

STAMP DUTY PAID



Tune Protect Malaysia

Tune Insurance Malaysia Berhad

Company No.: 197601004719 (30686-K)

Head Office

Level 9, Wisma Capital A, No. 19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur.

T 1800 88 5753 W tuneprotect.com

SST Registration No.: W10-1808-31039805

Critical Safe+ Insurance Policy

This is **Your** Critical Illness Insurance Policy. Please read this Policy carefully to ensure that You understand the terms and conditions and that the cover **You** require is being provided. If **You** have any questions after reading this document, please contact Your insurance advisor or Tune Insurance Malaysia Berhad. If there are any changes in **Your** circumstances that may affect the insurance provided, please notify Us immediately, otherwise **You** may not receive the full benefits of this Policy.

In consideration of **You** paying to **Us** the required premium, **We** will insure the **Insured Person** as per benefits shown in **Your** Policy Schedule, subject to the terms, provisions, exclusions and conditions as stated in this Policy.

Your Policy comprises this document, the Policy Schedule and any endorsement. They should be read as one document and any word or expression which has a particular meaning shall have the same meaning wherever it may appear throughout the Policy.

The written proposal and the declaration submitted by **You** shall form the contract of this insurance. The conditions appearing in this Policy or in any endorsement are part of this contract and must be complied with **You** and/or the **Insured Person** before **We** pay a claim.

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





Our Agreement

STATEMENT Pursuant to Schedule 9 of the Financial Services Act 2013

A 'consumer insurance contract' is a contract of insurance entered into, varied or renewed by an individual wholly for purposes unrelated to **Your** trade, business or profession.

Consumer Insurance Contract (Insurance wholly for purposes unrelated to Your trade, business or profession)

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

If **You** are required by **Us**, before this Policy is renewed or varied, to answer questions or if **You** are required to confirm or amend any matter previously disclosed by **You** to **Us** in relation to this Policy, it is **Your** duty not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

You must inform **Us** of any change to the information given to **Us** in **Your** answers or in respect of any matter previously disclosed to **Us** in relation to this Policy if such changes had taken place after **You** have submitted the application for renewal or variation but before this Policy is renewed or varied.

This Policy and any attached endorsement or supplement provided that the name and form number for such endorsement or supplement is listed in the Policy Schedule reflects the terms and conditions of the contract of insurance as agreed between **You** and **Us**.

DEFINITIONS

Accident means bodily injury caused solely by accidental means and not by **Sickness, Disease, Illness** or gradual physical or mental process.

Activities of Daily Living (ADL) are as follows:

(a) **Transfer** – getting in and out of a chair without requiring physical assistance.

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- (b) **Mobility** – the ability to move from room to room without requiring any physical assistance.
- (c) **Continence** – the ability to voluntary control bowel and bladder functions such as to maintain personal hygiene.
- (d) **Dressing** – putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) **Bathing/Washing** – the ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) **Eating** – all tasks of getting food into the body once it has been prepared.

Advanced Stage means the advanced stage of the Critical Illness as defined in the Critical Illness Stage column of the **Critical Illness Table**.

Age means the Age on next birthday.

Assessment Period means the period during which **We** will assess a condition before deciding whether or not the condition qualifies as being **Permanent**. The **Assessment Period** will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).

Congenital Conditions means 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. This will include all **Congenital Conditions** as classified and listed by the World Health Organization on Congenital, Malformations, Deformations and Chromosomal Abnormalities. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the **Insured Person** was continuously covered under this Policy.

Critical Illness Category means the category of Critical Illness for all benefits as set out in the **Critical Illness Table**.

Diabetic Care Disease means the following:

1. Surgery for Type 2 Diabetic Retinopathy
Diabetic Retinopathy with the need to undergo laser treatment to treat leaking blood vessels in the eye. This surgery must be certified to be absolutely necessary by a specialist in the relevant field with support of Fluorescein Fundus Angiography report and visual acuity of 6/18 or worse in the better eye using a Snellen eye chart.
2. Severe Diabetic Nephropathy
A definite diagnosis of Diabetic Nephropathy by a specialist in the relevant field and is evident by GFR less than 30ml/min/1.73m² with ongoing proteinuria greater than 300mg/24 hours.
3. Limb Amputation due to Type 2 Diabetic Complications

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The actual undergoing of amputation of a leg / foot / arm / hand to treat gangrene that has occurred because of a complication of diabetes.

Disability means a **Sickness, Disease, Illness** or the entire injuries arising out of a single or continuous series of causes.

Early Stage means the early stage of a Critical Illness as defined in the Critical Illness Stage column of the **Critical Illness Table**.

Expiry Date means the date when the Policy expires and is shown in the Policy Schedule.

Irreversible means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

Illness or **Disease** or **Sickness** means a physical condition marked by a pathological deviation from the normal healthy state.

Insured Person means the person insured under this Policy and is named in the Policy Schedule.

Issue Date means the date **We** issue this Policy as specified in the Policy Schedule, or in the case of any attached supplement or endorsement as specified in the supplement or endorsement. It is the month, day and year this Policy and any supplement or endorsement takes effect.

Medical Practitioner or **Physician** means a person who has a medical degree and is licensed or registered in Malaysia to practise western medicine. A **Medical Practitioner** cannot be any of the following people:

- (a) **Policyholder**;
- (b) **Insured Person**; or
- (c) Spouse or relative of the **Insured Person**.

Orang Kurang Upaya (OKU) / Persons With Disabilities (PWD) means Persons with Disabilities Act 2008 defined persons with **Disabilities** as those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society. There are 7 types of **Disabilities**; Learning, Mental, Physical, Multiple Disabilities, Visual Impairment, Hearing Impairment and Speech Impairment.

Policy Anniversary means the same day and month each year as the **Policy Date**.

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Policy Date means the Period of Insurance as shown in the Policy Schedule.

Permanent means expected to last throughout the lifetime of the **Insured Person**.

