vertebro-spinal disorders (including disc) and knee conditions

23. "**Hospitalisation**" shall mean admission to a Hospital as a registered in-patient for Medically Necessary treatments for covered Disability upon recommendation of a physician. A patient shall not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement.

24. "**Intensive Care Unit**" shall mean a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

25. "**Out-Patient"** shall mean the Insured Person is receiving medical care or treatment without being hospitalised and includes treatment in a Daycare Centre.

26. **"Waiting Period**" shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, Waiting Period will apply again.

27. **"Malaysian Government Hospital**" shall mean a hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.

28. **"Prescribed Medicines**" shall mean medicines that are dispensed by a Physician, a Registered Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

29. "**Doctor or Physician or Surgeon**" shall mean only a person qualified by a degree in Western Medicine and duly licensed or registered to practice medicine in the geographical area in which a service is provided, but excluding a Physician who is the Insured Person himself.

30. "**Specialist**" shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a physician or surgeon who is the Insured Person himself.

PART II - EMPLOYEE PARTICIPATION AND TERMINATION

Section A - Participation

I. All Eligible Employees on the Policy Effective Date shall be eligible for insurance under this Policy on the Policy Effective Date.

2. Employees not eligible as of the Policy Effective Date and new Employees shall become eligible for participation hereunder on the day following the completion of the required Waiting Period as specified in the Policy Schedule.

3. Employees whose participation has been terminated and who re-apply for participation shall be considered as new Employees.

4. Any Employee who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until the day he returns to Active Service in good health.

5. Every Employee who fulfills the conditions necessary to participate as set forth in paragraphs I to 4 above must elect to do so in writing within thirty-one (31) days from the date on which he becomes eligible. Otherwise, he shall be able to start participation only after he shall have furnished, at his own expense, evidence of his insurability satisfactory too CMI.

6. Each Eligible Employee shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 of this Section has been satisfied and the duly completed enrolment form has been received and coverage confirmed by CMI.

7. Changes in Classification as specified in the Policy shall be effective only on Policy Anniversaries and shall be subject to satisfactory evidence of insurability as may be required by CMI.

Section B - Termination

The insurance hereunder of any Insured Person shall automatically cease on the earliest of the following dates:

1. The date on which the Policy is terminated in accordance with Paragraphs 2 or 3 under Section B of Part V hereof.

2. The date of the expiration of the period for which the last premium payment is made on account of the Employee's insurance.

3. The date on which the Employee enters full-time military, naval or air service.

4. The Policy Anniversary immediately following the Employee's sixty-fifth (65) birthday.

5. The date on which CMI communicates to the Insured that the Policy ceases on account of war, or an act of war, such date being determined at the discretion of CMI.

6. The date on which the Employee shall cease to be a Employee. Cessation of Active Service by an Employee (or cessation of Employee in good standing in the case of associations) shall be deemed to constitute the termination of his employment. except that while an Employee is temporarily on part-time employment or is absent on account of Sickness or Injury, Employment shall be deemed to continue until premium payments for such Employee are discontinued, but not for a period longer than six (6) months from the date of termination of active employment.

PART III - BENEFIT PROVISIONS

Section A - Extent of Benefits

1. If an Insured Person is confined in a Hospital as a result of a covered Sickness or a covered Injury, CMI shall pay the benefits as provided in the Policy Schedule and in the following Section.

2. All benefits are applicable to the Insured Persons without geographical limitation subject only to the limitation and exclusions specified in Part IV of this Policy.

Section B - Benefits

1) **OPERATING THEATRE**
Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

2) **HOSPITAL SUPPLIES AND SERVICES**

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary General nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotheraphy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.

3) **ANAESTHETIC FEES**

Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessay administration of Anaesthesia not exceeding the limits as set forth in the Schedule of Benefits.

4) **IN-HOSPITAL PHYSICIAN VISIT**

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting a in-paying patient while confined in a Hospital for a non-surgical Disability subject to a maximum of 1 visit per day not exceeding the maximum number of days as set forth in the Schedule of Benefits.

5) **AMBULANCE FEES**

Reimbursement of the Reasonable and Customary Charges incurred for necessity domestic ambulance services (inclusive attendant) to and/or from the Hospital of confinement. Payment will not be made if the Insured Person is not hospitalized and subject to the limits set forth in the Schedule of Benefits.

