



MULTI MEDIC

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the Multi Medic Policy. Be sure to also read through the general terms and conditions.
2. You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and discuss with the intermediary or contact the insurance company directly for more information.
3. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

1. What is this product about?

This product provides insurance for the cost of medical treatment and other health related protection. The product comprises of 7 sections.

Multi Medic reimburses you for your hospitalisation and medical expenses as stipulated in the Policy.

Section 2 to Section 7 of Multi Medic provides add on riders to complement Section 1.

If you include your family members under your policy, they must have the same plan for Section 1 as you, but they may have different add on riders depending on the options that they have selected.

2. What are the covers / benefits provided?

The coverage and benefits payable are as follows:

Section 1: MEDICAL EXPENSES INSURANCE (MEI)

BENEFITS	Multi Medic Base			Multi Medic Prime		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan3
Overall Annual Limit (OAL) in RM (Section 1)	110,000	165,000	330,000	550,000	825,000	1,100,000

Benefits	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan3
SECTION 1 - PART A, B, C, D (MANDATORY)						
PART A - HOSPITALISATION & SURGERY						
Room & Board daily limit, incurred during the policy period	165	275	385	550	1,100	3,300
Intensive Care Unit Hospital Supplies and Services Pre-Surgical Consultation & Diagnosis (one consultation) Pre-Hospitalisation Specialist Consultation Pre-Hospital Diagnostic Tests Second Surgical Opinion In-Hospital Physician Visit (2 visits per day) Post-Hospitalisation Treatment (up to 90 days from discharge) Surgical Fees (post-surgery care up to 90 days from the date of surgery) Anaesthetist Fee Operation Theater Ambulance Fee Medical Report Fee Service Tax	Actual charges incurred during the policy period for reasonable, necessary and customary medical care provided in the treatment of an insured disability					
Organ Transplant, limit per transplant, once per lifetime						
Daily Guardian Benefit	165	275	385	550	1,100	3,300
Malaysian Government Hospital Cash Allowance per day	55	110	165	275	550	550
PART B – OUTPATIENT CARE FOLLOWING HOSPITALISATION OR SURGERY						
Post-Hospitalization Outpatient Physiotherapy Treatment, Per Disability Limit	5,500	5,500	5,500	16,500	16,500	16,500
Post-hospitalization Home Nursing Care						
(a) Daily Limit						
(b) Per Disability Limit						
Outpatient Cancer Treatment	110	110	110	220	220	220
Outpatient Kidney Dialysis	5,500	5,500	5,500	5,500	5,500	5,500
Outpatient Long Term Injections for Specified Disabilities	Actual charges incurred during the policy period for reasonable, necessary and customary medical care provided in the treatment of an insured disability					
	N/A	N/A	N/A	5,500	11,000	22,000
PART C – EMERGENCY AND TRADITIONAL & COMPLEMENTARY MEDICAL TREATMENT						
Emergency Sickness Treatment (between 10pm to 7am) Emergency Outpatient Treatment for Accident (including 31 days follow up treatment) Emergency Dental Treatment for Accident (including 31 days follow up treatment)	Actual charges incurred for reasonable, necessary and customary medical care provided in the treatment of an insured disability					
Traditional & Complementary Medicine (TCM), limit per year subject to 20% co-payment						
	1,100	2,200	3,300	5,500	8,250	11,000

Benefits	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
PART D – ENHANCED CARE BENEFIT						
External Prostheses						
(a) Limit Per Disability	N/A	N/A	N/A	5,500	11,000	22,000
(b) Sub-Limit for Wheelchair	N/A	N/A	N/A	550	1,100	1,650
Inpatient Treatment for Mental Illness, limit per disability	N/A	N/A	N/A	5,500	11,000	22,000
Plastic Surgery, limit per disability	N/A	N/A	N/A	5,500	11,000	22,000
DEDUCTIBLE PER DISABILITY (applicable to Part A Only)						
Option 1	0	0	0	0	0	0
Option 2	5,500	8,250	11,000	16,500	22,000	33,000
Option 3	11,000	16,500	22,000	27,500	33,000	55,000

Note:

The Limits of Coverage (Room and Board Limit, Overall Annual Limits, Sub-Limits and Deductibles) will increase automatically every three years by 10% of effective Limits of Coverage at the time of the launch of this product, subject to the following:

- The respective new Deductible and limits will only apply to new policies issued or policies renewed after the effective date of the respective increase in limits.
- The Deductible and limits applicable for the respective claims shall be the Deductible and limits applicable to the policy during the first intimation of the respective claim and the increased Deductible and limits will not be applicable to claims already reported.