Permanent Neurological Deficit with Persisting Clinical Symptoms means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the **Insured Person**. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

Pre-Existing Illness means the **Disability** that the **Insured Person** has reasonable knowledge of. An **Insured Person** may be considered to have reasonable knowledge of a **Pre-Existing Illness** 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.

Reinstatement Date means the date **Your** application for reinstatement is approved as specified in the Policy Schedule, or in the case of any attached supplement or endorsement as specified in the supplement or endorsement.

Sum Insured means the sum insured as shown in the Policy Schedule or any subsequent endorsement issued by **Us**.

Survival Period means the period of seven (7) days after the diagnosis of a covered Critical Illness for which the **Insured Person** must survive before a claim becomes valid.

You, Your, Yours and **Policyholder** means the Policy Owner named in the Policy Schedule.

We, Us, Our, Ours and **Company** means Tune Insurance Malaysia Berhad at its registered office in Kuala Lumpur, Malaysia.

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Critical Illness Table means the table below:

No.	Critical Illness Category	Critical Illness Stage	Percentage of Sum Insured (%)	Critical Illness
Option 1A or Option 2A or Option 3A	Heart Attack	Advanced Stage	100	<p>Heart Attack – of specified severity</p> <p>Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:</p> <ul style="list-style-type: none"> (a) A history of typical chest pain; (b) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; and (c) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher: Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml <p>The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) occurrence of an acute coronary syndrome including but not limited to unstable angina. (b) a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.
Option 1A or Option 2A or Option 3A	Cancer	Advanced Stage	100	<p>Cancer – of specified severity and does not cover very early cancers</p> <p>Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) All cancers which are histologically classified as any of the following: <ul style="list-style-type: none"> i. pre-malignant ii. non-invasive iii. carcinoma in situ

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				iv. having borderline malignancy v. having malignant potential (b) All tumours of the prostate histologically classified as T1N0M0 (TNM classification) (c) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification) (d) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification) (e) Chronic Lymphocytic Leukemia less than RAI Stage 3 (f) All cancers in the presence of HIV (g) Any skin cancer other than malignant melanoma.
Option 2A or Option 3A	Stroke	Advanced Stage	100	<p>Stroke – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms</p> <p>Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of 3 months applies.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) Transient ischemic attacks (TIA) (b) Cerebral symptoms due to migraine (c) Traumatic brain injury or to its blood vessels (d) Vascular Disease affecting the eye or optic nerve or vestibular functions
Option 2A or Option 3A	Serious Coronary Artery Disease	Advanced Stage	100	<p>Serious Coronary Artery Disease</p> <p>The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of 60% in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery.</p> <p>This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.</p>
Option 2A or Option 3A	Kidney Failure	Advanced Stage	100	<p>Kidney Failure – requiring dialysis or kidney transplant</p> <p>End stage kidney failure presenting as chronic Irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or renal transplantation is carried out by a nephrologist.</p>

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Optional Cover B #	Heart Attack	Early Stage	50	Heart Attack (a) Insertion of Cardiac Defibrillator Insertion of a Permanent cardiac defibrillator as a result of serious cardiac arrhythmia which cannot be treated via any other method. The surgical procedure must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac condition resulting from alcohol abuse is excluded. (b) Insertion of Pacemaker Insertion of a Permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field. Cardiac condition resulting from alcohol abuse is excluded.
Optional Cover B #	Stroke	Early Stage	50	Stroke – Carotid Artery Surgery The actual undergoing of an endarterectomy of the Internal Carotid Artery or Common Carotid Artery as a result of a neurological deficit caused by a narrowing of a minimum of 80% arterial narrowing. The neurological complication should have been documented before the endarterectomy procedure. Endarterectomy of blood vessels other than the carotid artery is specifically excluded.
Optional Cover B #	Cancer	Early Stage	50	(a) Carcinoma in situ Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with cervical biopsy. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Non-melanoma CIS is also specifically excluded. Carcinoma in situ of the biliary system is also

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				specifically excluded. This coverage is available to the first occurrence of CIS only; or
				<p>(b) Early Prostate Cancer Prostate Cancer that is histologically described using the TNM Classification as T1a or T1b or T1c or Prostate Cancers described using another equivalent classification; or</p> <p>(c) Early Thyroid Cancer Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 1cm in diameter; or</p> <p>(d) Early Bladder Cancer Urinary Bladder Cancer that is histologically described using the TNM Classification as T1N0M0 including Papillary microcarcinoma of Bladder established by histopathological report (HPE); or</p> <p>(e) Early Chronic Lymphocytic Leukemia Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded; or</p> <p>(f) Surgical Excision of a Spinal Meningioma The actual undergoing of a surgical excision of a spinal meningioma by a Consultant Neurosurgeon. The diagnosis must be supported by CT or MRI and histopathological evidence.</p>
Optional Cover B #	Coronary Artery Disease	Early Stage	50	<p>Coronary Artery Disease The narrowing of the lumen of at least 2 major coronary arteries (not inclusive of their branches) by a minimum of 60% or more as proven by coronary arteriography (non-invasive diagnostic procedures are excluded).</p> <p>Coronary Arteries herein refer to the Right Coronary Artery (RCA), Left Main Stem, Left Anterior Descending Artery (LAD) and Circumflex Artery, but not their branches.</p> <p>A narrowing of 60% or more of the Left Main Stem will be considered as a narrowing of 2 major arteries (Left Anterior Descending Artery (LAD) and Circumflex Artery).</p> <p>This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.</p>

