



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

Welcome to EasyCare PA

Thank **you** for insuring with **EasyCare PA**. **You** can feel confident **you**'ve made the right choice. **EasyCare PA** is provided by Tune Insurance Malaysia Berhad, one of Malaysia's leading insurance providers, so **you** can relax knowing **you**'re with a company **you** can rely on.

- ✓ Your **Schedule**
- ✓ Any **endorsements**, which change **your** insurance cover as shown on **your Schedule**
- ✓ The **Certificate of EasyCare PA**.

Please read all these documents carefully and keep them safe.

If **you** need to make a claim, or contact **us** to tell **us** about any changes, then **you** will need to refer to these documents. The Documents will be available for **you** to see and print at www.tuneprotect.com

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).





EasyCare PA INSURANCE POLICY

This is **Your** EasyCare PA Policy. Please read it carefully and if **You** find any information contained herein as incorrect, immediately return it to **Us** for correction.

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 by **You** and/or the **Insured Person** before **We** pay a claim.

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 when **You** applied for this insurance) and any other disclosures made by **You** between the time of submission of **Your** Proposal Form (or when **You** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by **You** shall form part of this contract of insurance between **You** and **Us**. However, in the event of any pre-contractual misrepresentation made in relation to **Your** answers or in any disclosures given by **You**, 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 reflects the terms and conditions of the contract of insurance as agreed between **You** and **Us**.



DEFINITIONS

The following definitions apply:

1. **"Accident"** shall mean a sudden, unforeseen and fortuitous external event happening during the period of insurance anywhere in the world.
2. **"Accidental Death"** shall mean any death that is due to an **Accident** and not from any natural causes.
3. **"Sum Insured"** shall mean the **Sum Insured** payable for **Accidental Death** and/or **Permanent Disablement** as specified in the Schedule of Benefits attached with this Policy, according to the selected plan.
4. **"Chiropractor/Sinseh/Bonesetter"** shall mean a person qualified by a medical degree/certification and duly licensed or registered to practice medicine in the geographical area of his practice and who in rendering such services is practicing within the scope of his licensing and training.
5. **"Chiropractor/Sinseh/Bonesetter/Traditional Treatment"** shall mean treatment by a **Chiropractor**, or any traditional form of treatment by a **Sinseh, Bonesetter**, or any other traditional and complementary physicians registered with the Ministry of Health.
6. **"Hospital"** shall mean an establishment lawfully constituted and registered as a **Hospital** for the care and treatment of sick and injured persons, and which:
 - (a) has facilities for diagnosis and major surgery;
 - (b) provides a 24-hour daily nursing service by registered and graduate nurses;
 - (c) is under the supervision of one or more **Physicians**; and
 - (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescence home or a home for the aged or similar establishments.
7. **"Injury"** shall mean bodily injuries caused solely and directly by an **Accident**.
8. **"Insured Person"** shall mean **You** or the person named as the **Insured Person** in the Policy Schedule.
9. **"Loss"** as used in reference to limbs shall mean physical severance or total and irrecoverable **Loss** of use.
10. **"Loss of hearing"** shall mean total and irrecoverable **Loss of hearing** which is medically certified as beyond remedy by surgical or other treatment.
11. **"Loss of sight of eye"** shall mean the total and irrecoverable **Loss of sight of the eye** which is medically certified as beyond remedy by surgical or other treatment.
12. **"Loss of speech"** shall mean total and permanent inability to communicate verbally which is medically certified as beyond remedy by surgical or other treatment.
13. **"Medical Expenses"** shall mean expenses paid by the **Insured Person** to a **Medical Practitioner**, medical clinic, nurse, **Hospital** and/or ambulance services for medical, medical report, surgical, X-ray, **Hospital** or nursing treatment including the cost of medical supplies, ambulance hire, cost of **Dental Treatment** and physiotherapy treatment due to accident. All treatment including specialist treatment must be prescribed or referred by a **Medical Practitioner, Surgeon** or **Physician** in order for expenses to be reimbursed.
14. **"Medical Practitioner"** or **"Physician"** or **"Surgeon"** shall mean a person qualified by a degree in western medicine and legally registered to practice western medicine in the geographical area of practice, and who also possess a current Annual Practising Certificate issued by the Malaysian Medical Council.