Optional Riders: Section 2 to 7

Section 2 – EMERGENCY MEDICAL EVACUATION & REPATRIATION (EMER)

Benefit	Plan 1	Plan 2
Overall Annual Limit	RM500,000	RM1,000,000

Section 3 – HOSPITAL CASH BENEFIT INSURANCE (HCI)

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Daily Cash Benefit, up to 60 days per year	RM100	RM200	RM300	RM400	RM500

Section 4 – OUTPATIENT INSURANCE (OPI)

Benefit	Plan 1	Plan 2	Plan 3
General Practitioner Consultation	RM50	RM75	RM100
Specialist Consultation	80% of as charged amount incurred	80% of as charged amount incurred	80% of as charged amount incurred
Overall Annual Limit	RM2,000	RM3,000	RM5,000

Section 5 – DENTAL INSURANCE (DI)

Benefit	Plan 1	Plan 2	Plan 3
Overall Annual Limit	70% of as charged amount incurred up to RM1,000	70% of as charged amount incurred up to RM1,500	70% of as charged amount incurred up to RM2,000

Section 6 – CRITICAL ILLNESSES INSURANCE (CI)

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Sum Insured	RM50,000	RM100,000	RM150,000	RM200,000	RM250,000	RM300,000

Section 7 – PERSONAL ACCIDENT INSURANCE (PA)

Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Accidental Death & Permanent Disablement	RM50,000	RM100,000	RM150,000	RM200,000	RM250,000	RM300,000

Duration of cover is for one year. You need to renew your insurance cover annually. Please refer to the policy wording for the full list of terms and conditions of the benefits.

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

3. How much premium do I have to pay?

The premium payable depends on your chosen plan, optional health related insurance package chosen, age, gender and occupation of the person to be insured. Additional premium may be required for a person who smokes, have a pre-existing health condition or who engages in a high-risk lifestyle.

The premium may be revised as stipulated in the terms and conditions of the Policy but revisions will be done on a portfolio basis. All new policies or renewals after a premium revision date shall be subjected to the revised premiums. Where a policy is subjected to a premium loading, the same premium loading shall be applied to the revised premium.

If Easy Payment Plan facility is selected, there will be 5.5% additional charges on the premium.

SECTION 1 - MEDICAL EXPENSES INSURANCE MULTI MEDIC BASE (Male)

TABLE OF ANNUAL PREMIUM (RM) (For Standard Risks)									
MALE	Multi Medic Base Plan 1			Multi Medic Base Plan 2			Multi Medic Base Plan 3		
Age last birthday	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
30 days to 5 years	983	688	590	1,178	766	648	1,490	894	745
6 years to 10 years	649	454	389	776	504	427	979	587	489
11 years to 15 years	584	409	350	698	454	384	879	528	440
16 years to 20 years	660	462	396	790	513	434	996	598	498
21 years to 25 years	701	491	421	839	546	462	1,028	617	514
26 years to 30 years	741	519	444	887	576	488	1,087	652	543
31 years to 35 years	772	540	463	924	601	508	1,133	680	567
36 years to 40 years	888	622	533	1,064	691	585	1,344	807	672
41 years to 45 years	1,104	773	662	1,324	860	728	1,674	1,005	837
46 years to 50 years	1,487	1,041	892	1,785	1,160	982	2,260	1,356	1,130
51 years to 55 years	2,093	1,465	1,256	2,514	1,634	1,383	3,187	1,912	1,593
56 years to 60 years	2,976	2,083	1,785	3,577	2,325	1,967	4,537	2,722	2,268
61 years to 65 years	4,165	2,916	2,499	5,009	3,256	2,755	6,356	3,814	3,178
66 years to 70 years	5,225	3,658	3,135	6,285	4,085	3,457	7,976	4,786	3,988
71 years to 75 years	7,205	5,044	4,323	8,669	5,635	4,768	11,004	6,603	5,502
76 years to 80 years	9,734	6,814	5,840	11,713	7,614	6,442	14,871	8,923	7,436
81 years to 85 years	12,029	8,420	7,217	14,475	9,409	7,961	18,379	11,028	9,190
86 years to 90 years	13,999	9,799	8,399	16,847	10,951	9,266	21,393	12,836	10,696
91 years to 95 years	16,713	11,699	10,028	20,115	13,075	11,063	25,543	15,326	12,771
96 years to 100 years	20,279	14,195	12,167	24,407	15,865	13,424	30,995	18,597	15,498