6) **DIAGNOSTIC X-RAY & LAB TESTS (Inclusive of Pre & Post Hospitalization)**

Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-Ray and Laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability preceding hospitalization within 31 days after the such hospitalization and amount as set forth in the Schedule of Benefit in a Hospital and which are recommended by a qualified medical practitioner. No Payment shall be made if upon such diagnostic services, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.

7) **DAILY CASH ALLOWANCE AT GOVERNMENT HOSPITAL (Max 120 Days)**

Pays daily allowance for each day of confinement for a covered disability in a Malaysian Government Hospital, provided that the Insured Person shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefit. No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered disability.

8) **SURGICAL FEES (Subject to the Surgical Fees Schedule)**

Reimbursement of the Reasonable and Customary charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Insured Person and post-surgery care up to the maximum number of days from the date of surgery, but within the maximum indicated in the Schedule of Benefits. If more than one surgery performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

9) **HOSPITAL ROOM & BOARD (Max 120 Days)**

Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured Person's **c**onfinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as inpatient.

10) **INTENSIVE CARE UNIT (Max 20 Days)**

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in Schedule of Benefit. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefit, reimbursement will be restricted to the standard Daily Hospital Room and Board rate. No Hospital Room & Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefit is payable.

11) **EMERGENCY ACCIDENTAL OUT-PATIENT TREATMENT**

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum stated in the Schedule of Benefit, as a result of a covered bodily Injury arising from an Accident for Medically Necessary treatment as an outpatient at any registered clinic or hospital within 24 hour of the Accident causing the covered bodily Injury. Follow-up treatment by the same doctor or same registered clinic or Hospital for the same covered bodily Injury will be provided up to the maximum amount and maximum 14 days as set forth in the Schedule of Benefits.

12) **EMERGENCY SICKNESS TREATMENT (From 10pm - 6am)**

If an Insured Person shall require emergency out-patient treatment of an Illness in the Out-patient Department of a Hospital or at a Physician or Surgeon's office between the hours of 10 p.m. and 6.00 a.m. of the following morning (the time of treatment to be certified by the attending Doctor or Surgeon), CMI shall pay the actual amount charged but not exceeding the maximum Emergency Sickness Treatment Benefit set forth in the Schedule of Benefits.

13) **SPECIALIST CONSULTATION FEES (Inclusive of Pre & Post Hospitalization)**
CMI will reimburse the fees charged for Specialist consultations which are performed for diagnostic purposes on account of a Disability within 31 days preceding or after confinement in a Hospital, subject to the maximum limit stated in the Schedule of Benefits. No payment shall be made if upon such specialist consultation services, the Insured Person is not subject to a Hospital confinement for the treatment of the medical condition diagnosed.

Section C - Reasonable & Customary Charges

Shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

PART IV - LIMITATION, EXCLUSIONS & CLAIMS PROCEDURE

Section A - Limitation

When an Insured Person is entitled to benefits payable under the Employees' Compensation legislation, any government or public programme of medical benefits, or other group or individual insurance, the benefits payable under this policy shall be limited to the balance of expenses not covered by benefits payable under such legislation, programme or other insurances, or that computed in accordance with the Policy Schedule of this Policy, whichever is less.

Section B - Exclusions

This contract does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-Existing Illnesses.
2. Specified Illnesses occurring during the first 120 days of continuous cover
3. Out- Patient treatment not related to an in-patient treatment or day surgery, except as a result of an Accident.
4. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
5. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities admission kit/pack and other ineligible non-medical items.
6. Treatment for any Injury, or Disability for which such treatment are provided free.
7. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
8. Expenses incurred for sex changes.
9. Investigation and treatment of sleep and snoring disorders, and hormone replacement therapy for menopausal conditions and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic service, acupunture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
10. Communication or transportation expenses except local ambulance services.
11. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
12. Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
13. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
14. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
15. Any violation or attempt of violation of the law or resistance to arrest.
16. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases and any communicable related diseases required quarantine by law.
17. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, illegal activities, and where the Insured Person engages in a sport in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging in such sport.
18. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation.
19. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness(Radial Keratotomy and Lasik)and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
20. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.

21. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
22. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
23. Suicide, attempt suicide or intentionally self-inflicted Injury while sane or insane.
24. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
25. This Policy does not cover any serious physical injury, Sickness or Disease resulting directly or indirectly from, distributed to, or accelerated by:
    (i) The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
    (ii) The dispersal or application of pathogenic or poisonous biological or chemical materials; or
    (iii) The release of pathogenic or poisonous biological or chemical materials

    For the purposes of this exclusion, serious physical injury means
    (i) Physical injury that involves a substantial risk of death; or
    (ii) Protracted and obvious physical disfigurement; or
    (iii) Protracted loss of or impairment of the function of a bodily Employee or organ.
26. CMI is not liable to make any payments for liability under any coverage sections of this policy or make any payments under any extension for any loss or claim arising in, or where the insured or any beneficiary under the policy is a citizen or instrumentality of the government of, any country/countries against which any laws and/or regulations governing this policy and/or CMI, its parent company or its ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting CMI from providing insurance coverage or transacting business with or otherwise offering economic benefits to the Insured Person or any other beneficiary under the policy.

    It is further understood and agreed that no benefits or payments will be made to any beneficiary/beneficiaries who is/are declared unable to receive economic benefits under the laws and/or regulations governing this policy and/or CMI, its parent company or its ultimate holding entity.

Section C - Minimum Period of Confinement

Each Hospital confinement must be for a minimum period of' six (6) consecutive hours before any benefits hereunder are payable, except that no minimum period of Hospital confinement is required if such confinement is in connection with a surgical operation, or if the Hospital makes a charge for room and board.

PART V - GENERAL PROVISIONS

1. **ENTIRE CONTRACT-CHANGES IN POLICY:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance.

2. **CLAIM PROCEDURES:**
    a) The Insured Person shall within 30 days of a Disability that incurs claimable expenses, give written notice to CMI stating full particular of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

    b) The Insured Person shall immediately procure and act on proper medical advice and CMI shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

3. **ALTERATIONS:**
    CMI reserves the right to amend the terms and provisions of this Policy by giving a 30 day prior notice in writing by ordinary post to the Insured's last known address in CMI's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorized by CMI and such approval is endorsed thereon. The insurer should give 30 days prior written notice to the Insured according to the last recorded address for any alterations made.

4. **EFFECTIVE DATE:** The effective date of this Policy is as stated in the Policy Schedule. The effective date of the Certificate of insurance for each Insured Person will be that stated in the respective Certificates of Insurance.

5. **VALIDATION:** CMI will only issue one Certificate of Insurance to each Insured Person during the Period of Insurance under this Policy.

6. **CURRENCY OF PAYMENT:** All payments under this Policy shall be made in Ringgit Malaysia. Should any payment be requested by the Insured to be payable in any other currency, then such amount shall be

payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

7. **AGE LIMITS FOR PERSONS INSURED UNDER THIS POLICY:** Eligibility age of Insured Person shall be between the ages of Sixteen (16) years to Sixty Five (65).

8. **MIS-STATEMENT OF SEX:**
Where the sex of the Insured Person has been misstated, the following rules shall apply:
i) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this Policy shall be prorated based on the correct premium which should have been charged for the year; ii) any excess premium paid as a result thereof, shall be refunded without interest.

9. **MIS-STATEMENT OF AGE:**
If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result such misstatement of age shall be refunded without interest. If at the correct age the Insured Person would not have been eligible for cover under this Policy, no benefit shall be payable.

10. **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 a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this Policy. If the body of the Insured Person has not been found within one (1) year after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance in which the Insured Person was riding at the time of the accident and under such circumstances as would otherwise be covered hereunder, it will presumed that the Insured Person suffered loss of life resulting from bodily injury caused by an accident at the time of such disappearance, sinking or wrecking, unless there is evidence to the contrary.

11. **PROOF OF LOSS:** Written proof of loss must be furnished to CMI at its said office within ninety (90) days after the date of 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 possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

12. **LIMITATION OF CLAIMS:** No claim benefits shall be payable under this Policy if presented to CMI beyond a period of one (1) year from the Date of Loss.

13. **MEDICAL EXAMINATION:** CMI at its own expense shall have the right to require additional proof and request medical examination of the Insured Person when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.

14. **RECEIPTS:** CMI shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the Policy and the receipt of the Insured Person for any compensation payable herein shall in all cases be effectual discharge of liability of CMI.

15. **RIGHTS OF NOMINEE:** Consent of Nominee shall not be a pre-requisite to terminate or to cancel this Policy or to a Change of Nominee or for that matter for any changes in this Policy.