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15. **"Nuclear, Chemical or Biological Terrorism"** shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this insurance by any person or group(s) of persons, whether political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
16. **"Permanent Disablement"** shall mean an **Injury** which:
 - (a) falls into any of the injuries listed under Benefit 2 in the Table of Benefits Payable in Percentage; and
 - (b) where applicable, has lasted for a continuous period of 365 days from the date of the Accident with no hope of improvement at the end of that period.
17. **"Pre-existing Illness"** shall mean an illness which has been diagnosed or presents symptoms which would have required medical treatment prior to the commencement date of insurance of the **Insured Person**, irrespective of whether treatment was actually received.
18. **"Sum Insured"** shall mean the **Sum Insured** inclusive of any renewal bonus.
19. **"Total Permanent Disablement"** means an **Injury** suffered by the **Insured Person** resulting in the **Insured Person** being permanently bedridden or causing permanent disablement from gainful employment of any kind and is medically certified by a legally qualified **Medical Practitioner** as beyond hope of improvement or recovery by surgical or other treatment and will continue for the remainder of the **Insured Person's** life.
20. **"We/Us/Our/the Company"** shall mean TUNE INSURANCE MALAYSIA BERHAD.
21. **"You/Your"** shall mean the person named as the Insured in the Policy Schedule.

ELIGIBILITY

Underwriting Criteria:

1. A Malaysian citizen or a permanent resident of Malaysia or an expatriate having a valid working permit in Malaysia.
2. **Age Limit:** 16 years old to 70 years old
3. Only one plan is allowed per Insured Person.
4. The policy is applicable to Kad OKU holders.



SCHEDULE OF BENEFITS

No	Benefits	Sum Insured (RM)	
		Silver Plan	Gold Plan
1	Accidental Death	25,000.00	50,000.00
2	Permanent Disablement (Refer to Table of Benefits Payable in Percentage)	25,000.00	50,000.00
3	Medical Expenses	Up to 1,000.00	Up to 2,000.00
4	Ambulance Fees (per accident)	Up to 500.00	
5	Bereavement Allowance	2,000.00	
6	Rehabilitation Allowance	2,000.00	

TABLE OF BENEFITS PAYABLE IN PERCENTAGE

Benefit	Benefits Payable To Any One Person Per Accident	Percentage of Sum Insured Payable
1	Permanent Disablement , under any of the following categories:	
1.1	Total Permanent Disablement	100%
1.2	Loss of both hands	100%
1.3	Loss of both feet	100%
1.4	Total and irrecoverable loss of sight in both eyes	100%
1.5	Loss of one hand and one foot	100%
1.6	Loss of arm at shoulder	100%
1.7	Loss of arm between shoulder and elbow	100%
1.8	Loss of arm at elbow	100%
1.9	Loss of arm between elbow and wrist	100%
1.10	Loss of hand at wrist	100%
1.11	Loss of leg at hip	100%
1.12	Loss of leg between knee and hip	100%
1.13	Loss of leg below knee	100%



1.14	Loss of whole eye or loss of sight of eye	100%
1.15	Total and irrecoverable loss of sight in one eye except perception of light	50%
1.16	Loss of four fingers and thumb of one hand	53%
1.17	Loss of four fingers	40%
1.18	Loss of thumb - Both phalanges - One phalanx	25% 10%
1.19	Loss of index finger - Three phalanges - Two phalanges - One phalanx	10% 8% 4%
1.20	Loss of middle finger - Three phalanges - Two phalanges - One phalanx	6% 4% 2%
1.21	Loss of ring finger - Three phalanges - Two phalanges - One phalanx	6% 4% 2%
1.22	Loss of little finger - Three phalanges - Two phalanges - One phalanx	6% 3% 2%
1.23	Loss of metacarpals - First or second (additional) - Third, fourth or fifth (additional)	3% 2%
1.24	Loss of toes - All - Great, both phalanges - Great, one phalanx - Other than great, if more than one, each	17% 5% 2% 3%
1.25	Loss of hearing of - Both ears - One ear	75% 25%
1.26	Loss of speech	60%