SECTION 1 - MEDICAL EXPENSES INSURANCE MULTI MEDIC BASE (Female)

TABLE OF ANNUAL PREMIUM (RM)									
(For Standard Risks)									
FEMALE	Multi Medic Base Plan 1			Multi Medic Base Plan 2			Multi Medic Base Plan 3		
Age last birthday	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
30 days to 5 years	887	621	532	1,063	691	585	1,343	806	672
6 years to 10 years	586	411	352	701	456	385	883	530	442
11 years to 15 years	528	370	317	630	410	347	794	476	397
16 years to 20 years	601	421	361	718	467	395	906	543	453
21 years to 25 years	656	460	394	785	510	432	962	577	481
26 years to 30 years	713	499	428	853	554	469	1,045	627	523
31 years to 35 years	764	535	458	914	594	503	1,121	673	560
36 years to 40 years	907	635	544	1,086	706	598	1,373	824	687
41 years to 45 years	1,152	806	691	1,382	898	760	1,748	1,049	874
46 years to 50 years	1,532	1,072	919	1,839	1,195	1,012	2,329	1,397	1,165
51 years to 55 years	1,995	1,397	1,197	2,397	1,558	1,318	3,038	1,823	1,519
56 years to 60 years	2,681	1,876	1,608	3,222	2,094	1,772	4,086	2,451	2,043
61 years to 65 years	3,751	2,626	2,251	4,511	2,932	2,481	5,723	3,434	2,861
66 years to 70 years	4,705	3,294	2,823	5,659	3,678	3,112	7,181	4,309	3,591
71 years to 75 years	6,487	4,541	3,892	7,805	5,073	4,293	9,907	5,944	4,953
76 years to 80 years	8,763	6,134	5,258	10,544	6,854	5,799	13,387	8,032	6,693
81 years to 85 years	10,828	7,580	6,497	13,030	8,470	7,167	16,544	9,926	8,272
86 years to 90 years	12,602	8,821	7,561	15,165	9,857	8,341	19,256	11,554	9,628
91 years to 95 years	15,044	10,531	9,027	18,106	11,769	9,958	22,991	13,795	11,496
96 years to 100 years	18,254	12,778	10,952	21,969	14,280	12,083	27,898	16,739	13,949

SECTION 1 - MEDICAL EXPENSES INSURANCE MULTI MEDIC PRIME (Male)

TABLE OF ANNUAL PREMIUM (RM)									
(For Standard Risks)									
MALE	Multi Medic Prime Plan 1			Multi Medic Prime Plan 2			Multi Medic Prime Plan 3		
Age last birthday	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
30 days to 5 years	2,096	1,153	943	3,231	1,615	1,292	4,908	1,963	1,718
6 years to 10 years	1,374	756	618	2,112	1,056	845	3,205	1,282	1,122
11 years to 15 years	1,233	678	555	1,895	947	758	2,873	1,149	1,006
16 years to 20 years	1,399	769	629	2,151	1,075	860	3,263	1,305	1,142
21 years to 25 years	1,444	794	650	2,221	1,111	888	3,370	1,348	1,180
26 years to 30 years	1,526	839	687	2,349	1,174	939	3,564	1,426	1,248
31 years to 35 years	1,592	876	716	2,451	1,225	980	3,720	1,488	1,302
36 years to 40 years	1,891	1,040	851	2,913	1,456	1,165	4,424	1,770	1,548
41 years to 45 years	2,358	1,297	1,061	3,636	1,818	1,454	5,525	2,210	1,934
46 years to 50 years	3,186	1,753	1,434	4,918	2,459	1,967	7,479	2,992	2,618
51 years to 55 years	4,497	2,473	2,024	6,947	3,473	2,779	10,569	4,227	3,699
56 years to 60 years	6,406	3,523	2,883	9,902	4,951	3,961	15,071	6,028	5,275
61 years to 65 years	8,979	4,939	4,041	13,885	6,943	5,554	21,138	8,455	7,398
66 years to 70 years	11,271	6,199	5,072	17,433	8,716	6,973	26,543	10,617	9,290
71 years to 75 years	15,554	8,555	6,999	24,063	12,031	9,625	36,642	14,657	12,825