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Optional Cover B #	Kidney Failure	Early Stage	50	Chronic Kidney Disease A nephrologist must make a diagnosis of chronic kidney disease with permanently or severely impaired renal function. There must be accompanied with a laboratory evidence that showed the renal function is severely decreased with GFR of less than 15 ml/min/1.73m ² , persisting for a period of 6 months or more, whereby the diagnosis of the chronic kidney disease is stage 4 and above.
Option 3A	Coronary Artery By-Pass Surgery	Advanced Stage	100	Coronary Artery By-Pass Surgery Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting. For the above definition, the following are not covered: (a) angioplasty (b) other intra-arterial or catheter based techniques (c) keyhole procedures (d) laser procedures
Option 3A	Angioplasty and other invasive treatments for coronary artery disease	Advanced Stage	10	Angioplasty and other invasive treatments for coronary artery disease The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence. Intra-arterial investigative procedures are not covered. Payment under this clause is limited to 10% of the Critical Illness coverage under this policy subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the payable Sum Insured of this Policy, thereby reducing the amount of the Sum Insured which may be payable.
Option 3A	End-Stage Liver Failure	Advanced Stage	100	End-Stage Liver Failure The End-stage liver failure as evidenced by all of the following: (a) Permanent jaundice; and (b) Ascites (excessive fluid in peritoneal cavity); and (c) Hepatic encephalopathy. Liver failure secondary to alcohol or drug abuse is not covered.

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Option 3A	Fulminant Viral Hepatitis	Advanced Stage	100	<p>Fulminant Viral Hepatitis</p> <p>A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:</p> <ul style="list-style-type: none"> (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; and (b) Necrosis involving entire lobules, leaving only a collapsed reticular framework; and (c) Rapidly deteriorating liver functions tests; and (d) Deepening jaundice. <p>Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.</p>
Option 3A	Coma	Advanced Stage	100	<p>Coma – resulting in Permanent Neurological Deficit with Persisting Clinical Symptoms</p> <p>A state of unconsciousness with no reaction to external stimuli or internal needs. The diagnosis must be supported by evidence of all of the following:</p> <ul style="list-style-type: none"> (a) no response to external stimuli for at least 96 hours; and (b) life support measures are necessary to sustain life; and (c) Permanent Neurological Deficit with Persisting Clinical Symptoms which need minimum Assessment Period of 30 days after the onset of the coma. <p>The condition has to be confirmed by a neurologist.</p> <p>Coma resulting directly from alcohol or drug abuse is excluded.</p>
Option 3A	Benign Brain Tumor	Advanced Stage	100	<p>Benign Brain Tumor – of specified severity</p> <p>Benign brain tumour shall mean a non-malignant tumour or cyst originating in the brain, cranial nerves, within the skull, which may result in any of the following:</p> <ul style="list-style-type: none"> (a) Permanent Neurological Deficit with Persistent Clinical Symptoms; or (b) Undergoing invasive surgery to remove partly or wholly of the tumour; or (c) Stereotactic radiosurgery or specific chemotherapy to destroy the tumour due to its localization. <p>Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.</p> <p>The following are not covered:</p> <ul style="list-style-type: none"> (a) Cysts (b) Granulomas

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				(c) Malformations in or of the arteries or veins of the brain (d) Hematomas (e) Tumours in the pituitary gland (f) Tumours in the spine (g) Tumours of the acoustic nerve.
Option 3A	Paralysis of limbs	Advanced Stage	100	Paralysis of limbs Total, Permanent and Irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of 6 months applies.
Option 3A	Blindness	Advanced Stage	100	Blindness – Permanent and Irreversible Permanent and Irreversible loss of sight and light perception in both the eyes resulting from an Accident or Illness . The result must be certified by an ophthalmologist. This cover excludes: (a) genetic defect or Congenital Conditions and develop to total blindness. (b) total blindness caused by outcome from alcohol poisoning.
Option 3A	Deafness	Advanced Stage	100	Deafness – Permanent and Irreversible Permanent and Irreversible loss of hearing as a result of Accident or Illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.
Option 3A	Third Degree Burns	Advanced Stage	100	Third Degree Burns – of specified severity First occurrence of burns that affect the epidermis, dermis and hypodermis at least 20% of total body surface causing charring of skin, muscle being irretrievably lost or charring of bones.
Option 3A	HIV Infection Due To Blood Transfusion	Advanced Stage	100	HIV Infection Due To Blood Transfusion Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: (a) The blood transfusion was medically necessary or given as part of a medical treatment; and (b) The blood transfusion was received in Malaysia or Singapore after the commencement of the policy; and (c) The source of the infection is established to be from the medical institution that provided the blood transfusion and the institution is able to trace the

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				<p>origin of the HIV tainted blood; and</p> <p>(d) The Insured Person does not suffer from hemophilia; and</p> <p>(e) The Insured Person is not a member of any high risk groups including but not limited to intravenous drug users.</p>
Option 3A	Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection	Advanced Stage	100	<p>Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection</p> <p>Infection with the Human Immunodeficiency Virus (HIV) (only if the Insured Person is a Medical Staff as defined below), where it was acquired as a result of an Accident occurring during the course of carrying out normal occupational duties with seroconversion to HIV infection occurring within 6 months of the Accident. Any Accident giving rise to a potential claim must be reported to Us within 30 days of the Accident taking place supported by a negative HIV test taken within 7 days of the Accident.</p> <p>"Medical Staff" is defined as doctors (Medical Officer / General Practitioner and Specialists), traditional practitioners, nurses, paramedics, laboratory technicians, dentists, dental nurses, ambulance workers who are working in a medical centre or hospital or dental clinic/polyclinic in Malaysia. Doctors, traditional practitioners, nurses and dentists must be registered with the Ministry of Health of Malaysia.</p>
Option 3A	Full-blown AIDS	Advanced Stage	100	<p>Full-blown AIDS</p> <p>The clinical manifestation of Acquired Immuno-deficiency Syndrome (AIDS) must be supported by the results of a positive Human Immuno-deficiency Virus (HIV) antibody test and a confirmatory test. In addition, the Insured Person must have a CD4 cell count of less than 200 / μL and one or more of the following criteria are met:</p> <p>(a) Weight loss of more than 10% of body weight over a period of 6 months or less (wasting syndrome)</p> <p>(b) Kaposi Sarcoma</p> <p>(c) Pneumocystis Carinii Pneumonia</p> <p>(d) Progressive multifocal leukoencephalopathy</p> <p>(e) Active Tuberculosis</p> <p>(f) Less than 1000 Lymphocytes / μL</p> <p>(g) Malignant Lymphoma</p>
Option 3A	End-Stage Lung Disease	Advanced Stage	100	<p>End-Stage Lung Disease</p> <p>End-stage lung disease causing chronic respiratory failure.</p> <p>All of the following criteria must be met:</p> <p>(a) The need for regular oxygen treatment on a Permanent and continuous basis; and</p>