DESCRIPTION OF BENEFITS

BENEFIT 1 – ACCIDENTAL DEATH

We will pay the **Sum Insured** in accordance with the **Insured Person's** age at the time of the **Accident** if the **Insured Person** sustains **Injury** as a result of an **Accident** which solely and independently of any other cause shall within 365 days result in **Accidental Death**. Thereafter, the insurance of such **Insured Person** shall immediately cease to be in force.

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For the avoidance of doubt, if any amount(s) has been paid under Benefit 2 and there is a subsequent claim under Benefit 1, **We** will pay the **Sum Insured**, less the amount(s) earlier paid in relation to Benefit 2.

BENEFIT 2 – PERMANENT DISABLEMENT

We will pay the **Sum Insured** in accordance with the **Insured Person's** age at the time of the **Accident** and the percentage as specified in the Table of Benefits Payable in Percentage, if the **Insured Person** sustains an **Injury** as a result of an **Accident** which solely and independently of any other cause shall within 365 days result in **Permanent Disablement**. The insurance of such **Insured Person** shall immediately cease to be in force in the event **We** have paid 100% of the **Sum Insured**.

For the avoidance of doubt, if any amount(s) has been paid under Benefit 2 and there is a subsequent claim arising under Benefit 2, **We** will pay the **Sum Insured** in accordance with the **Insured Person's** age at the time of the **Accident** and the percentage as specified in the Table of Benefits Payable in Percentage, less the amount(s) earlier paid under Benefit 2.

BENEFIT 3 – MEDICAL EXPENSES

In the event of accidental **injury** where medical treatment is inevitable, **We** will reimburse you up to the **Sum Insured** for the actual, necessary and reasonable medical, clinical and surgical treatment (including subsequent expenses for sinseh or traditional treatment but limited to RM 80 per visit)

BENEFIT 4 - AMBULANCE FEES

As a result of a covered **Accident** occurring during the period of insurance, the **Insured Person** is hospitalised or discharged from a **Hospital** and requires the use of ambulance services for the purpose of transportation to, from or between **Hospitals**, **We** will reimburse the actual expense incurred by the **Insured Person** up to the amount specified in the Schedule of Benefit. All claims must be evidenced and supported by original bill(s) and receipt(s).

BENEFIT 5 – BEREAVEMENT ALLOWANCE

In the event of the **Insured Person's** Accidental Death where the **Sum Insured** for Accidental Death is payable, **We** will, upon receipt of the police report (for Accidental Death) and death certificate, pay a lump sum of RM 2,000 as bereavement allowance.

BENEFIT 6 – REHABILITATION ALLOWANCE

If **You** are required to undergo rehabilitation as deemed medically necessary by the consulting physician for his convalescence from the injury, **We** will pay a lump sum of RM 2,000 as Rehabilitation Allowance.



EXCLUSIONS APPLYING TO THE WHOLE POLICY

Subject to the benefits and extensions applicable to this Policy, **We** will not pay the Benefits if the **Injury** is directly or indirectly caused by or resulted from or traceable to:

