



SMARTCANCER CASH

Product Disclosure Sheet

Important Note

1. Read this Product Disclosure Sheet before you decide to take out the SmartCancer Cash Insurance 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?

SmartCancer Cash pays on top of any other insurance you own. We will pay the amount shown in your plan in one lump sum in the event you are diagnosed with cancer, even from the early stage.

2. What are the covers / benefits provided?

PLAN		1	2	3	4														
SUM INSURED (RM)		125,000	100,000	75,000	50,000														
Generic Cancer¹ We will pay the amount shown for your plan, in one lump sum, upon the Insured Person being diagnosed with cancer.		100% of Sum Insured																	
Gender Specific Cancer¹ We will pay the amount shown for your plan, in one lump sum, upon the Insured Person being diagnosed with cancer of the following organs: <table><tr><td>Females</td><td>Males</td></tr><tr><td>Breasts Cancer</td><td>Testicular Cancer</td></tr><tr><td>Fallopian Tubes Cancer</td><td>Penile Cancer</td></tr><tr><td>Ovarian Cancer</td><td>Prostate Cancer</td></tr><tr><td>Cervical Cancer</td><td></td></tr><tr><td>Uterus Cancer</td><td></td></tr><tr><td>Vagina / Vulva Cancer</td><td></td></tr></table>		Females	Males	Breasts Cancer	Testicular Cancer	Fallopian Tubes Cancer	Penile Cancer	Ovarian Cancer	Prostate Cancer	Cervical Cancer		Uterus Cancer		Vagina / Vulva Cancer		200% of Sum Insured			
Females	Males																		
Breasts Cancer	Testicular Cancer																		
Fallopian Tubes Cancer	Penile Cancer																		
Ovarian Cancer	Prostate Cancer																		
Cervical Cancer																			
Uterus Cancer																			
Vagina / Vulva Cancer																			
Early Stage Cancer We will pay the amount shown for your plan, in one lump sum, upon the Insured Person being diagnosed with carcinoma-in-situ. For organs covered under:	Generic Cancer	30% of Generic Cancer's Sum Insured																	
	Gender Specific Cancer	30% of Gender Specific Cancer's Sum Insured																	

Note:

#1 - In the event a claim is made under Early Stage Cancer benefit of 30%, the amount payable under Generic Cancer or Gender Specific Cancer will be 70% of the Sum Insured.

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)

IMPORTANT NOTES:

1. The benefits under Generic Cancer and Gender Specific Cancer are mutually exclusive and are payable once in Insured Person's lifetime, irrespective of the number of diagnosis of cancer.
2. The Early Stage Cancer benefit is payable only once in Insured Person's lifetime, irrespective of the number of diagnosis of carcinoma-in-situ.
3. Cancer of organ specified under Gender Specific Cancer benefit are not covered under the Generic Cancer benefit.
4. Policy coverage shall automatically terminate on the occurrence of the benefit under Generic Cancer or Gender Specific Cancer being paid out.

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?

Age / Umur	Annual Premium (MYR) / Premium Tahunan (RM)							
	Plan 1 / Pelan 1		Plan 2 / Pelan 2		Plan 3 / Pelan 3		Plan 4 / Pelan 4	
	M / L	F / P	M / L	F / P	M / L	F / P	M / L	F / P
20-24	300.00	325.00	240.00	260.00	180.00	195.00	120.00	130.00
25-29	338.00	378.00	270.00	302.00	203.00	227.00	135.00	151.00
30-34	360.00	408.00	288.00	326.00	216.00	245.00	144.00	163.00
35-39	395.00	605.00	316.00	484.00	237.00	363.00	158.00	242.00
40-44	465.00	1,010.00	372.00	808.00	279.00	606.00	186.00	404.00
45-49	618.00	1,565.00	494.00	1,252.00	371.00	939.00	247.00	626.00
50-54	1,030.00	2,310.00	824.00	1,848.00	618.00	1,386.00	412.00	924.00
55-59	2,063.00	2,835.00	1,650.00	2,268.00	1,238.00	1,701.00	825.00	1,134.00

The premium rates above are only for selected ages. For the complete premium listing of other ages/gender kindly refer to the brochure.

The total premium that you need to pay depends on your age, gender, health status and selected plan of your choice.

Premium rates are not guaranteed and the premium payable at renewal shall be determined at each renewal based on the age next birthday of each member. The premium rates then in effect, and any other factors which may materially affect the risks insured.

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

What you have to pay in addition to the premium:

Stamp Duty – RM10.00

What is included in the premium:

- i. Commissions paid to insurance intermediaries – 15% of 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?