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				<p>(b) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV1) of less than 1 liter during the first second; and</p> <p>(c) Shortness of breath at rest with Forced Vital Capacity (FVC) below 50% of normal; and</p> <p>(d) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55 mmHg or less.</p>
Option 3A	Encephalitis	Advanced Stage	100	<p>Encephalitis – resulting in <i>Permanent</i> inability to perform Activities of Daily Living</p> <p>Severe inflammation of brain substance, resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living. A minimum Assessment Period of 30 days applies. The covered event must be certified by a neurologist.</p> <p>Encephalitis in the presence of HIV infection is not covered.</p>
Option 3A	Major Organ / Bone Marrow Transplant	Advanced Stage	100	<p>Major Organ / Bone Marrow Transplant</p> <p>The receipt of a transplant of:</p> <p>(a) Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or</p> <p>(b) One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from Irreversible end-stage failure of the relevant organ.</p> <p>Other stem cell transplants are not covered.</p>
Option 3A	Loss of Speech	Advanced Stage	100	<p>Loss of Speech</p> <p>Total, Permanent and Irreversible loss of the ability to speak as a result of injury or Illness. A minimum Assessment Period of 6 months applies. Medical evidence to confirm injury or Illness to the vocal cords to support this Disability must be supplied by an Ear, Nose, and Throat specialist.</p> <p>All psychiatric related causes are not covered.</p>
Option 3A	Brain Surgery	Advanced Stage	100	<p>Brain Surgery</p> <p>The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.</p> <p>For the above definition, the following are not covered:</p> <p>(a) Burr hole procedures</p> <p>(b) Transphenoidal procedures</p> <p>(c) Endoscopic assisted procedures or any other minimally invasive procedures</p> <p>(d) Brain surgery as a result of an Accident.</p>

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Option 3A	Heart Valve Surgery	Advanced Stage	100	<p>Heart Valve Surgery The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) Repair via intra-arterial procedure (b) Repair via key-hole surgery or any other similar techniques.
Option 3A	Terminal Illness	Advanced Stage	100	<p>Terminal Illness The conclusive diagnosis of a condition that is expected to result in death of the Insured Person within 12 months. The Insured Person must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by Our appointed doctor.</p>
Option 3A	Loss of Independent Existence	Advanced Stage	100	<p>Loss of Independent Existence Confirmation by an appropriate specialist of the loss of independent existence and resulting in a Permanent inability to perform at least 3 of the Activities of Daily Living. A minimum Assessment Period of 6 months applies.</p>
Option 3A	Bacterial Meningitis	Advanced Stage	100	<p>Bacterial Meningitis – resulting in <i>Permanent</i> inability to perform <i>Activities of Daily Living</i> Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in Permanent functional impairment. The Permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living. A minimum Assessment Period of 30 days applies.</p> <p>The diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> (a) an appropriate specialist; and (b) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture. <p>For the above definition, other forms of meningitis, including viral meningitis are not covered.</p>
Option 3A	Major Head Trauma	Advanced Stage	100	<p>Major Head Trauma – resulting in <i>Permanent</i> inability to perform <i>Activities of Daily Living</i> Physical head injury resulting in Permanent functional impairment verified by a neurologist. The Permanent functional impairment must result in an inability to perform at least 3 of the Activities of Daily Living. A minimum</p>

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				Assessment Period of 3 months applies.
Option 3A	Chronic Aplastic Anemia	Advanced Stage	100	<p>Chronic Aplastic Anemia – resulting in Permanent Bone Marrow Failure</p> <p>Irreversible Permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least 2 of the following treatments:</p> <ul style="list-style-type: none"> (a) Regular blood product transfusion; (b) Marrow stimulating agents; (c) Immunosuppressive agents; or (d) Bone marrow transplantation. <p>The diagnosis must be confirmed by a bone marrow biopsy.</p>
Option 3A	Motor Neuron Disease	Advanced Stage	100	<p>Motor Neuron Disease – Permanent Neurological Deficit with Persisting Clinical Symptoms</p> <p>A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be Permanent Neurological Deficit with Persisting Clinical Symptoms.</p>
Option 3A	Parkinson's Disease	Advanced Stage	100	<p>Parkinson's Disease – resulting in permanent inability to perform Activities of Daily Living</p> <p>A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:</p> <ul style="list-style-type: none"> (a) Cannot be controlled with medication; and (b) Shows signs of progressive impairment; and (c) Confirmation of the Permanent inability of the Insured Person to perform without assistance 3 or more of the Activities of Daily Living. <p>Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.</p>
Option 3A	Alzheimer's Disease/Severe Dementia	Advanced Stage	100	<p>Alzheimer's Disease/Severe Dementia</p> <p>Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured Person. The diagnosis must be clinically confirmed by a neurologist.</p> <p>From the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) Non organic brain disorders such as neurosis; (b) Psychiatric illnesses;

