MEDICAL

GENMEDIC

Health Protection For All

Member of PIDM

PROTECTION BY PIDM ON BENEFITS PAYABLE FROM THE UNIT PORTION OF THIS PRODUCT IS SUBJECT TO LIMITATIONS. Please refer to PIDM's TIPS Brochure or contact Generali Life Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

GENERALI

There are various medical plans in the market, but how do you choose the right one? Finding a plan that provides you with high annual limit, fits your budget, and offers the care you need, especially for serious conditions like cancer, can be a challenge.

Introducing

GENMEDIC

a medical plan that provides a high annual limit of up to **RM8 million** and coverage up to age 100[1]. This plan provides peace of mind with enhanced cancer benefits and flexibility to choose the best plan to suit your financial budget. On top of that, enjoy co-insurance waiver benefit that will waive your co-insurance due to the specified events set out in the policy.

[1] With optional coverage term of 30 years or up to age 80, this plan will be guaranteed to be renewed without evidence of insurability at your option up to age 100 provided that the basic plan is still in-force. You will be notified in writing at least 90 days prior to the expiry age of this rider.

Key Benefits

1 Lifelong high annual limit

GenMedic comes with a high annual limit of up to **RM8 million** that allows you to focus on your health recovery. It also provides you with lifelong coverage up to age 100[1] with no lifetime limit.

2 Enhanced cancer coverage

We understand the importance of advanced cancer treatments to increase cancer survival and improve the quality of life. GenMedic provides coverage on enhanced cancer treatment such as out-patient treatment including but not limited to radiotherapy, chemotherapy, targeted therapy, hormonal therapy or immunotherapy. In addition, you can claim up to **RM30,000** per lifetime for genomic test for cancer and treatment received from traditional and complementary medicine centre for cancer and stroke.

3 Cost savings with co-insurance

GenMedic comes with **5% co-insurance**[2] subject to a minimum of RM500 per policy year and maximum per policy year as follows:

Plan	Lite 1	Lite 2	Elite 1	Elite 2	Elite 3
Maximum co-insurance	RM2,500	RM5,000	RM30,000	RM50,000	RM80,000

However, with our Co-Insurance Waiver, you would not need to pay the co-insurance amount for:

i. Any treatment, hospitalisation or surgeries due to an accident or emergency treatment;
ii. Any treatment, hospitalisation or surgeries sought at a Malaysian government hospital or government healthcare facility such as government clinic; or
iii. Any claims under the benefits of out-patient kidney dialysis treatment, out-patient cancer treatment and traditional and complementary medicine for cancer and stroke.

[1] With optional coverage term of 30 years or up to age 80, this plan will be guaranteed to be renewed without evidence of insurability at your option up to age 100 provided that the basic plan is still in-force. You will be notified in writing at least 90 days prior to the expiry age of this rider.

[2] The maximum and minimum co-insurance is accumulated for a particular policy year, and shall not be carried forward to the next policy year.

Schedule of Benefits

Plan		Lite 1	Lite 2	Elite 1	Elite 2	Elite 3
Annual Limit (applicable to benefits no. 1 to no. 17)		RM250,000	RM500,000	RM3 mil	RM5 mil	RM8 mil
Lifetime Limit		No limit				
Co-Insurance (applicable to benefits no.1 to no.15)		Co-insurance 5%, minimum RM500 and maximum RM2,500 per policy year	Co-insurance 5%, minimum RM500 and maximum RM5,000 per policy year	Co-insurance 5%, minimum RM500 and maximum RM30,000 per policy year	Co-insurance 5%, minimum RM500 and maximum RM50,000 per policy year	Co-insurance 5%, minimum RM500 and maximum RM80,000 per policy year
Section A: In-Patient and Surgical Benefit (for any one disability)						
1	**Hospital Room and Board (R&B)** (daily maximum)	RM150	RM150	RM250	RM300	RM400
	Maximum number of days	150 days for any one disability		200 days for any one disability		
2	**Intensive Care Unit**	As charged				
	Maximum number of days	150 days for any one disability		200 days for any one disability		
3	**In-Patient Related Fees** (a) Hospital Supplies and Services (including medical report charges up to RM200 per hospitalisation) (b) Surgical Fees (c) Anaesthetist Fees (d) Operating Theatre Fees (e) In-Patient Prescribed Medicines (f) In-Patient Diagnostic Procedures and In-Patient Physiotherapy (g) In-Patient Physician Visit (up to 2 visits per day per physician)	As charged				