16. **OWNERSHIP OF POLICY:** Unless otherwise expressly provided for by Endorsement in the Policy, CMI shall be entitled to treat the Insured as the absolute owner of the Policy. CMI shall not be bound to recognise any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the Insured (or by his legal or un-authorised representative) alone shall be an effective discharge of all obligations and liabilities of CMI. The Insured shall be deemed to be responsible Principal or Agent of the Insured Persons covered under this Policy.
(In respect of Section 186 Group Policy, Insurer must comply with Section 186 (4) that Insurer shall pay moneys due directly to the Insured Person or any Person entitled through him and not the Group Policyholder/Insured)

17. **LEGAL PROCEEDINGS:** No action 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 filed in accordance with the requirements of this policy. If the Insured Person shall fail to supply requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to CMI with cogent reason(s) for the failure to comply with the Policy Terms, provision and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of CMI. After such grace period has expired, CMI will not accept, for any reason whatsoever, such written proof of loss.

18. **MIS-REPRESENTATION/FRAUD:** If the Proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, of if this Insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, of if any claim made shall be fraudulent or exaggerated, of if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

19. **REINSTATEMENT:** If any premium is in default beyond the Grace Period, the Policy may be reinstated with the consent of CMI within ninety (90) days after the due date of the premium in default subject to a written application for reinstatement; or production of evidence of insurability satisfactory to CMI. Benefits will not, however, be payable for any injury which occurs during the interval the Policy has lapsed.

20. **CONDITION PRECEDENT TO LIABILITY:** The due observance and the fulfillment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to any liability of CMI.

21. **ARBITRATION:** All differences arising out of this Policy shall be referred to an Arbitrator who shall be apponted in writing by the parites in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by CMI for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from the date of such disclaimer. Disputes should be heard in arbitration at the Kuala Lumpur Regional Centre for Arbitration and in accordance to the UNCITRAL ARBITRATION RULES.

22. **CONFORMITY WITH LAW:** Any provision of this Policy which, on its Effective Date is in conflict with Malaysian law is hereby amended to conform to the minimum requirement of such laws.

23. **CHANGE IN COUNTRY OF RESIDENCE:** Cover of the Insured Person are subject to their residence in Malaysia. Cover does not extend to any Insured Person residing outside of Malaysia unless prior extension of cover has been accorded by CMI. It is a condition precedent to liability under this Policy that in the event of change of country of residence, CMI must be informed in writing of any change in the Insured Person's country of residence. A change in the country of residence shall be deemed to mean the Insured Person is living or is intending to live in another country other than Malaysia in excess of twelve (12) consecutive calendar months. Failure to notify CMI of this change will invalidate the Insurance in respect of that Insured Person with effect from the date he/she leaves Malaysia permanently. CMI reserves the right to continue cover on the prevailing terms and conditions or to decline cover under this Policy upon receipt of such information.

24. **RESIDENCE OVERSEAS:** No benefit whatsoever shall be payable for any medical treatment received by the Insured Person outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

25. **TO WHOM INDEMNITY IS PAYABLE:** All indemnities of this Policy will be payable to the Insured Person. Any indemnity accruing at his or her death shall be paid to the last named Nominee(s) under this Policy. In the absence of Nomination (by virtue of non-election or invalidity), payment will be made to the Estate of the Insured Person. The receipt of any Benefits under this Policy by the Insured Person (or by his legal or authorised representative) alone shall be an effective discharge of all obligations and liabilities of CMI.

26. **CANCELLATION:** This Policy may be cancelled by the Insured at any time by giving a written notice to CMI; and provided that no claims have been made during the current policy year, the Insured shall be entitled to a refund of the premium as follow:-

Period Not exceeding:	Refund of Annual Premium
15 Days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months:	No refund

27. **ASSIGNMENT:** No assignment of interest under this Policy shall be binding upon CMI.

28. **PREMIUM WARRANTY ENDORSEMENT:** It is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid and received by CMI within sixty (60) days from the inception date of this Policy/Endorsement/Renewal. If this condition is not complied with then this contract is automatically cancelled and CMI shall be entitled to the pro-rata premium for the period they have been on risk. Where the premium payable pursuant to this warranty is received by an authorized agent of CMI, the payment shall be deemed to be received by CMI 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 authorized to receive such premium shall lie on CMI.

29. **UPGRADED ROOM AND BOARD:** If the Insured Person is hospitalised at a published room & board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the applicable Schedule of Benefits.

30. **PERIOD OF COVER AND RENEWAL**(Applicable to yearly renewable Policy): This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by CMI. This Policy is renewable at the option of CMI. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by CMI upon renewal.

31. **GEOGRAPHICAL TERRITORY:** All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day.