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				(c) Drug or alcohol related brain damage.
Option 3A	Muscular Dystrophy	Advanced Stage	100	<p>Muscular Dystrophy</p> <p>The definite diagnosis of a Muscular Dystrophy by a Neurologist which must be supported by all of the following:</p> <ul style="list-style-type: none"> (a) Clinical presentation of progressive muscle weakness; and (b) No central/peripheral nerve involvement as evidenced by absence of sensory disturbance; and (c) Characteristic electromyogram and muscle biopsy findings. <p>No benefit will be payable under this covered event before the Insured Person has reached the Age of 12 years next birthday.</p>
Option 3A	Surgery to Aorta	Advanced Stage	100	<p>Surgery to Aorta</p> <p>The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta.</p> <p>For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>For the above definition, the following are not covered:</p> <ul style="list-style-type: none"> (a) angioplasty; (b) other intra-arterial or catheter based techniques; (c) other keyhole procedures; (d) laser procedures.
Option 3A	Multiple Sclerosis	Advanced Stage	100	<p>Multiple Sclerosis</p> <p>A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:</p> <ul style="list-style-type: none"> (a) Investigations which confirm the diagnosis to be Multiple Sclerosis; and (b) Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least 6 months; and (c) Well documented history of exacerbations and remissions of said symptoms or neurological deficits.
Option 3A	Primary Pulmonary Arterial Hypertension	Advanced Stage	100	<p>Primary Pulmonary Arterial Hypertension – of specified severity</p> <p>A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in Permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac</p>

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				<p>impairment.</p> <p>Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:</p> <p>(a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.</p> <p>(b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
Option 3A	Medullary Cystic Disease	Advanced Stage	100	<p>Medullary Cystic Disease</p> <p>A progressive hereditary Disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.</p>
Option 3A	Cardiomyopathy – of specified severity	Advanced Stage	100	<p>Cardiomyopathy – of specified severity</p> <p>A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in Permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment for at least 6 months for both classes of NYHA. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:</p> <p>(a) Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.</p> <p>(b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Cardiomyopathy directly related to alcohol or drug abuse is not covered.</p>
Option 3A	Systemic Lupus Erythematosus With Severe Kidney Complications	Advanced Stage	100	<p>Systemic Lupus Erythematosus With Severe Kidney Complications</p> <p>A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist, resulting in either of the following:</p>

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				<p>(a) Permanent Neurological Deficit with Persisting Clinical Symptoms.</p> <p>(b) Permanent impairment of kidney functions with GFR below 30mls/ min.</p> <p>For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.</p> <p>WHO Lupus Classification: Type III - Focal Segmental glomerulonephritis Type IV - Diffuse glomerulonephritis Type V - Membranous glomerulonephritis</p>
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Optional Covers B and Diabetic Care Disease is applicable to Option 2 or Option 3 if You opt in to cover this Optional Covers and it is shown in the Policy Schedule.

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SCHEDULE OF BENEFITS

BENEFIT Sum Insured Per Life	Plan 1 RM30,000	Plan 2 RM50,000	Plan 3 RM100,000	Plan 4 RM150,000	Plan 5 RM200,000
<u>Option 1</u> A. Top 2 Critical Illnesses <ul style="list-style-type: none">Heart Attack - of specified severityCancer - of specified severity and does not cover very early cancers	Advanced Stage: 100%				
<u>Option 2</u> A. Top 5 Critical Illnesses <ul style="list-style-type: none">Heart Attack - of specified severityStroke - resulting in permanent neurological deficit with persisting clinical symptomsCancer - of specified severity and does not cover very early cancersSerious Coronary Artery DiseaseKidney Failure - requiring dialysis or kidney transplant	Advanced Stage: 100%				
<u>Optional Cover</u> B. Early Stage of Top 5 Critical Illnesses <ul style="list-style-type: none">Heart AttackStrokeCancerCoronary Artery DiseaseKidney Failure	Early Stage: 50%				

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C. Diabetic Care Disease <ul style="list-style-type: none"> • Surgery for Type 2 Diabetic Retinopathy • Limb Amputation due to Type 2 Diabetic Complications • Severe Diabetic Nephropathy 	RM7,500	RM12,500	RM25,000	RM37,500	RM50,000
Option 3					
A. 39 Critical Illnesses*	Advanced Stage: 100%				
Optional Cover					
B. Early Stage of Top 5 Critical Illnesses <ul style="list-style-type: none"> • Heart Attack • Stroke • Cancer • Coronary Artery Disease • Kidney Failure 	Early Stage: 50%				
C. Diabetic Care Disease <ul style="list-style-type: none"> • Surgery for Type 2 Diabetic Retinopathy • Limb Amputation due to Type 2 Diabetic Complications • Severe Diabetic Nephropathy 	RM7,500	RM12,500	RM25,000	RM37,500	RM50,000

* up to 100% of **Sum Insured** is payable upon diagnosis of **Advanced Stage**, provided no claim for **Early Stage** has been paid. In the event, a claim for **Early Stage** is paid, it shall reduce the **Sum Insured** of the **Advanced Stage** accordingly.

** For Angioplasty and other invasive treatments for coronary artery disease, 10% of Critical Illness **Sum Insured** is payable subject to maximum RM25,000 (this event is payable once only).

SPECIAL PROVISIONS

Eligibility

- To be a **Policyholder** or an **Insured Person** under this Policy, one must be:
 - a Malaysian citizen;
 - a Permanent Resident of Malaysia; or
 - a legal work permit or employment pass holder who is legally residing in Malaysia.
- In addition to the requirements in Paragraph 1) above, one must also fulfil the following **Age** requirements:

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- a) to be a **Policyholder**, one must be at least 18 years old;
 - b) to be an **Insured Person**, one must be aged 15 days to 60 years old, renewable up to 70 years old; and
 - c) for a child to be an **Insured Person**, the child must be at least 15 days old and is an unmarried person, is financially dependent upon the **Policyholder** 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.
- 3) **Orang Kurang Upaya (OKU)** is not eligible for the cover.

GENERAL CONDITIONS

1. Incontestability

Except for fraud, **We** will not contest the validity of this Policy after it has been in force during the **Insured Person's** lifetime for two (2) years continuously from the **Issue Date**. However, if **We** can show that there is a suppression of a material fact or a statement by **You/the Insured Person** on a material matter was inaccurate, false, misleading or it was fraudulently made or omitted, **We** shall have the right to void this Policy accordingly.