TABLE OF ANNUAL PREMIUM (RM)									
(For Standard Risks)									
MALE	Multi Medic Prime Plan 1			Multi Medic Prime Plan 2			Multi Medic Prime Plan 3		
76 years to 80 years	21,023	11,563	9,461	32,528	16,264	13,011	49,538	19,815	17,338
81 years to 85 years	25,986	14,292	11,694	40,209	20,105	16,084	61,239	24,495	21,434
86 years to 90 years	30,247	16,636	13,611	46,806	23,403	18,722	71,288	28,515	24,951
91 years to 95 years	36,118	19,865	16,253	55,892	27,946	22,357	85,129	34,052	29,795
96 years to 100 years	43,830	24,106	19,723	67,830	33,915	27,132	103,314	41,326	36,160

SECTION 1 - MEDICAL EXPENSES INSURANCE MULTI MEDIC PRIME (Female)

TABLE OF ANNUAL PREMIUM (RM)									
(For Standard Risks)									
FEMALE	Multi Medic Prime Plan 1			Multi Medic Prime Plan 2			Multi Medic Prime Plan 3		
Age last birthday	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3	Option 1	Option 2	Option 3
30 days to 5 years	1,889	1,039	850	2,910	1,455	1,164	4,420	1,768	1,547
6 years to 10 years	1,239	681	557	1,904	952	761	2,887	1,155	1,010
11 years to 15 years	1,112	612	501	1,708	854	683	2,589	1,035	906
16 years to 20 years	1,271	699	572	1,953	976	781	2,961	1,185	1,036
21 years to 25 years	1,349	742	607	2,075	1,037	830	3,147	1,259	1,102
26 years to 30 years	1,468	807	661	2,258	1,129	903	3,427	1,371	1,199
31 years to 35 years	1,575	866	709	2,424	1,212	970	3,679	1,472	1,288
36 years to 40 years	1,932	1,062	869	2,976	1,488	1,190	4,520	1,808	1,582
41 years to 45 years	2,462	1,354	1,108	3,797	1,899	1,519	5,771	2,308	2,020
46 years to 50 years	3,284	1,806	1,478	5,069	2,535	2,028	7,709	3,083	2,698
51 years to 55 years	4,286	2,357	1,929	6,620	3,310	2,648	10,071	4,029	3,525
56 years to 60 years	5,768	3,172	2,596	8,915	4,457	3,566	13,566	5,427	4,748
61 years to 65 years	8,084	4,446	3,638	12,499	6,250	5,000	19,027	7,611	6,659
66 years to 70 years	10,147	5,581	4,566	15,692	7,846	6,277	23,891	9,556	8,362
71 years to 75 years	14,001	7,701	6,301	21,659	10,829	8,664	32,980	13,192	11,543
76 years to 80 years	18,924	10,408	8,516	29,278	14,639	11,711	44,586	17,835	15,605
81 years to 85 years	23,390	12,864	10,525	36,191	18,095	14,476	55,117	22,047	19,291
86 years to 90 years	27,225	14,974	12,251	42,128	21,064	16,851	64,161	25,665	22,457
91 years to 95 years	32,508	17,880	14,629	50,306	25,153	20,122	76,619	30,648	26,817
96 years to 100 years	39,449	21,697	17,752	61,049	30,525	24,420	92,985	37,194	32,545

SECTION 2 - EMERGENCY MEDICAL EVACUATION AND REPATRIATION (EMER)

TABLE OF ANNUAL PREMIUM (RM)	
Plan 1	Plan 2
18	26

SECTION 3 - HOSPITAL CASH BENEFIT INSURANCE (HCI)

TABLE OF ANNUAL PREMIUM (RM)										
	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
Age last birthday	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
21 years to 25 years	13	13	15	14	17	16	19	18	21	20
26 years to 30 years	13	13	15	15	17	17	19	19	21	21
31 years to 35 years	13	13	15	15	17	17	19	19	22	21
36 years to 40 years	13	13	16	16	18	18	21	21	23	23
41 years to 45 years	14	14	17	17	20	20	23	24	26	27
46 years to 50 years	15	15	19	19	23	24	27	28	32	32
51 years to 55 years	17	16	22	22	28	28	34	33	40	39
56 years to 60 years	19	18	28	26	36	33	44	41	53	48
61 years to 65 years	23	21	34	32	46	43	58	53	70	64
66 years to 70 years	26	24	40	37	55	51	70	64	85	77