1. any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
2. nuclear weapons material, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion including any self-sustaining process of nuclear fission of nuclear fuel.
3. any **Nuclear, Chemical or Biological Terrorism**.
4. any **Pre-existing Illness**, physical or mental defect or infirmity, pregnancy, childbirth, miscarriage or any complications associated with pregnancy.
5. disease or sickness of any kind, parasitic, bacterial or viral infection.
6. HIV (Human Immunodeficiency Virus) and/or HIV related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutant derivatives or variations thereof howsoever caused.
7. provoked murder or assault, intentional self-injury, suicide or attempted suicide while sane or insane, the effects of drugs unless taken as prescribed by a registered Medical Practitioner for an illness and not for the treatment of drug addiction, or where the Insured Person is a driver intoxicated by alcohol as provided under the law.
8. the **Insured Person** engaging in or taking part in:
 - (a) winter sports, ice hockey, sea-angling, boating or yachting beyond five (5) kilometers off any coastline, scuba diving unless the **Insured Person** is a member of a recognised diving club and holds a valid diving license or is diving under the guidance of a professional diving instructor, horseback polo playing, steeple-chasing, boxing, wrestling, go-karting, parachuting, hang-gliding, skydiving, bare hand rock or cliff scaling, hunting outside the territorial limits of Malaysia, motor sports rallies or competitions, speed testing, reliability trials or racing of any kind other than on foot, professional or semi-professional sports.
 - (b) flying or any aerial activities otherwise than as a fare-paying passenger in an aircraft provided and operated by an airline which is duly licensed for the regular transportation over an established air route.
 - (c) any field operations undertaken by the military, police or security services, fire-fighting, airline as pilot or aircrew, or mining of mineral as miners (whether voluntarily or otherwise)
 - (d) the use of any kind of power driven woodworking machinery or circular saw for the purpose of his occupation or for reward.
 - (e) other occupations such as jockey, professional entertainer, social escort, explosive handler/maker, sailor, acrobat, bodyguard, debt collector, demolition worker, quarry worker, steeplejack, sawyer, security guard, oil rig worker, plantation/ estate worker (other than owner) or construction worker.
 - (f) criminal or illegal activities.
 - (g) travelling (whether as driver, attendant or passenger) in any tanker lorry and/or lorry or truck used for the carriage of timber and/or logs.
 - (h) motorcycling



CONDITIONS APPLYING TO THE WHOLE POLICY

1. Alterations

This Policy shall not be altered in any manner unless with **Our** prior written approval and evidenced by endorsement.

2. Change in Risk

You and/or the **Insured Person** must notify **Us** in writing immediately upon the occurrence of **You** and/or the **Insured Person** changing occupation or profession.

Upon receipt of the notification, **We** reserve the right to or not to impose certain terms and conditions of the Policy or to terminate the Policy.

If there is a change in risk and at the time of **Accident** giving rise to a claim under this Policy, **We** had not received any prior notification of such change, **We** shall reserve the right to:

- (a) refuse the claim; or
- (b) reduce the claim amount payable proportionately by the percentage difference in the premium charged under the Policy if the change of risk warrants a higher premium to be charged under the Policy.

If the **Insured Person's** occupation or profession is changed to an excluded occupation or profession stated in the Policy, this Policy shall be deemed null and void from the date of the change regardless whether **You** and/ or the **Insured Person** has informed **Us**. The premium for the unexpired period from the date of the change shall be refunded to **You**.

3. Transfer of Interest

No interest in this Policy may be transferred without **Our** written consent. **We** will only recognize and be bound to accept those interests which are notified to **Us** at the time of issue of cover, or which are notified to **Us** from time to time and accepted by **Us**. All persons entitled to any benefit under this Policy shall be bound by the terms of this Policy and a receipt from such persons shall effectively discharge **Us** from this Policy.

4. Fraud

We may refuse a claim or cancel this Policy or do both if **You** are found to have made a misrepresentation or was untruthful in any statement made in the proposal and declaration or the claim is fraudulent or exaggerated.

5. Remedies for misrepresentation for consumer insurance contract

- i. **We** may, at **Our** sole and absolute discretion, avoid the Policy in the event of any pre-contractual misrepresentation made by **You** in relation to any answers or disclosure made in **Your** Proposal Form and declaration:-
 - a) is a deliberate or reckless misrepresentation; or
 - b) is a careless or innocent misrepresentation.