Schedule of Benefits

Plan		Lite 1	Lite 2	Elite 1	Elite 2	Elite 3
4	**Ambulance Fees**	Up to RM500 per Hospitalisation		As charged		
5	**Daily Guardian Benefit** (for child aged below 15 years or insured aged above 65 years)	As charged				
	Maximum number of days	150 days for any one disability				
6	**Daily Allowance for Hospitalisation in Government Hospital**	RM60 per day				
	Maximum number of days	60 days for any one disability				
7	**Additional Daily Allowance for Hospitalisation in Government Hospital Isolation Ward**	RM60 per day				
	Maximum number of days	30 days for any one disability				
Section B: Out-Patient Benefit (for any one disability)						
8	**Day Surgery and Daycare Surgical Procedure**	As charged				
9	**Out-Patient Treatment for Dengue Fever**	Up to RM2,000	Up to RM2,000	Up to RM2,500	Up to RM3,000	Up to RM4,000
10	**Pre-Hospitalisation Benefit** (within 90 days before Hospitalisation) (a) Consultation (b) Diagnostic Tests (c) Medication and Treatment	Up to RM5,000	Up to RM10,000	As charged		

Schedule of Benefits

Plan		Lite 1	Lite 2	Elite 1	Elite 2	Elite 3
11	**Post-Hospitalisation Benefit** (within 210 days after Hospital discharge) (a) Medication and Treatment (b) Out Patient Physiotherapy	Up to RM5,000	Up to RM10,000	As charged		
12	**Chiropractic and Acupuncture Treatment** (within 150 days after Hospital discharge)	Not applicable		Up to RM1,000	Up to RM2,000	Up to RM3,000
13	**Out-Patient Kidney Dialysis Treatment**	As charged				
14	**Out-Patient Cancer Treatment** (including but not limited to radiotherapy, chemotherapy, targeted therapy, hormonal therapy or immunotherapy, and including consultation, examination tests and Prescribed Medicines)	As charged				
15	**Home Nursing Care**	Up to RM5,000 per Hospitalisation	Up to RM10,000 per Hospitalisation	As charged		
	Maximum number of days	180 days per lifetime				

Schedule of Benefits

<table>
<tr><th colspan="2">Plan</th><th>Lite 1</th><th>Lite 2</th><th>Elite 1</th><th>Elite 2</th><th>Elite 3</th></tr>
<tr><td>16</td><td>Emergency Accidental Out-Patient and Follow-up Treatment (within 30 days from the date of an Accident)</td><td colspan="5">As charged</td></tr>
<tr><td colspan="7">Section C: Special Benefit</td></tr>
<tr><td>17</td><td>Intraocular Lens</td><td colspan="2">Up to RM3,000 per lifetime</td><td colspan="3">Up to RM6,000 per lifetime</td></tr>
<tr><td>18</td><td>Traditional and Complementary Medicine for Cancer and Stroke</td><td colspan="2" rowspan="2">Not applicable</td><td>Up to RM10,000 per lifetime</td><td>Up to RM20,000 per lifetime</td><td>Up to RM30,000 per lifetime</td></tr>
<tr><td>19</td><td>Genomic Test for Cancer</td><td>Up to RM10,000 per lifetime</td><td>Up to RM20,000 per lifetime</td><td>Up to RM30,000 per lifetime</td></tr>
<tr><td>20</td><td>International Emergency Medical Evacuation</td><td colspan="3" rowspan="2">Not applicable</td><td rowspan="2">Up to RM500,000 per policy year</td></tr>
<tr><td>21</td><td>International Emergency Medical Repatriation</td></tr>
</table>

- Benefits no. 18 to no. 21 are not subject to the annual limit, and any claims made under these benefits will not reduce the annual limit.
- Benefit no. 7 is payable in addition to Benefit no. 6.
- Please refer to the “Frequently Asked Questions” for more details on the Co-Insurance and Genomic Test for Cancer.
- Please refer to the rider contract for full benefit description.

