ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD 200601015674 (735426-V)

Menara Allianz Sentral, 203 Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur

GROUP PERSONAL ACCIDENT INSURANCE FOR: MYSIGNAL MARKETING SDN BHD

POL	CY	NO.:	•••••
	•		

WHEREAS the Policyholder described in the Schedule, by a proposal and declaration which shall be the basis of the contract and is deemed to be incorporated herein, has applied to Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426V) (hereinafter called the "Company") for the insurance hereinafter contained and the Policyholder or Insured Person, as the case may be has paid or has agreed to pay to the Company the premium stated in the Schedule or the **Endorsement** as consideration for the insurance for the period stated therein.

NOW THIS POLICY OF INSURANCE WITNESSETH that if during the **Period of Insurance** any of the Insured Person shall sustain bodily injury caused by an Accident which shall solely and independently of any other cause result in such Insured Person's death or disablement as hereinafter defined, the Company will, subject to the terms, exclusion, provisos and conditions of and endorsed on this Policy, pay to the Insured Person the sum or sums of money specified in the Schedule in accordance with the benefits herein.

Issued at Kuala Lumpur on	
Signed for and on behalf of	

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD



PART 1 – BENEFITS

The following benefits are payable up to the **Sum Insured** as stated in the **Schedule** according to the plan selected by the **Insured Person** and subject to the terms and conditions of this **Policy**.

A. **DEATH OR PERMANENT DISABLEMENT**

In the event of an Accident during the Period of Insurance causing an Injury resulting in death or **Permanent Disablement** to the **Insured Person** occurring within twelve (12) calendar months from the Date of Accident, the Company shall pay the death or Permanent Disablement benefit, as the case may be, according to the percentage of the Sum Insured as stated in the Scale of Benefits below.

Scale of Benefits		Percentage (%) of Sum Insured	
Death	100%		
Permanent Disablement			
Loss of two limbs		100%	
Loss of both hands or of all fingers and both thumbs		100%	
Loss of sight of both eyes		100%	
Total paralysis from neck	down	100%	
Injury resulting in the Insu	red Person being permanently bedridden	100%	
Loss of arm at shoulder 100%			
Loss of arm between shou	lder and elbow	100%	
Loss of arm at elbow		100%	
Loss of arm between elbo	w and wrist	100%	
Loss of hand at wrist		100%	
Loss of leg	- at hip	100%	
	- between knee and hip	100%	
	- below knee	100%	
Eye : Loss of	- whole eye	100%	
	- all sight in one eye	100%	
	 sight of except perception of light 	50%	
Loss of four fingers (excep	t thumb) and thumb of one hand	50%	
Loss of four fingers (excep	40%		
Loss of thumb	- both phalanges	30%	
	- one phalanx	15%	
Loss of index finger	- three phalanges	15%	
	- two phalanges	10%	
	- one phalanx	5%	
Loss of middle finger	- three phalanges	8%	
	- two phalanges	5%	
	- one phalanx	3%	
Loss of ring finger	- three phalanges	6%	

	-	two phalanges	5%
	-	one phalanx	3%
Loss of little finger	-	three phalanges	5%
	-	two phalanges	4%
	-	one phalanx	3%
Loss of metacarpals	-	first or second (additional)	4%
	-	third, fourth or fifth (additional)	3%
Loss of toes	-	All (of one foot)	20%
	-	great, both phalanges	8%
	-	great, one phalanx	3%
	-	other than great, if more than one toe	2%
Permanent loss of hearing i	n b	ooth ears and speech	100%
Loss of hearing	-	both ears	75%
	-	one ear	15%
*Loss of speech	-		50%
Shortening of arm	-	more than 1" (inch) up to 2" (inches)	2.5%
	-	more than 2" (inches) up to 4" (inches)	5%
	-	more than 4" (inches)	12.5%
Shortening of leg	-	more than 1" up to 2" (inches)	5%
	-	more than 2" (inches) up to 4" (inches)	10%
	-	more than 4" (inches)	25%

Where the **Injury** is not specified, the **Company** reserves the right to adopt an appropriate percentage of the Sum Insured for the disablement which, in its opinion, is not inconsistent with the provisions of the Scale of Benefits above.

Permanent Total Loss of Use of Member shall be treated as loss of member.

The aggregate of all percentages payable under the death or **Permanent Disablement** benefit for the entire Period of Insurance shall not exceed one hundred percent (100%) of the Sum Insured.

Losses lesser than one hundred percent (100%), if having been paid shall reduce the Sum Insured by that amount from the **Date of Accident** until the expiry of the **Period of Insurance.**

In the event a total of one hundred percent (100%) of the Sum Insured has been paid during the Period of Insurance, all insurance under the coverage of the Insured Person shall immediately cease to be in force and upon payment of the Sum Insured, the Company's obligation under the relevant **Schedule** shall be fully discharged.



^{*}Loss of Speech shall mean total permanent inability to communicate verbally.

DOUBLE INDEMNITY ON PUBLIC CONVAYENCE B.