In the event this Policy is invalidated or is avoided pursuant to this Clause 5.1, **Our** liability shall be limited to the refund of premiums paid without interest less any indebtedness by **You** to **Us** under this Policy.

- ii. In the event of any pre-contractual misrepresentation(s) made by **You** in relation to any answer(s) or disclosure(s) made by **You** in **Your** Proposal Form and Declaration is a careless or innocent misrepresentation, and but for the misrepresentation, **We** would have issued or renewed this Policy but on different terms and conditions, **We**

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may, at **Our** sole and absolute discretion:-

- a) vary any of the terms and conditions of this Policy and treat this Policy as if it had been issued or renewed on the varied terms and conditions; and
- b) in addition to Clause 5.2(a), reduce proportionately the amount to be paid on a claim in accordance with **Our** relevant Policy at the material time.

6. Cancelling The Policy

- a) **You** may cancel this Policy at any time by giving **Us** notice in writing and, provided that no claim was made during the current period of insurance, **We** will, subject to **Our** retention of a minimum premium of RM5.00 (excluding Services Tax), make a refund of premium paid for the unexpired period of insurance calculated on pro-rated basis.
- b) **We** may also cancel this Policy at any time by giving **You** fourteen (14) days' written notice by registered letter at **Your** address last known to **Us**. Upon cancellation of the Policy, **We** will refund to **You** a proportionate part of the premium corresponding to the unexpired period of insurance.

7. Making a Claim

In the event of a claim:

- a) The **Claimant** must notify **Us** within thirty (30) days after the happening of the **Accident**, complete **Our** claim form and at his own expense furnish **Us** with all information, medical and other certificates and evidence which **We** may reasonably require to assess the claim.
- b) Failure to notify **Us** within the above time limit shall not invalidate a claim if the **Claimant** can satisfy **Us** that it was not reasonably possible to give such notice within the prescribed time.
- c) In order to further assess the claim, the **Insured Person** may be required to undergo any medical examination at **Our** expense during such period or periods as **We** may reasonably require.
- d) In the event of **Accidental Death** of the **Insured Person**, **We** shall be entitled at **Our** expense to conduct a post-mortem examination where it is not prohibited by law.
- e) In the event of a dispute relating to the cause of the **Insured Person's** death that is not due solely from an **Accident** but may be caused by the **Insured Person's** underlying medical condition, **We** shall only pay 25% of the **Sum Insured** to **Your** Legal Representative.
- f) In the event of a dispute relating to the cause of the **Insured Person's** Permanent Disablement that is not due solely from an **Accident** but may be caused by the **Insured Person's** underlying medical condition, no claims shall be payable.

8. Payment of Benefits

- a) If **You** are not the **Insured Person**, all Benefits (including the **Sum Insured** for **Accidental Death**) payable under this Policy shall be paid to **You** and **Your** receipt of the said payment shall effectively discharge **Us** from all liabilities under this Policy.
- b) If **You** are also the **Insured Person** and in the event of **Your Accidental Death**, where **You** currently have valid nominee(s) with or without trustee(s) under this Policy, the **Accidental Death** Benefit will be paid in accordance with the provisions of the Financial Services Act 2013.

9. Currency Exchange Rates

All Benefits under this Policy are payable in Malaysian Ringgit. Medical bills incurred in foreign currency shall be converted to Malaysian Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) on the date the **Insured Person** is discharged from **Hospital**.

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10. Arbitration

All differences arising out of this Policy shall be referred to the decision of an arbitrator who shall be appointed in writing by **You** and **Us**. If there is no agreement on a single arbitrator, then two arbitrators are to be appointed in writing, one by **You** and the other by **Us**, within one (1) calendar month of the disagreement. In case of disagreement between the arbitrators, an umpire is to be appointed by the arbitrators in writing before hearing the reference. The arbitrator or arbitrators and/or umpire must make an award before **You** can commence legal proceedings against **Us**.