32. **GOVERNING LAW:** This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

33. **COOLING-OFF PERIOD:** If this Policy shall have been issued and for any reason whatsoever the Insured Person shall **decide** not to take up the Policy, the Insured Person may return the Policy to CMI for cancellation provided such request for cancellation is delivered by the Insured Person to CMI within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by CMI in the issue of the Policy.

34. **NOTICE:** Every notice or communication to CMI shall be in writing and sent to CMI. No alterations in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialled by an authorised representative of CMI.

35. **CERTIFICATION, INFORMATION AND EVIDENCE:** All Certificates, information, medical reports and evidence as required by CMI shall be furnished at the expense of the Insured, and in such a form that CMI may require. In any event all notices which CMI shall require the Insured to give must be in writing and addressed to CMI. An Insured Person shall, at CMI's request and expense, submit to a medical examination whenever such is deemed necessary.

36. **CONVERSION POLICIES:** If the Eligible Benefits provided under this Policy shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were converted the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the Eligible Benefits were converted.

37. **PORTFOLIO WITHDRAWAL CONDITION:** CMI reserves the right to cancel the portfolio as a whole if it decides to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the Insured and CMI will run off all policies to expiry of the period of cover within the portfolio.

Section A - Premium Rate

I. CMI shall have the right to change the rate at which the premiums shall be calculated, (a) on any Policy Anniversary, and (h) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, and (c) when the risks being insured against under the Policy have substantially increased, provided that in any event CMI notifies the Insured at least thirty-one (3 I) days in advance of such Premium Due Date.

2. Premium adjustments involving return of unearned premiums to the Insured shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by CMI of evidence that such adjustments should be made.

Section B - The Contract

1. All statements made by the Insured, or by the Insured Person, shall, in the absence of fraud, be deemed representations and not warranties. No statement shall be used by CMI to void this Policy or in defense to a claim under it, unless it is in writing.

2. The rights of the Insured or of any Insured Employee or of any nominee under the Policy shall not be affected by any provision other than those contained in this Policy.

3. No agent is authorized to alter or amend this Policy, to accept premiums in arrears or to extend any Premium Due Date, li) waive any notice or proof of claim required by the Policy, or to extend the date before which any such

notice or proof must be submitted. No change in this Policy shall be valid unless approved by CMI and evidenced by the endorsement hereon, or by amendment hereto signed by the Insured and by CMI.

4. Any changes as specified in the Policy Schedule shall be subject to the approval of CMI, such approval may only be granted at Policy Anniversaries.

Section C - Data Required

1. The Insured shall keep a record with respect to each under this Policy, showing the Employee's name, sex, age, or (late of birth, amount of insurance, Entry Date, the date insurance terminated, changes, with dates noted, of classification, and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical error in keeping the records shall not invalidate insurance otherwise validity in force nor continue insurance otherwise validly terminated, hut upon the discovery of such error, an equitable adjustment shall be made.

3. The Insured shall furnish CMI with all information and proof which CMI may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Insured by any Employee in connection with the insurance, and other records as may have hearing on the insurance under this Policy, shall be open her inspection by CMI at all reasonable times.

Section D - Enrolment Forms

The Insured shall furnish to CMI individual enrolment forms for each Employee in the form prescribed by CMI.

DEPENDANTS' GROUP HOSPITAL & SURGICAL BENEFIT

This Supplementary Contract is issued by **Chartis Malaysia Insurance Berhad (795492-W)** was formerly known as AIG General Insurance (Malaysia) Berhad ("CMI") and shall form a part of the Group Hospital and Surgical Policy (hereinafter called the "Basic Policy") to which it is attached.

CMI agrees, in consideration of the payment in advance to CMI of the additional premiums applicable to this Supplementary Contract and Computed in accordance with the Additional Premium Rates stated in the Schedule hereto, to cover the Insured Dependants as provided by and subject to the provisions herein contained.

Section 1 - Basic Policy Provisions

This Supplementary Contract is subject to all the Provisions of the Basic Policy except as herein modified. Reference in such Provisions to the Basic Policy shall be deemed, unless the context otherwise requires, to include a reference to this Supplementary Contract.

Section 2 - Dependants

The term "Dependant shall be construed to include only:

(a) the spouse of an Insured Person of this Supplementary Contract, provided such spouse is below sixty-five (65) years of age and is not insured under the Policy as an Employee;
(b) each child of such a Insured Person, provided such child is at least two (2) weeks old and is under eighteen (18) years of age and unmarried;
(c) each child of such an Insured Person between eighteen (18) amid twenty-three (23) years of age inclusive, provided such child is a full-time student, financially Dependant upon the Insured Person for support and unmarried.