Eligibility

- Malaysian Citizen
- New Application : Age 20 – 59 as of your next birthday

- Renewal : Up to age 100 provided you were already a member on your 59th birthday
- If you are an existing member who wants to upgrade your plan, it can only be done at renewal before 59 year old of your next birthday.

Importance of Disclosure

- You must disclose all material facts such as personal particulars and any medical condition which you already had when you apply for this policy. This includes any medical condition or symptoms whether or not being treated and any previous medical condition which recurs or which you should reasonable have known about even if you have not consulted a medical practitioner. If you are in any doubt, you should disclose the medical condition.
- Failure to notify Generali of all material facts and medical condition may result in claims being refused or cover withdrawn.

Policy Renewal / Renewal Premium

- This is a yearly renewable policy. Unless renewed, the coverage will cease on expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date.
- The renewal of the policy is at the option of the Policyholder until the occurrence of any of the following:
 - non-payment of premium or premium not made on time;
 - fraud or misrepresentation of material fact during application;
 - the policy is cancelled at the request of the Policyholder;
 - the Insured Person ceases to qualify as a dependent based on the definition of the policy;
 - the Insured Person attains the coverage age limit specified;
 - benefit under either Generic Cancer or Gender Specific Cancer is paid out under this policy;
 - on the death of the Insured Person; and
 - termination of coverage for all policies in a certain market and the Company withdraws this policy completely from the market in accordance with the Portfolio Withdrawal Condition.

Cash Before Cover	Free-look Period	Waiting Period		
Premium due must be paid and received by us before cover commences. This insurance policy is automatically null and void if this condition is not complied.	You may cancel your policy by returning it to us within 15 days from the date of issuance provided no claim has been made. Full premium will be refunded to you less deduction of expenses incurred by the Company.	Benefit	Waiting Period	*Survival Period
		Generic Cancer	90 days	14 days
		Gender Specific Cancer		
		Early Stage Cancer	120 days	
		*No benefits will be paid if the Insured Person has been diagnosed with cancer and/or Early Stage Cancer and lives for a period of less than 14 days after the diagnosis.		

Claim Procedure

Step 1



Contact Generali Customer Service number (603) 2170 8282; or
Visit our website at www.generali.com.my to obtain a printable claim form.

Step 2



Submit the required documents to Generali.

- Completed claim form and signed by the Insured and the Medical Practitioner.
- Completed medical report, bill, HPE/Biopsy report and other related diagnostic report.
- We may request additional information or report, if necessary.

Step 3



Approval & Payout

Upon receipt of full documents, Generali will revert with claim decision within 7 working day.
Once approved, claim payment will be via direct credit within 3 working days.

6. What are the major exclusions under this policy?

We do not pay claims related to:

- any cancer and/or carcinoma-in-situ directly or indirectly caused by any pre-existing condition;
- any signs or symptoms of cancer first occurred within 90 days from the date such Insured Person was first covered under this policy;
- any signs or symptoms of carcinoma-in-situ first occurred within 120 days from the date such Insured Person was first covered under this policy;
- cancer and/or carcinoma-in-situ which is diagnosed and the Insured Person lives for a period of less than 14 days after the diagnosis;
- cancer and/or carcinoma-in-situ for which the Insured Person is claiming if the Insured Person has been diagnosed with the same cancer and/or carcinoma-in-situ before the date such Insured Person was first covered under this policy;
- cancer and/or carcinoma-in-situ diagnosed in the presence of Human Immunodeficiency Virus (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS);
- a diagnosis made by a Medical Practitioner who is an Insured Person or a member of the Insured Person's family;
- cancer and/or carcinoma-in-situ caused as a result of nuclear contamination, biological contamination or chemical contamination.

7. What is Pre-existing Conditions?

Pre-existing Conditions shall mean medical conditions/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:

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

8. Can I cancel my policy?

You may cancel your policy at any time by giving a written notice to the Company. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy.

Period Not Exceeding	Refund of Annual Premium
15 days (for renewal only)	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Exceeding 11 months	No refund

9. What do I need to do if there are changes to my contact/personal details?

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

10. Where can I get further information?

Should you require additional information about our **SmartCancer Cash** policy, you may contact us or your insurance intermediary.

For additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance', which is available at all our branches. You can also obtain a copy of the booklet from your insurance intermediary or visit www.insuranceinfo.com.my.

Generali Insurance Malaysia Berhad

Reg No: 197501002042 (23820-W)

Generali 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@generali.com.my

www.generali.com.my

11. Any other types of Medical and Health Insurance cover available?

- SmartCare Optimum Plus
- Multi Medic
- Multi Medical Protector
- Multi Medi-PLUS
- Medic 101
- InternationalExclusive
- SmartCare Xtra

IMPORTANT NOTE:

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.

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.

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

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