11. Time Limitation

We will not be liable to pay any claim made after the expiration of twelve (12) calendar months from the happening of the **Accident**. Also, if **We** disclaim liability for any claim, **You** must refer the claim to arbitration within twelve (12) calendar months from the date of **Our** disclaimer. If **You** do not do so, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

12. Applicable Law

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

13. Auto Renewal

We will automatically renew **Your** Policy upon the expiry of **Your** Policy unless **You** have informed otherwise. This auto renewal condition is further subject to the **Cash Before Cover Clause**.

14. Cash Before Cover Clause

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by **Us** before cover commences. If this condition is not complied with, then this insurance will be null and void.

We reserve the right to refuse any coverage and/or reject any claim resulting from non-payment of premium to **Us**.

15. Sanction Limitation and Exclusion Clause (SANC)

At the sole discretion of the **Company**, the **Company** shall not be deemed to provide cover and shall not receive any payment(s) under the Policy; or be liable to pay any sums (including but not limited to payment of claims, refund of premiums, surrender or cancellation payments); or provide any benefit under the Policy; to the extent that the provision of such cover, payment of such sum or provision of such benefit would expose the **Company** 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.

16. Personal 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.



17. Accuracy of Information

This Policy is issued based on the information **You** have provided at the point of application and **Our** acceptance, inclusive (but not limited to) of the information/declaration **You** have provided at the pre- contractual stage of this Policy. In the event such information is inaccurate/ outdated, please notify **Us** of the same in writing, by visiting any of our branches or by email to hello.my@tuneprotect.com within fifteen (15) days of the receipt of **Your** Policy and/or such information is no longer deemed applicable and/or inaccurate with reasonable proof. This enables **Us** to make the necessary amendments. In the event no notification is received or upon failure to notify of any inaccuracies, all the information under this Policy shall be deemed accurate.

18. Anti-Bribery and Corruption

- a. **You** shall comply, and/or shall procure or ensure that **Your** directors, employees, subcontractors, agents or other third parties comply, with all applicable anti-corruption laws and regulations and any relevant anti-corruption policies and documents provided by **Us** and have in place adequate controls and procedures to prevent corruption.
- b. In the event of a breach by **You**, **We** shall be fully entitled to terminate the Policy without any liability howsoever with written notice with immediate effect. **You** shall hold the Company harmless from any cost, expenses, claim, liability, fine or penalty, as a result of any breach of this Clause by **You**, **Your** directors, employees, subcontractors and/or agents.



IMPORTANT NOTICE

Every effort will be made by **Us** to fulfill **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
Customer Hotline: 1800 88 5753
Tel: 603-2087 9000
Fax: 603-2094 1366
Website: www.tuneprotect.com
Email: hello.my@tuneprotect.com

If **You** are not satisfied with the response of **Our** decision, **You** may submit **Your** complaint either to Financial Markets Ombudsman Services (FMOS) within 6 months from the date of **Our** final decision or to Bank Negara Malaysia (BNM).

Your complaint shall be submitted to either FMOS or BNM based on the following limits:

- i. RM250,000.00 for a dispute involving financial services or products other than a dispute in (b) and (c) below
- ii. RM10,000.00 for a dispute on motor third party property damage insurance claims; and
- iii. RM25,000.00 for a dispute on an unauthorized transaction through the use of a designated payment instrument or a payment channel such as internet banking, mobile banking, telephone banking or an unauthorized use of cheque.

Complaint refers to BNM shall not exceed RM500,000.00 involving claims, except if the complaint relates to the quality of service and unfair handling.

The following are the contact details for FMOS and BNM:

Financial Markets Ombudsman Services (FMOS)

Level 14, Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur
Tel: 03-2272 2811
Website: www.fmos.org.my

BNMLINK

4th Floor, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur
Tel: 1-300-88-5465 or +603-2784 8888
Fax : +603 2174 1515
Webpage : bnm.gov.my/BNMLINK

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