Section 3 - Benefits

If, while this Supplementary Contract is in force, any Insured Dependant is confined in Hospital as a result of Sickness or Injury, CMI shall pay the same benefits as provided to the Insured Person in the Policy Schedule of the Basic Policy.

Section 4 - Dependants' Participation

(a) Each person who is a Dependant on the Effective Date of this Supplementary Contract shall be eligible at such Effective Date.
(b) Each person who becomes a Dependant after the Effective Date of this Supplementary Contract shall become eligible on the date such person becomes a Dependant.
(c) Any Dependant who is disabled by Sickness or Injury on the date he would otherwise become eligible for insurance hereunder shall not be eligible until the date he completely recovers from such disability.
(d) Any Dependant who fulfils the conditions as set forth in paragraphs (a) to (c) of this Section shall become an Insured Dependant on the date the Insured Person makes written application to CMI to insure his Dependants under this Supplementary Contract, except as may hereinafter otherwise be provided.
(e) If written application to the Insured for Dependants' insurance is not made within thirty-one (31) days from the date he Dependant becomes eligible, or if an Insured Person reapplies for insurance after a Dependant's insurance has terminated for any reason whatsoever, the Insured Person shall be required to furnish, without expense to CMI, evidence of insurability satisfactory to CMI for such Dependant before he shall become an Insured Dependant.
(f) Written application for insurance under this Supplementary Contract for an additional Dependant is not required of an Insured Person and such additional Dependant shall subject to paragraphs (a) to (c) of this Section automatically become an insured Dependant on the date such additional Dependant becomes eligible. The Insured, however, shall inform CMI of the name, sex, age, date of birth and any other necessary data of such additional Dependant and additional premiums, if applicable, shall be payable.

Section 5 - Dependants' Termination

The insurance hereunder of any Dependant shall automatically cease on the earliest of the following dates:

(a) The date the Policy is terminated.
(b) The date this Supplementary Contract is terminated.
(c) The date the Insured Person's insurance tinder the Policy is terminated.
(d) The date when the Dependant ceases to fulfill the conditions that had permitted him to become an Insured Dependant.
(e) The date of the expiration of the period for which the last premium payment is made for the Dependant's Insurance under this Supplementary Contract.

GROUP EXTENDED MEDICAL BENEFIT

THIS SUPPLEMENTARY CONTRACT is issued by **Chartis Malaysia Insurance Berhad (795492-W)** was formerly known as AIG General Insurance (Malaysia) Berhad ("CMI") and shall form a part of the Group Hospital and Surgical Policy (hereinafter called the Basic Policy) to which it is attached.

CMI agrees, in consideration of the payment in advance to CMI of the additional premiums applicable to this Supplementary Contract and computed in accordance with the Additional Premium Rates stated in the Schedule hereto, to cover the Insured Person as provided by and subject to the provisions herein contained.

Section 1 - Basic Policy Provisions

This Supplementary Contract is subject to all the Provisions of the Basic Policy except as herein modified. Reference in such Provisions to the Basic Policy shall be deemed, unless the context otherwise requires, to include a reference to the Supplementary Contract.

Section 2 - Benefits

If, while this Supplementary Contract is in force and as a result of a covered Sickness or a covered Injury, an Insured Person incurs in-Hospital expenses and out-patient specialist consultation expenses within thirty-one (3 l) days after discharge from hospitalization for the same disability, which are covered tinder the Benefit Provisions of the Basic Policy, CMI shall subject to the Maximum Benefit Per Any One Disability stipulated in the Schedule hereto reimburse the Insured Person for eighty per cent (80%) of the expenses which are in excess of the amounts payable under such Benefit Provisions provided

(a) the Insured Person shall have either
   (i) been confined in a Hospital for a period in excess of 31 days; or
   (ii) undergone a surgical operation for which at least seventy-five per cent (75%) of the Maximum Benefit is payable pursuant to the Surgical Schedule of Fees under the Basic Policy.

AND

(b) reimbursement of any Room and Board expenses shall be subject to eighty per cent (80%) of the Maximum Daily Room and Board Benefit stated in the Basic Policy Schedule and shall cover only those expenses incurred subsequent to the period covered by the Basic Policy.