Where this Policy has been in force during the lifetime of the **Insured Person** for two (2) years or less from the **Issue Date**, **We** may void this Policy and refuse all claims if a misrepresentation was found to be deliberate or reckless.

If the misrepresentation was careless or innocent, **We** may at **Our** absolute discretion:

- (a) void this Policy and refuse all claims, in which case **We** shall refund all premiums paid. This payment shall be a complete and valid discharge of any of **Our** liability under this Policy;
- (b) include different terms if **We** would have entered into this Policy with different terms had the information been disclosed to **Us**; or
- (c) take any necessary remedies in accordance with the Financial Services Act 2013.

2. Misstatement of Age

Subject to **Our** rights in the case of fraud, if the **Insured Person's Age** has been misstated, the benefits, the premiums and the coverage terms under this Policy will be adjusted according to the correct **Age**.

- (a) If the **Age** of the **Insured Person** is misstated and if the premium paid is lower than supposed premium, **We** will pay the benefits that the premium paid would have purchased according to the rate at the true **Age**, and not the benefits as shown in this Policy or any subsequent endorsement issued by **Us**;
- (b) If the **Age** of the **Insured Person** is misstated and if the premium paid is higher than supposed premium, **We** will refund the excess of premium paid without interest;
- (c) If the **Insured Person** was not insurable under this Policy according to **Our** requirements, this Policy (including any attached endorsement and supplement) will be void from the **Policy Date** and all premiums paid without interest will be refunded.

Proof of **Age** of the **Insured Person** shall be required prior to payment of any benefit under this Policy.

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3. Termination

This Policy will be automatically terminated upon the first occurrence of any one of the following events:

- (a) termination in accordance with the Grace Period clause under the Premium and Charges Provision;
- (b) cancellation of the Policy;
- (c) lapsation of the Policy;
- (d) on the **Expiry Date**;
- (e) 100% of the Critical Illness **Sum Insured** has been fully paid;
- (f) when the **Insured Person** cease to satisfy any one (1) of the Eligibility criteria stated in Special Provisions; or
- (g) death of the **Insured Person**.

Once terminated, this Policy shall cease to be in force. The payment or acceptance of any premium hereunder subsequent to the termination of this Policy shall not create any liability on **Our** part but **We** shall refund any such premium without interest.

4. Notice

Any notice to be given to **You** under this Policy will be sent to **You** via the correspondence address/e-mail address that **You** have registered with **Us** during the enrolment or change request in **Our** records at **Our** office. Any such notice will run from the time such notice is sent. In the case that any notice is returned undelivered to **You**, **We** may, at **Our** sole and absolute discretion, at **Your** own risk, withhold all subsequent notice until **We** have been notified by **You** of **Your** new correspondence address/e-mail address.

Every notice or communication to **Us** shall be in writing and sent to **Us** at **Our** authorized correspondence address/e-mail address.

5. Claim Procedures

Before **We** can consider a claim, please ensure that:

- (a) **You** send to **Us** a completed claim form, filled in and signed by **You** and **Your Physician** as soon as **You** can, no later than 30 days from the date of diagnosis of a **Disability** made by **Your Physician**; and
- (b) **We** receive a copy of completed medical report by **Your Physician** stipulating the diagnosis of the condition treated and the date the **Disability** commenced in the **Physician's** opinion, bill, receipts and other related diagnostic report; and
- (c) **You** promptly give **Us** all information **We** have requested.

In the event of suspicion of fraud or dishonesty, **We** can appoint and pay for an independent **Medical Practitioner** to advise **Us** on the medical issues relating to any claim. If required by **Us**, the independent **Medical Practitioner** will also medically examine the **Insured Person** making the claim and provide **Us** with a report. The **Insured Person** must co-operate with the independent **Medical Practitioner** otherwise **We** have the right to refuse payment of the claim.

If **You** make a claim which is in any way dishonest:

- (a) **We** will not pay any benefits for that claim; and

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- (b) if **We** have already paid benefits for that claim before **We** discovered the dishonesty, **We** can recover those benefits from **You**; and
- (c) **We** can refuse to renew **Your** Policy; or
- (d) **We** can impose different terms to any cover **We** are prepared to provide; or
- (e) **We** can end **Your** Policy and all cover under it immediately.

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

6. Medical Examination

When a claim occurs, **We** may require the **Insured Person** to be examined by a **Medical Practitioner** of **Our** choice and **We** may require the **Insured Person** to undergo relevant laboratory investigations.

7. Currency of Payment

All payments under this Policy shall be made in the legal currency of Malaysia. Should **You** request any payments to be made 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.

8. Sanction and Limitation Exclusion

We shall not be deemed to have provided any insurance cover and/or shall not be liable to pay any claim or provide any benefit pursuant to this Policy, including but not limited to, making any cancellation, refund or surrender payments under this Policy, to the extent that the provision of such insurance cover and/or the payment of such claim and/or the provision of such benefit and/or the making of such payments, would expose **Us** to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

9. Alterations

We reserve the right to amend the terms and provisions of this Policy by giving a thirty (30) days prior written notice to **You** / the **Insured Person** and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorised by **Us** and such approval is endorsed thereon. This Policy shall then be read subject to such amendment.

10. Certification, Information and Evidence

All certificates, information, medical reports and evidence as required by **Us** shall be furnished at the expense of the **Insured Person**, and in such a form that **We** may require. In any event all notices which **We** require **You** to give must be in writing and addressed to **Us**. An **Insured Person** shall, at **Our** request and expense, submit to a medical examination whenever such is deemed necessary.

11. Period of Cover and Renewal

This Policy shall become effective following the **Issue Date** stated in the Policy Schedule or the

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endorsement, if any. The **Policy Anniversary** shall be one (1) year after the **Policy Date** and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time and **We** shall notify **You** in writing of any change in the renewal premium at least thirty (30) days before the change takes effect.