Frequently Asked Questions

Who can be insured under GenMedic?

Coverage Term Option	Entry Age	
	Minimum	Maximum
30 years	15 days old	70 years old
Up to age 80	15 days old	50 years old

However, it is subject to our underwriting requirements.

2. How can I take up GenMedic?

This is a unit deducting rider. You can add GenMedic to our investment-linked basic plan. Please check with your agent or contact us for more details.

3. How long is the coverage?

GenMedic gives you choices of coverage term of 30 years or up to age 80. It will be guaranteed to be renewed without evidence of insurability at your option at the end of your selected coverage term, up to the Insured's 100th birthday and provided the basic plan is still in-force. You will be notified at least 90 days prior to the expiry age of this rider.

4. How much insurance charges do I have to pay?

The insurance charges you have to pay depends on your attained age, gender, occupation, health condition and the type of plan you choose. The insurance charges payable will increase according to your attained age. Please refer to Appendix I for the Insurance Charges table for a standard life.

Insurance charges are payable throughout the entire duration of the riders. You must inform us of any change in your occupation, avocation and sports activities as it may affect the insurance charges and terms and conditions of the plan.

5. Are the insurance charges payable guaranteed?

Insurance charges are not guaranteed but renewability is guaranteed. We reserve the right to revise the insurance charges at policy anniversary by giving you at least 30 days' notice if the overall claim experience of this class of business is worse than expected.

Frequently Asked Questions

6. How does Co-Insurance work?

Co-Insurance means the cost sharing arrangement where you need to pay 5% of the eligible expenses, subject to minimum of RM500 and maximum based on the selected plan and we will reimburse the excess, if any.

For example:

Claim Scenario 1 (GenMedic *Lite 1*: Max co-insurance RM2,500)

Policy Year	Hospital Admission Due To	Eligible Expenses	Co-insurance Paid by Customer	Generali Pay	Accumulated Amount Paid by Customer	Accumulated Amount Paid by Generali
Year 3	Influenza	RM5,000	RM500 (The higher of: (a) 5% x RM5,000; or (b) Min co-insurance RM500/year)	RM4,500	RM500 (min co-insurance)	RM4,500
Year 3	Accident	RM20,000	RM0 (co-insurance waiver)	RM20,000	RM500	RM24,500
Year 3	Appendix surgery	RM15,000	RM500*	RM14,500	RM1,000	RM39,000

* The total co-insurance payable by the customer in a year is RM1,000 (5% x RM20,000 (total eligible expenses in a year, excluding eligible expenses under co-insurance waiver)). Since customer already paid RM500 during the first hospital admission, customer would only need to pay the remaining co-insurance of RM500.

Claim Scenario 2 (GenMedic *Elite 1*: Max co-insurance RM30,000)

Policy Year	Hospital Admission Due To	Eligible Expenses	Co-insurance Paid by Customer	Generali Pay	Accumulated Amount Paid by Customer	Accumulated Amount Paid by Generali
Year 3	Brain Tumor Surgery	RM250,000	RM12,500 (5% x RM250,000)	RM237,500	RM12,500	RM237,500
Year 3	Follow up treatment	RM150,000	RM7,500 (5% x RM150,000)	RM142,500	RM20,000	RM380,000
Year 3	Brain Tumor Second Surgery	RM250,000	RM10,000 (The lower of: (a) 5% x RM250,000; or (b) Max total co-insurance RM30,000/year)	RM240,000	RM30,000 (max co-insurance)	RM620,000
Year 3	Follow up treatment	RM150,000	RM0 (exceeded maximum co-insurance)	RM150,000	RM30,000 (max co-insurance)	RM770,000

Frequently Asked Questions

7. How does Genomic Test for Cancer work?

GenMedic covers the genomic testing for Cancer which is used to determine the treatment option upon diagnosis of Cancer. Predictive genetic testing is specifically excluded for this benefit.