SECTION 4 - OUTPATIENT INSURANCE (OPI)

TABLE OF ANNUAL PREMIUM (RM)						
	Plan 1		Plan 2		Plan 3	
Age last birthday	Male	Female	Male	Female	Male	Female
6 years to 10 years	846	763	1,259	1,135	1,600	1,442
11 years to 15 years	760	686	1,130	1,019	1,435	1,294
16 years to 20 years	861	782	1,282	1,164	1,629	1,479
21 years to 25 years	933	872	1,390	1,299	1,767	1,650
26 years to 30 years	986	949	1,470	1,413	1,868	1,796
31 years to 35 years	1,029	1,018	1,534	1,517	1,949	1,928
36 years to 40 years	1,163	1,188	1,735	1,773	2,206	2,254
41 years to 45 years	1,447	1,498	2,163	2,240	2,754	2,876
46 years to 50 years	1,600	1,600	2,400	2,400	3,678	3,757
51 years to 55 years	1,600	1,600	2,400	2,400	4,000	4,000
56 years to 60 years	1,600	1,600	2,400	2,400	4,000	4,000
61 years to 65 years	1,600	1,600	2,400	2,400	4,000	4,000
66 years to 70 years	1,600	1,600	2,400	2,400	4,000	4,000

SECTION 5 - DENTAL INSURANCE (DI)

TABLE OF ANNUAL PREMIUM (RM)						
	Plan 1		Plan 2		Plan 3	
Age last birthday	Male	Female	Male	Female	Male	Female
6 years to 10 years	437	437	537	537	652	652
11 years to 15 years	437	437	537	537	652	652
16 years to 20 years	437	437	537	537	652	652
21 years to 25 years	442	455	542	559	659	679
26 years to 30 years	477	515	586	633	712	769
31 years to 35 years	520	588	639	722	777	878
36 years to 40 years	567	669	697	823	848	1,001
41 years to 45 years	619	760	760	934	925	1,137
46 years to 50 years	675	800	830	1,029	1,010	1,252

TABLE OF ANNUAL PREMIUM (RM)						
	Plan 1		Plan 2		Plan 3	
51 years to 55 years	737	800	906	1,123	1,102	1,367
56 years to 60 years	793	800	988	1,197	1,203	1,492
61 years to 65 years	800	800	1,079	1,200	1,313	1,594
66 years to 70 years	800	800	1,173	1,200	1,433	1,600

SECTION 6 - CRITICAL ILLNESSES INSURANCE (CI)

TABLE OF ANNUAL PREMIUM (RM)												
Age last birthday	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
6 to 10 years	61	43	121	85	181	127	242	169	302	211	362	253
11 to 15 years	70	49	140	98	210	147	280	196	350	244	420	293
16 to 20 years	77	59	153	118	229	177	305	236	381	294	458	353
21 to 25 years	90	63	180	126	270	189	360	251	450	314	540	377
26 to 30 years	98	76	196	152	294	227	392	303	490	378	588	454
31 to 35 years	112	93	223	185	334	278	446	370	557	463	668	555
36 to 40 years	172	148	343	296	515	444	686	592	858	740	1,029	888
41 to 45 years	273	248	545	495	817	743	1,089	990	1,362	1,238	1,634	1,485
46 to 50 years	430	436	860	872	1,290	1,308	1,720	1,744	2,150	2,180	2,580	2,615
51 to 55 years	664	798	1,327	1,596	1,990	2,393	2,653	3,191	3,316	3,989	3,979	4,786
56 to 60 years	1,036	1,265	2,071	2,529	3,107	3,793	4,142	5,058	5,178	6,322	6,213	7,586
61 to 65 years	1,521	1,875	3,041	3,749	4,561	5,624	6,081	7,498	7,601	9,372	9,121	11,247
66 to 70 years	2,320	2,944	4,639	5,887	6,959	8,830	9,278	11,773	11,598	14,716	13,917	17,659

SECTION 7 - PERSONAL ACCIDENT INSURANCE (PA)

TABLE OF ANNUAL PREMIUM (RM)					
Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
44	88	133	177	221	265

4. What are the fees and charges I have to pay?

In addition to the premium, you have to pay:	Amount
a. Service Tax	8% of premium for Personal Accident Optional Coverage
b. Stamp duty	RM 10.00

The total premium that you have to pay includes the commissions paid to intermediaries (if any), amounting to 15% of the premium.