This Policy will be renewable at **Your** option at each of the anniversary of the **Policy Date**. The renewal premium will increase with age and is not guaranteed. **We** reserve the right to revise the premium rate based on risk factors applicable at the time of renewal. Such changes, if any, shall be applicable to all **Policyholders** irrespective of their claim experience according to **Our** risk assessment.

This Policy is renewable at **Your** option until the occurrence of any of the following:

- (a) Non-payment of premium or premium not made on time;
- (b) Fraud or misrepresentation of material fact during application;
- (c) This Policy is cancelled at **Your** request;
- (d) The **Insured Person** cease to satisfy eligibility of the **Age** limit;
- (e) 100% of the Critical Illness **Sum Insured** has been fully paid; or
- (f) On the death of the **Insured Person**.

12. Change in Risk

The **Insured Person** shall give **Us** immediate written notice of any material changes in his/her occupation, business, duties or pursuits and pay any additional premium that **We** may require.

13. Subrogation

If **We** become liable for any payments under this Policy, **We** shall be subrogated to the extent of such payment to all the rights and remedies of the **Insured Person** against any parties and shall be entitled at **Our** own expense to sue in the name of the **Insured Person**. The **Insured Person** shall give or cause to be given to **Us** all such assistance in his/her power as **We** shall require to secure the rights and remedies and at **Our** request shall execute or cause to be executed all documents necessary to enable **Us** to effectively bring a suit in the name of the **Insured Person**.

14. Change of Insurance Coverage

No option is allowed to add on the optional cover, upgrade or downgrade the insurance coverage during mid-term or renewal of the Policy.

15. Waiting Period

- 1) Eligibility for benefits starts thirty (30) days from the **Issue Date** for **Advanced Stage** Critical Illness
- 2) Eligibility for benefits starts sixty (60) days from the **Issue Date** for **Early Stage** Critical Illness and **Diabetic Care Disease**

This shall not be applicable after first year of cover.

16. Cancellation

You may cancel this Policy at any time by giving **Us** a written notice. **We** will refund to **You** a portion of the premium (if any) as follows, provided no claim has been made under the Policy subject to the

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following scale:

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

* Not applicable to first (1st) Policy year.

17. Condition Precedent to Liability

You and the **Insured Person**'s due observance and the fulfilment of the terms, provisions and conditions of this Policy and in so far as they relate to anything to be done or complied with by **You** and the **Insured Person** shall be conditions precedent to any of **Our** liability.

18. Legal Proceedings

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the **Insured Person** shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy, the **Insured Person** may, within the grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit to **Us** the relevant proof of loss with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be determined by **Us**. After such grace period has expired, **We** will not accept, for any reason whatsoever, such written proof of loss.

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19. Policy Limits

Policy is on a named basis with one policy per individual subject to the limit as stated in the Schedule of Benefits. No corporate entities are entitled to purchase this insurance. Only one (1) cover is allowed for each **Insured Person**. If an **Insured Person** is covered under more than one plan, **We** will consider that **Insured Person** to be insured under the Policy which provides the highest benefit. When the benefit under each of such Policies is identical, **We** will consider that **Insured Person** to be insured under the Policy first issued.

20. Portfolio Withdrawal Condition

We reserve the right to cancel the portfolio as a whole if it decides to discontinue the product. Cancellation of the portfolio as a whole shall be given by written notice thirty (30) days to the **Policyholder**, and **We** will run off all policies to expiry of the period of cover within the portfolio.

21. Policy Data and Privacy

You have read the Tune Protect Privacy Policy (<https://www.tuneprotect.com/privacy-policy/>) and agree that all personal data provided to the Company by You and/or the Insured and/or acquired by the Company from the public domain, as well as personal data that arises as a result of the provision of cover to You and/or the Insured is subject to said Privacy Policy as may be varied from time to time.

PREMIUM AND CHARGES PROVISION

1. Premium

Premium is on Cash Before Cover, **You** must pay the premium before the coverage under this Policy is effective. This insurance shall not be effective unless the premium due has been paid. Premiums must be paid in the same payment frequency and payable to **Us** on or before the due date.

2. Premium rates

The premium rate is not guaranteed and may be revised from time to time. Thirty (30) days written notice in advance will be given to **You** and the premium revision will be applicable from the next **Policy Anniversary**.

3. Grace Period

A fifteen (15) days grace period shall be allowed after each premium payment due date. This Policy shall remain in force during this grace period. If any claim arises during the grace period of fifteen (15) days, the claim which is payable in accordance with the terms, provisions, exclusions and conditions of this Policy is subject to deduction of any outstanding premium for the policy year and only the balance of the claim amount is payable.

If the premium is unpaid by the last day of the grace period, the Policy shall no longer be in force.

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4. Cooling-off Period (only applicable for first year Policy)

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 **Us** for cancellation provided such request for cancellation is delivered by the **Insured Person** to **Us** 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 **Us** in the issuance of the Policy.

5. Reinstatement

Reinstatement of Policy is allowed upon full payment of any outstanding premium within sixty (60) days from the premium due date and satisfactory response to the underwriting questionnaire. There will be no cover under the policy between the date of lapsation and reinstatement of the policy except during grace period of fifteen (15) days. Reinstatement will not be accepted after sixty (60) days from premium due date.

6. Critical Illness Claim

If **We** have approved any claims under this Policy, and the claim incurred during the grace period, **We** will deduct any outstanding premium (full annual premium) that **You** owe **Us** from the benefit payable.

BENEFIT PROVISION

Subject to the terms and conditions contained below and while this Policy is in effect, **We** will pay the following benefits, if the **Insured Person** has been diagnosed as suffering from a Critical Illness. The benefit is payable to the **Insured Person** if the Policy has not been assigned, otherwise to the assignee.