This benefit is subject to the lifetime limit as stated in the Schedule of Benefits. Once the lifetime limit is exhausted, this benefit shall immediately cease to be payable.

8. When does the cover begin?

The coverage begins immediately after the rider has commenced for hospitalisation due to accidents. There is a waiting period of 120 days for specified illnesses and 30 days for any other causes.

Specified illnesses refer to any one of the following disabilities and its related complications:

- Hypertension, diabetes mellitus or cardiovascular disease;
- Growths of any kind including tumours, cancers, cysts, nodules, polyps, kidney stones or gall bladder stones;
- Any diseases of the ear, nose (including sinuses) or throat;
- Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
- Any diseases of the reproductive system including endometriosis; or
- Any disorders of the spine (including but not limited to a slipped disc) or any knee conditions.

9. Is the renewal guaranteed?

GenMedic is guaranteed to be renewed without evidence of insurability at your option up to age 100 provided the basic plan is still in-force. There is no selective renewal loading or exclusion regardless of the claim made during the previous year. However, the renewal of the rider is at your option until the occurrence of any one of the following:

- Fraud or misrepresentation of material fact during application;
- This rider is cancelled/surrendered at your request;
- On the death of the insured;
- The basic plan to which this rider is attached to terminates, matures, expires or lapses;
- On the policy anniversary prior to the insured attaining the expiry age of this rider, provided that the renewal privilege of this rider has not been exercised; or
- On the policy anniversary on or following insured's 100th birthday, provided that the renewal privilege of this rider has been exercised.

10. Where can I get the latest list of panel hospitals?

You can view our latest list of panel hospitals on our official website at www.generali.com.my.

Frequently Asked Questions

11. How do I make a claim?

Where applicable, a cashless facility will be provided to the panel hospital for your admission. It is best for you to arrange for the medical report before any hospital admission for a pre-planned treatment. Depending on the hospital, you may be required to pay a deposit and the deposit amount may vary from hospital to hospital. Upon discharge, the hospital will provide the final diagnosis and the itemised bill. You only need to settle any deductible, ineligible or excess expenses which are not covered.

In the circumstances of non-cashless admission, you are advised to pay for the treatment first and after being discharged, file a claim with us.

Cashless facility does not guarantee full payment of your final medical bill which may include excess and excluded items which must be paid by you.

Please notify us within 30 days of any occurrences for admission to non-panel hospitals, out-patient treatment or any claims which have been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claim documents to us for processing.

12. Where can I check my policy coverage and limits?

You can check on MyGenerali Customer Portal or call us at 1 300 13 2121 or +603 3007 2121.

13. What are the consequences of switching policy from one insurer to another?

You may be subject to new underwriting requirements, full waiting period and any applicable period for the exclusion of specific illnesses or pre-existing conditions of the new plan.