In the event that the benefit payable under this **Policy** for:

- (a) Death; or
- (b) Total paralysis from neck down; or
- Permanent total loss of use of two (2) limbs (or two (2) or more limbs); (c)

arises due to an **Accident** that occurred whilst travelling as a fare-paying passenger on any mode of **Public Transport Services**, the benefit shall be doubled.

C. **HOSPITAL INCOME**

In the event the Insured Person requires Hospitalisation as a result of an Accident, the Company will pay the Insured Person a daily benefit as specified in the Schedule for the period of **Hospitalisation**, up to a maximum of thirty (30) days. This benefit is triggered only if the **Insured Person** is hospitalised for more than twelve (12) hours due to an **Accident**.

Daily compensation is payable only if the **Insured Person** is hospitalised within twenty-one (21) days of the Date of Accident. Successive periods of Hospitalisation due to the same cause, shall be considered as one Accident.

D. **NURSING CARE**

In the event an Accident during the Period of Insurance results in an Injury and the Insured **Person** requires nursing care following the **Insured Person**'s discharge from the hospital, the Company will reimburse the cost of the nursing care up to the amount specified in the Schedule and up to a maximum of sixty (60) days provided that:

- (a) the **Insured Person** was hospitalised for a minimum of three (3) consecutive days;
- the nursing care is provided within seven (7) days from the date of the Insured Person's (b) discharge from the hospital; and
- the nursing care is deemed medically necessary by the Insured Person's treating Medical Practitioner.

E. LIFESTYLE MODIFICATION EXPENSES

In the event fifty percent (50%) or more of the **Principal Sum Insured** is payable under Benefit A (Permanent Disablement) according to the percentage of the Principal Sum Insured as stated in Table 1 – Scale of Benefits of this Policy, the Company will reimburse the costs of modification including associated expenses to the Insured Person's home and/or Motor Vehicle up to the amount specified in the Schedule provided that the said modifications are



required and essential for the purpose of enabling the Insured Person to cope with the disability suffered and to aid the **Insured Person**'s mobility.

This benefit payable is subject to the following:

- The **Insured Person** must provide to the **Company** the original receipts for the expenses (a) incurred for the modification and photographs of the home and/or Motor Vehicle before and after the modification; and
- the said modifications shall commence within one hundred and eighty (180) days following the attending Medical Practitioner's confirmation of such Permanent Disablement.

For the avoidance of doubt, no reimbursement is payable if the said modifications were already pre-planned or ongoing prior to the **Date of Loss/Accident**.

F. **REHABILITATION EXPENSES**

In the event an Accident during the Period of Insurance results in an Injury and the Insured Person requires rehabilitation following the Insured Person's discharge from the hospital, the Company will reimburse the costs of consultation and medical treatments with a Medical **Practitioner**, therapist or alternative medical practitioner for rehabilitation expenses up to the amount specified in the Schedule.

For the purpose of this **Policy**, rehabilitation expenses include:

- physical therapy, occupational therapy, speech therapy, respiratory therapy, cognitive (a) rehabilitation; and/or
- (b) post-traumatic counselling for:
- the **Insured Person**; and/or (i)
- (ii) one (1) family member or one (1) companion of the **Insured Person**, provided always that the **Company** will only reimburse the costs for up to two (2) counselling sessions for these individuals.

This benefit is payable subject to the following:

- the consultation/therapy sessions are prescribed in writing by the attending **Medical** (a) **Practitioner** and held in Malaysia; and
- the first (1st) therapy/counselling session with the Medical Practitioner, therapist or alternative medical practitioner occurs within ninety (90) days following the Insured **Person's** hospital discharge.



G. **FUNERAL EXPENSES**

The Company will pay the Insured Person's legal representative the amount specified in the **Schedule** as funeral expenses in the event of death of the **Insured Person** due to an **Accident**.

H. **CREDIT CARD OR LOAN INDEMNITY**

In the event the **Insured Person** requires **Hospitalisation** for more than ten (10) consecutive days as a result of an **Accident**, the **Company** will reimburse the amount the **Insured Person** is required to pay for his/her credit card, hire-purchase, mortgage or personal loan held with a licensed financial institution as at the Date of Loss/Accident up to the amount specified in the **Schedule** provided that:

- the Insured Person is an individual (not a body corporate) and the credit card(s), hire (a) purchase, mortgage or personal loan relating to the amounts payable under this benefit is in the name of the Insured Person; and
- the Insured Person or the legal representative making the claim to the Company must submit a copy of the latest statement as at the Date of Loss/Accident of the Insured **Person**'s credit card, hire-purchase, mortgage or personal loan, as the case may be, to the **Company**.

SNATCH THEFT OR ATTEMPTED SNATCH THEFT I.

In the event of Snatch Theft or Attempted Snatch Theft, the Company will pay the Insured Person the amount specified in the Schedule as compensation to the Insured Person subject to a police report being lodged. The police report is to be made within twenty-four (24) hours of the **Snatch Theft or Attempted Snatch Theft**.

J. SMART DEVICE PROTECTION

In the event of loss or damage to the **Insured Person's Smart Device** as a consequence of:

- forcible and violent breaking-in or out of a premises; or (a)
- (b) Snatch Theft or Attempted Snatch Theft; or
- (c) forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked;



the Company will compensate the Insured Person for such loss or damage less a deduction for any wear, tear or depreciation, up to the amount specified in the Schedule provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident.