The applicability of stamp duty and service tax amount herein applied, or any other taxes are subjected to the prevailing laws of Malaysia.

5. What are some of the key terms and conditions that I should be aware of?

- **Cooling-off period:** You may cancel your policy by returning the policy within 15 days after you have received the policy and you will be refunded the full premium that you paid. No refund is made if a claim was made during this cooling-off period.
- **Age Limit & Eligibility:**
The entry age for an Insured Person is as follows:
(a) Age of thirty (30) days to age of sixty-five (65) years for Section 1

- (b) Age of six (6) years to age of sixty-five (65) years for Section 2
- (c) Age of twenty-one (21) years to age of sixty-five (65) years for Section 3
- (d) Age of six (6) years to age of sixty-five (65) years for Section 4 to Section 7

An Insured Person shall cease to be an Insured Person upon the attainment of the respective ages for the respective Sections as stipulated below:

- (a) The attainment of the age of one-hundred (100) years for Section 1
- (b) The attainment of the age of seventy (70) years for Section 2 to Section 7

• **Renewal:**

- (a) Section 1 is renewable at the option of the Policyholder up to the age of one-hundred (100) years old
- (b) Sections 2 to 7 are renewable at the option of the Company up to the age of seventy (70) years old

• **Waiting Period:**

- (a) Section 1: The first thirty (30) days between the beginning of an Insured Person's disability and the commencement of this Policy date/ reinstatement date and is applied only when the person is first covered.
- (b) Section 2 to 7: Has various waiting period which ranges between thirty (30) days to twelve (12) months

• **Pre-existing Illness**

Disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- (a) the Insured Person had received or is receiving treatment;
- (b) medical advice, diagnosis, care or treatment has been recommended;
- (c) clear and distinct symptoms are or were evident; or
- (d) Its existence would have been apparent to a reasonable person in the circumstances.

• **Upgraded Room and Board Co-Payment**

If the Insured Person is hospitalised at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits. For expenses incurred in Malaysia, the eligible benefits stipulated in the Private Healthcare Facilities and Services Act 1998 shall not be subject to 20% co-payment but shall be limited to the maximum amount stipulated in the applicable Schedule of Fees.

- **Hospital Cash Benefit Insurance:** There is a time excess of five (5) days. This means that the daily cash benefit is only payable from the sixth day of hospitalization.

- **Claims:** You must submit your claim with all the supporting information and documents to us and give full cooperation to us in processing your claim.

- **Family Discount:** Is applicable for family policy. The discount rates are as follows:

Number of family members including main insured person	Family discount rate
1 to 3	0%
4 to 6	5%
7 to 10	10%

NOTE: This list is not exhaustive. Please refer to the policy wording for the full list of terms and conditions under this policy.

6. What are the major exclusions under this policy?

Generally, the policy does not cover the following, **unless otherwise stated in the policy contract to be covered under the plan that you have selected.**

- Pre-existing illnesses.
- Any medical or physical conditions arising within the first thirty (30) days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.

- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary, and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications. NOTE: This list is not exhaustive. Please refer to the policy wording for the full list of terms and conditions under this policy.

Note: This list is not a complete list of exclusions. Please refer to the policy wording for the full list of exclusions under this policy.

7. Can I cancel my policy?

You may cancel your policy by giving a written notice to us. Upon cancellation, you are entitled to a partial refund of the premium provided that you have not made a claim on the policy. The amount of premium refund depends on the duration that your policy has been in force.

Policy duration not exceeding	Percentage of Annual Premium Refund
15 days	90% (applicable for renewal only)
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

8. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondence reaches you in a timely manner.

9. Where can I get further information?

If you have any enquiries about this product or any other types of similar products, you can contact us or your insurance intermediary or visit our website at www.general.com.my.

General Insurance Malaysia Berhad

Reg No: 197501002042 (23820-W)

General Customer Service Centre

Level 1, Menara Generali,

27 Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia.

Tel: 1 300 13 2121 or +603 3007 2121

Email: customer.service.gi@general.com.my

www.general.com.my

The information provided in this Product Disclosure Sheet is a summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy wording.

General Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this disclosure sheet is valid as at 24 February 2025.