Appendix I

Annual Insurance Charges of GenMedic

For Occupation Class 1 & 2

Plan Type	Lite 1		Lite 2		Elite 1		Elite 2		Elite 3	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 – 5	891	817	934	855	1,051	965	1,163	1,066	1,508	1,382
6 – 10	615	561	643	591	731	673	807	742	1,050	966
11 – 15	574	525	595	544	677	620	747	684	973	892
16 – 20	632	580	651	593	740	676	816	746	1,063	971
21 – 25	727	703	748	730	847	826	935	913	1,216	1,187
26 – 30	812	849	828	870	959	1,005	1,058	1,110	1,374	1,440
31 – 35	900	1,032	915	1,044	1,094	1,246	1,210	1,378	1,569	1,785
36 – 40	1,072	1,141	1,098	1,163	1,310	1,386	1,448	1,532	1,875	1,985
41 – 45	1,230	1,319	1,246	1,350	1,399	1,517	1,548	1,677	2,004	2,169
46 – 50	1,568	1,638	1,580	1,686	1,771	1,888	1,959	2,086	2,532	2,697
51 – 55	2,125	2,153	2,145	2,194	2,451	2,508	2,712	2,774	3,503	3,582
56 – 60	2,584	2,620	2,662	2,676	3,038	3,056	3,361	3,381	4,338	4,362
61 – 65	3,963	3,440	4,090	3,523	4,658	4,014	5,157	4,443	6,648	5,729
66 – 70	5,458	4,606	5,675	4,723	6,454	5,376	7,147	5,951	9,208	7,668
71 – 75	7,206	6,025	7,489	6,257	8,315	6,952	9,208	7,697	11,860	9,915
76 – 80	9,438	7,088	9,847	7,422	10,929	8,244	12,103	9,126	15,586	11,754
81	12,125	9,288	12,739	9,796	14,129	10,875	15,650	12,040	20,150	15,504
82	12,722	9,813	13,534	10,481	15,012	11,632	16,628	12,880	21,407	16,584
83	13,348	10,371	14,332	11,199	15,895	12,428	17,608	13,761	22,669	17,719
84	14,009	10,964	15,189	11,954	16,843	13,265	18,659	14,690	24,020	18,913
85	14,731	11,589	16,081	12,728	17,832	14,120	19,754	15,637	25,429	20,132
86	15,188	12,012	16,714	13,372	18,528	14,834	20,529	16,428	26,428	21,151
87	15,813	12,583	17,366	13,993	19,249	15,525	21,329	17,193	27,456	22,133
88	16,464	13,207	18,024	14,607	19,980	16,203	22,139	17,945	28,498	23,101
89	17,146	13,838	18,699	15,266	20,727	16,933	22,966	18,753	29,562	24,140
90	17,892	14,502	19,383	15,944	21,485	17,683	23,806	19,584	30,641	25,210
91	18,440	15,063	20,117	16,657	22,297	18,472	24,707	20,459	31,802	26,336
92	19,132	15,703	20,834	17,382	23,094	19,274	25,587	21,348	32,934	27,481
93	19,805	16,402	21,563	18,127	23,903	20,102	26,481	22,264	34,085	28,660
94	20,551	17,099	22,311	18,901	24,732	20,957	27,400	23,213	35,267	29,879
95	21,324	17,862	23,039	19,699	25,537	21,843	28,291	24,193	36,415	31,140
96	22,106	18,629	23,953	20,551	26,551	22,785	29,413	25,239	37,857	32,487
97	22,942	19,461	24,755	21,404	27,443	23,728	30,400	26,284	39,127	33,832
98	23,755	20,334	25,533	22,289	28,302	24,709	31,352	27,371	40,352	35,229
99	24,654	21,205	26,374	23,203	29,238	25,722	32,386	28,493	41,682	36,674

Note:

- The above rates are rounded to the nearest Ringgit.
- The insurance charges are deducted monthly from the account value of your policy to pay for the insurance coverage. The insurance charge will increase according to your attained age.
- The insurance charges for age 71-99 are for renewal only.
- The insurance charges above are applicable to standard risk only.
- The Annual Insurance Charges for Occupation Class 3 is additional 15% of the Annual Insurance Charges for Occupation Class 1 & 2.
- All occupations under Class 4 will not be covered by this plan.

Definition of Occupation Classes

Class 1: Persons engaged in professional, administration, managerial, clerical and non-manual occupations generally.

Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties may involve occasional light manual work but not using tools or machinery or not exposing them to any special hazards. Persons who are required to travel outside office for business or professional purposes but not engaging in manual labour.

Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or light machinery.