1. Advanced Stage Critical Illness Benefit

If the **Insured Person** is diagnosed of a Critical Illness under **Advanced Stage**, **We** will pay 100% of the **Sum Insured** (except for Angioplasty and other invasive treatments for coronary artery disease if the **Insured Person** purchases Option 3), less any benefit paid out previously under this Policy, provided the **Insured Person** survives for at least seven (7) days after the diagnosis of the Critical Illness under **Advanced Stage**. Thereafter, this Policy will automatically terminate, and the policy is non-renewable.

2. Early Stage Critical Illness Benefit (Only applicable if You purchase this optional cover)

If the **Insured Person** is diagnosed of a Critical Illness under **Early Stage**, **We** will pay 50% of the **Sum Insured**, provided the **Insured Person** survives for at least seven (7) days after the diagnosis of the Critical Illness under **Early Stage**. Thereafter, no benefit will be payable for future claims under **Early Stage** of any **Critical Illness Category**. The Critical Illness **Sum Insured** shall be reduced by the **Early Stage** Critical Illness Benefit payout under this Policy.

3. Diabetic Care Disease (Only applicable if You purchase this optional cover)

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If the **Insured Person** is diagnosed with **Diabetic Care Disease**, **We** will pay the **Sum Insured** as specified in the Schedule of Benefit, provided the **Insured Person** survives for at least seven (7) days after the diagnosis of the **Diabetic Care Disease**. **Diabetic Care Disease** is a standalone benefit limit. **Diabetic Care Disease** Benefit shall terminate upon payment of the claim; however, this does not accelerate benefits under **Advanced Stage** Critical Illness Benefit & **Early Stage** Critical Illness Benefit (if applicable).

Only one (1) claim is allowed for each Critical Illness Stage. In the event that there are two (2) or more claims made, **We** will pay only one (1) claim, whichever is the highest.

EXCLUSIONS

This Policy does not cover any benefit if the **Insured Person's** Critical Illness is caused by any one (1) of the following occurrences:

1. Any **Illness** or surgery other than diagnosis of or surgery for a Critical Illness as defined in the **Critical Illness Table** and/or **Diabetic Care Disease** as defined if included in the policy.
2. Any **Pre-Existing Illness** which has existed prior to the **Issue Date** or any date of reinstatement of this Policy, whichever is later.
3. The signs or symptoms manifested during the:
 - a. sixty (60) days for **Early Stage** Critical Illness and **Diabetic Care Disease**
 - b. thirty (30) days for **Advanced Stage** Critical Illnessfrom the **Issue Date** of this Policy.
4. Self-inflicted injury or suicide, sexually transmitted diseases or **Diseases** resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex or infection by Human Immune Deficiency Virus (HIV). The exception is when there is HIV infection due to Blood Transfusion, Occupational Acquired Human Immunodeficiency Virus (HIV) Infection as defined included in this Policy.
5. Taking part in any flying activity other than as a passenger in a commercially licensed aircraft.
6. Any Critical Illness or **Diabetes Care Disease** resulting directly from alcohol or drug abuse.
7. Any Critical illness or **Diabetes Care Disease** arising from **Congenital Conditions** or deformities including hereditary conditions.
8. The **Insured Person** did not survive for at least seven (7) days after the diagnosis of a Critical Illness or **Diabetic Care Disease**.
9. The **Insured Person** refusing to consent to treatment or defying the advice of a special **Physician**.

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10. Hazardous sports or pastimes including taking part in (or practicing for) professional sports, aerial sports, boxing, caving, climbing, horse-racing, jet-skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power-boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
11. A claim arising directly or indirectly from infection from or conditions due to any communicable diseases which require quarantine by law.
12. Any **Illness**, injury or **Disability** arising from any unlawful or illegal act of the **Insured Person**.
13. The **Insured Person** is directly or indirectly involved in any of the occupations/duties listed below:
 - Equestrian Jockeys, Racing Drivers, Professional Athletes
 - Military, Armed Forces/Armed Personnel, Bodyguards
 - Ship Crew, Shipbuilding and Repair Workers, Agricultural, Forestry or Fishery Workers
 - Seamen, Divers, Oil and Gas Rig Workers, Power Plants Workers, Firefighters
 - Mining Workers who work underground or use explosives/chemicals
 - Construction workers for dams, bridges, tunnels or underground work
 - Window cleaners and construction workers at heights exceeding 30 ft above ground
 - Workers that handle boilers, pressure vessels, explosives or toxic materials.
 - Circus Performers, Stuntmen/Stuntwomen, Prison Officers, Wild Animal Handlers
 - Workers handling explosives and other toxic materials.
 - Heavy machinery and truck drivers

NOTICE

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

This policy and its conditions should be examined and if incorrect, return at once for alteration.

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IMPORTANT NOTICE

Every effort will be made by **Us** to fulfil **Our** obligation under the Policy. If **You** are unhappy or dissatisfied with **Our** service or have any complaints, **You** may call or write to **us** at:

Tune Insurance Malaysia Berhad

Complaints Unit
Level 9, Wisma Capital A,
No. 19, Lorong Dungun,
Damansara Heights,
50490 Kuala Lumpur.
Tel: 1800 88 5753
Fax: 603-2094 1366
Website: www.tuneprotect.com
Email: hello.my@tuneprotect.com

If **You** are not satisfied with **Our** response, **You** may submit **Your** complaint either to The Ombudsman for Financial Services (OFS) or to Bank Negara Malaysia (BNM).

The following are the contact details for OFS and BNM:

Ombudsman for Financial Services (OFS)

Level 14, Main Block,
Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
Tel: 03-2272 2811
Fax: 03-2272 1577
Email: enquiry@ofs.org.my
Website: www.ofs.org.my

OR

Laman Informasi Nasihat dan Khidmat (LINK)

Pengarah

Jabatan LINK & Pejabat Wilayah
Bank Negara Malaysia
P.O.Box 10922
50929 Kuala Lumpur
Tel: 1-300-88-5465
Fax: 03-21741515
Email: bnmtelink@bnm.gov.my

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