Section 3 - Exclusions

No benefits shall be payable tinder this Supplementary Contract for pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding his Effective Date of this Supplementary Contract, unless the Employee affected by these conditions has been insured under this Supplementary Contract for twelve (12) consecutive months.

Section 4 - AIDS Exclusion

This Supplementary Contract shall riot cover any Hospital confinement, surgical operation or outpatient treatment caused directly or indirectly, wholly or partly, by Acquired Immuno-Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV). For the purpose of this Supplementary Contract:

(i) The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; and

(ii) Infection by HIV shall be deemed to have occurred where blood tests indicate in the opinion of CMI either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.

Section 5 - Claims

CMI reserves the right to require any claimant hereunder to undergo a blood test including a test for HIV as a condition precedent to the liability of CMI to make any payment.

GROUP SUPPLEMENTARY MEDICAL BENEFIT

THIS SUPPLEMENTARY CONTRACT is issued by **Chartis Malaysia Insurance Berhad (795492-W)** (hereinafter called CMI") and shall from a part of the Group Hospital amid Surgical Policy (hereinafter called the "Basic Policy") to which it is attached.

CMI agrees, in consideration of the payment in advance to CMI of tine additional premiums applicable to this Supplementary Contract and computed in accordance with the Additional Premium Rates stated in the Schedule hereto, to cover the Insured Person as provided by and subject to the provisions herein contained.

Section 1 - Basic Policy Provisions

This Supplementary Contract is subject to all provisions of the Basic Policy except as herein modified. Reference in such Provisions to the Basic Policy shall be deemed, unless the context otherwise requires, to include a reference to this Supplementary Contract.

Section 2 - Definitions

"Deductible Amount" shall mean in respect of Any One Disability the minimum amount of in-Hospital expenses which shall have been incurred by the Insured Person before any benefits are payable under this Supplementary Contract.

"Coinsurance" shall mean the participation percentage of CMI and the Insured Person for expenses in excess of the deductible Amount.

Section 3 - Benefits

If, while this Supplementary Contract is in force and as a result of a covered Sickness or a covered Injury, an Insured Person incurs in-Hospital expenses and outpatient specialist consultation expenses within thirty-one (31) days after discharge from hospitalization for the same disability, which are covered tinder the Benefit Provisions of the Basic Policy, CMI shall, subject to the Deductible Amount, Coinsurance and the Maximum Benefit. Per Any One Disability stipulated in the Schedule hereto, reimburse the Insured Person for such eligible expenses which are in excess of the amounts payable under such Benefit Provisions provided Room and Board expenses eligible tinder this Supplementary Contract shall be limited to the excess of the Room & Board Limit specified in the Schedule hereto over the Maximum Daily Room & Board Benefit reimbursed tinder the Basic Policy.

Section 4 - Exclusions

No benefits shall be payable tinder this Supplementary Contract for pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding his Effective Date of this Supplementary Contract, unless the Insured Person affected by these conditions has been insured under this Supplementary Contract for twelve (12) consecutive months.

Section 5 - AIDS Exclusion

This Supplementary Contract shall not cover any Hospital confinement, surgical operation or outpatient treatment caused directly or indirectly, wholly or partly, by Acquired Immuno-Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV). For the purpose of this Supplementary Contract:

(i) The definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition amid;
(ii) infection by IIIV shall be deemed to have occurred where blood tests indicate in the opinion of CMI either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.

Section 6 - Claims

CMI reserves the right to require any claimant hereunder to undergo a blood test including a test for HIV as a condition precedent to the liability of CMI to make any payment.