Class 4: Persons engaged in heavy manual work involving the use of heavy tools and machinery.

Important Notes

We believe it is important that you fully appreciate and understand all the benefits and charges under this plan.

1. This insurance plan is underwritten by Generali Life Insurance Malaysia Berhad 200601003992 (723739-W) ("We/ Us/ Our"), a company licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

2. You should satisfy yourself that this rider will best serve your needs and that the premium payable under the policy is an amount you can afford.

3. If you are not completely satisfied with this rider, you may return this rider and request the cancellation of this rider within 15 days from the date this rider is delivered to you provided no claim has been made. We will then refund to you any insurance charge that has been deducted for this rider less any medical expenses incurred.

4. Please read this brochure together with the basic plan's brochure. For further information, you may refer to the sales illustration.

5. GenMedic does not cover any hospitalisation, surgeries or charges incurred caused directly or indirectly, wholly or partly, by any one of the following occurrences:
   - Pre-existing illnesses;
   - Specified Illnesses occurring within the waiting period;
   - Any disabilities, medical or physical conditions and its signs and symptoms occurring within the waiting period, except for injuries due to accidents;
   - Circumcision, eye examination, refractive surgery or surgical procedure for visual impairments due to astigmatism, farsightedness or nearsightedness (Radial Keratotomy or Lasik), glasses or contact lenses and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;

Important Notes

- Dental conditions including dental treatment or oral surgery except as necessitated by injuries due to accidents to sound natural teeth occurring during the period of insurance;
- Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related Diseases, and any communicable diseases requiring quarantine by law (This exclusion does not apply to any Hospitalisation, Surgery, charges incurred or death, whichever is applicable, due to Coronavirus Disease (COVID-19));
- Any treatments or surgical operation for congenital conditions or deformities including hereditary conditions;
- Pregnancy, pregnancy related condition or its complications, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility, erectile dysfunction and tests or treatment related to impotence or sterilisation;
- Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examinations, general physical or medical examinations that are not related whether directly or indirectly to treatment or diagnosis of a covered Disability, any treatments which is not Medically Necessary, tests and investigations done for the purpose of excluding diagnosis other than the final diagnosis in which final treatment is rendered, any preventive treatments, preventive medicines or examinations carried out by a Physician, and any treatments specifically for weight reduction or gain or bariatric Surgery;
- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots, civil commotion or insurrection;
- Biological or chemical contamination, ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- Expenses incurred for donation of any body parts or organs by the Insured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, placenta/serum therapy, chelation therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to acupressure reflexology, bone setting, herbalist treatment, traditional and complementary medicine (unless otherwise specified), supplementary medicine, vitamin, nutritional herb, massage or aroma therapy or other alternative treatment;
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and disabilities arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;

Important Notes

- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) and any other conditions classified under the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV Codes) as published by American Psychiatric Association;
- Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items;
- Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
- Expenses incurred for sex changes;
- Any treatments directed towards developmental delays and/or learning disabilities of an Insured;
- Any treatments which only offer temporary relief of symptoms on any long-term illnesses and diseases rather than dealing with the underlying medical condition;
- Any diagnostic tests, procedures, blood tests, investigations or screenings that are not directly related to the final diagnosis and treatment for the covered disability; or
- Cosmetic/aesthetic/plastic surgery or treatment, or treatment which relates to or is needed because of previous cosmetic treatment. However, We will pay for the reconstructive surgery if:
  a. it is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the Insured has been continuously covered under this rider since before the occurrence of accident or surgery;
  b. it is done at a medically appropriate stage after the accident or surgery; and
  c. We agree, in writing, to the cost of the treatment before it is done.

6. This brochure contains only general information about the products and does not in any way represent a policy. For a detailed description of the terms and conditions and exclusions of the products please refer to the official policy issued by Us.

Our comprehensive range of insurance plans to meet your financial needs at every stage of your life:

PROTECTION

MEDICAL

SAVINGS

INVESTMENT-LINKED

GenMedic 022025

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