SURGICAL FEES SCHEDULE

Description of Surgical Operation	Percentage of Maximum Benefit
ABDOMEN	
Appendectomy	50%
Cholecystotomy or Cholecystostomy,drainage or removal of calculus (incision into the gallbladder to Remove stones)	55%
Exploratory Laparotomy	55%
Hepatectomy (resection of liver) partial lobectomy	75%
Gastrotomy,with exploration or foreign body removal	60%
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation	
ABSCESS	
Incision and drainage of abscess (e.g. cabuncle,suppurative hidradentis & other cutaneous or subcutaneous abscess)	5%
AMPUTATION	
Interpelviabdominal amputation	100%
Leg through tibia & fibula	55%
Arm,through humerus, with primary closure	55%
Finger or thumb, primary or secondary, any joint or phalanx single, including neurectomies with direct closure	20%
Toe, matatarsophalangeal joint	20%
BREAST	
Excision of cyst, fibro-adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions	25%
Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, uniteral	75%
Biopsy of breast, incisional	20%
CHEST	
Complete thoracoplasty	100%
Removal of lung or portion of lung	90%
Bronchoscopy - Diagnostic	20%
Lobectomy, total or segmental	90%
Pnenumonectomy, total	100%
Wedge resection or enucleation of lesion, single or multiple	75%
EAR	
Mastoidectomy-radical	80%
Myringoplasty	65%
Stapes mobilization	60%
Fenestration	100%
Excision of aura polyp	5%
CIRCULATORY SYSTEM	
Abdominal aortic - aneurysm (Circumscribed dilation of Aorta)	100%
thoracic aortic aneurysm - transverse arch graft	100%
ESOPHAGUS	
Use of gastroscope	20%
EYE	
Removal of foreign body from cornea	5%
Detached retina - (Repair of retinal detachment)	75%
Cataract	60%
Glaucoma	45%
Removal of Eyeball	45%
Incision of style or chalazion	10%
Excision or transposition of pterygium	30%
FRACTURES, treatment of:-	
Thoracic or lumbar spine, open reduction & fusion	95%
Shoulder - closed, open with uncomplicated soft tissue	30%
Carpal bone fracture (s) closed or open reduction	35%
Metacarpal fracture (s) closed or open reduction	35%
Phalangeal fracture - finger or thumb - closed or open	25%
Tibia & Fibula - with manipulative reduction	50%

Description of Surgical Operation	Percentage of Maximum Benefit
Cystectomy - with ureteroileal conduit or sigmoid bladder with bilateral pelvic lymphadenectomy	100%
Renal homotransplantation with unilateral recipient nephrectomy	100%
Circumcision	
Uterina suspension with or without shortening of round ligament	15%
	55%
Wedge resection or bisection of ovary, unilateral or bilateral	55%
Hydrotubation of oviduct	5%
Salpingo - oophorectomy, complete or partial, bilateral or unilateral	55%
Myomectomy, single or multiple, excision of fibroid tumor of uterus - abdominal approach	60%
Nephrectomy with total urateretomy & bladder cuff	85%
Transurethral resection of prostate	75%
Orchietomy, simple	30%
Exploration for undescanded testis	40%
GOITRE	
Throidectomy - Total	65%
Local excision of small cyst or adenoma of thyroid	50%
HERNIA	
Age one to twelve	40%
Inguinal, age twelve or over	45%
JOINTS AND DISLOCATIONS	
Knee dislocation, open with uncomplicated soft tissue closure, manipulative reduction	40%
Hip dislocation, closed or open, open reduction	65%
Ankle dislocation, closed or open, open reduction	60%
Tarsal bone dislocation, closed or open, open reduction	35%
NAIL	
Excision of nail and nail matrix, partial or complete (e.g. Ingrown or deformed nail)	15%
NOSE	
Submucous resection	40%
Sinus Lavage (Antrum puncture)	5%
Sinusotomy maxillary (antrotomy) intranasal, unilateral	25%
RECTUM	
Hemorrhoidectomy, internal & external, complex or extensive	55%
Incision & drainage of ischiorectal and/or perirectal abscess	15%
Fistulectomy	15%
SKULL	
Cutting into cranial cavity	100%
Removal of bone, decompression	40%
THROAT	
Adenoidectomy	15%
Tonsillectomy with or without adenoidectomy, age over 12 0r over	25%
Excision of tumor of cords & epiglottis/or stripping of vocal cords	35%
Laryngoscopy, direct operative with biopsy	25%
TUMOUR	
Incision of conjunctiva, drainage or cyst	5%
Drainage of ovarian cyst (s) vaginal	25%
Excision of Bartholin's tumor or cyst	25%
Lesion of tendon or fibrous sheath or capsule (e.g. Cyst or ganglion) foot or toe	20%
Lesion of tendon sheath - wrist	20%
GENITO - URINARY TRACT	
Subtotal hysterectomy	65%
Total hysterectomy (removal of complete uterus)	65%
Dilation & Curettage	25%

*** If the operation performed is not shown in the above table CMI reserves the right to determine the percentage of reimbursement for such operation based on the same reference used for arriving at the above percentage.**

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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 memanjangkan 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 dicaj 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 hendaklan 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 penyiasatan tuntutan dan persatuan/perbadanan industri) bagi tujuan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pemadanan 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.

JL-V6 / April 11

CMI V.7 / DEC 2009

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 sesalinan 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

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