This benefit is limited to two (2) claims during the **Period of Insurance**.

K. ONLINE PURCHASE PROTECTION

The Company will compensate the purchase price incurred by the Insured Person up to the amount specified in the **Schedule** for either:

(a) loss of any goods purchased from a **Fake Website/Application** provided that the loss is reported to the police upon the discovery that the website/application is a Fake Website/Application;

OR

- in the event **Purchased Goods** were not delivered to, lost or not received by the **Insured** (b) **Person** provided that:
 - (i) the **Purchased Goods** were made through a valid website/application;
 - (ii) the **Purchased Goods** were not delivered for more than fourteen (14) days from the date of the scheduled delivery;
 - (iii) the delivery company has confirmed that the Purchased Goods were lost or could not be found and will not make any compensation to the **Insured Person**; and
 - (iv) the seller of the **Purchased Goods** refuses to refund, replace or compensate the Insured Person.

This benefit is payable for either Benefit K (a) or (b) only and shall not exceed the amount specified in the **Schedule**.

This benefit is limited to two (2) claims during the **Period of Insurance**.

The **Company** will not pay for:

- any financial loss incurred by the Insured Person which can be recovered or (1) compensated by the licensed financial institution or other sources as determined by the Company in its absolute discretion;
- (2) failure to provide proof of the non-delivery of **Purchased Goods**;



- (3) non-delivery of Purchased Goods due to incorrect address provided by the Insured Person:
- (4) any tax, insurance cost and surcharge in relation to the delivery;
- (5) any illegal or unlawful act by the Insured Person or confiscation, detention, destruction by customs or other authorities;
- (6) any consequential loss not specified in the Policy; and
- any purchase of goods made through any social media platform. (7)

LOSS OF SPORTS EQUIPEMENT

In the event of loss to the **Insured Person's Sports Equipment** as a consequence of:

- (a) forcible and violent breaking-in or out of a premises; or
- (b) **Snatch Theft or Attempted Snatch Theft**; or
- forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked; (c)

the Company will compensate the Insured Person for such loss less a deduction for any wear, tear or depreciation, up to the amount specified in the **Schedule** provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident.

The **Company** will not pay for:

- (1) loss of hired or leased equipment; and
- (2) sports attire and shoes.

This benefit is limited to two (2) claims during the **Period of Insurance**.

M. **HOME CARE**

- We will pay for loss or damages to Your Home contents as a result of fire and/or burglary (forcible entry only) when the house is left vacant while You are on a **Journey/Trip** up to the amount specified in the **Schedule**.
- (b) **We** will not pay for:
 - (i) any loss or damage which is a result of wear, tear, depreciation, the process of cleaning, dyeing, repairing or restoring any article, the action of light or



atmospheric conditions, moth, insects, vermin or any other gradually operating cause;

- (ii) any loss or damage occasioned through Your wilful act or omission or connivance; and
- (iii) loss or damage insured under any other insurance Policy, reimbursed by any other party.

PART 2 – CONDITIONS

CONDITION PRECEDENT TO LIABILITY 1.

The due observance and fulfillment of the terms and conditions of this **Policy** insofar as they relate to anything to be done or not to be done by the Insured Person or his/her legal representative shall be conditions precedent to any liability of the **Company** to make any payment under this **Policy**.

2. **NOTICE**

Every notice or communication to be given or made under this **Policy** by the **Insured Person** or his/her legal personal representative shall be delivered in writing to the Head Office or any branch office of the **Company**.

3. **ELIGIBILITY**

The Insured Person must be a Malaysian, Malaysian permanent resident, work permit holder, pass holder or is otherwise legally employed in Malaysia or is legally residing in Malaysia, aged from eighteen (18) years up to seventy (70) years, and is a registered member of MySignal Marketing throughout the **Period of Insurance**. Ages referred to in this **Policy** shall be in reference to the age as at the last birthday.

An **Insured Person** who has submitted a claim under the **Permanent Disablement** benefit for one hundred percent (100%) of the Sum Insured shall not be eligible for any fresh coverage under this Policy even if such claim was only submitted under one (1) coverage where the **Insured Person** has multiple coverage under this **Policy**.

4. **CHANGE OF ADDRESS OR PARTICULARS**

The Insured Person shall give immediate written notice to the Policyholder who will thereafter notify the **Company** of any change in his/her name, or residence or business address.

5. **ALTERATIONS**

The Company reserves the right to amend the terms and conditions of this Policy and such



alteration to this **Policy** shall only be valid if authorised by the **Company** and endorsed hereon. Any alteration shall take effect from the next renewal of this **Policy**.

6. **CLAIMS**

(a) Notice of Claims

All claims must be given in writing to the **Company** within thirty (30) days from the **Date** of Loss/Accident.

The Insured Person shall produce for the Company's examination all relevant documents at such reasonable times and shall co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the Insured Person's claim. Written notice of claim given by or on behalf of the **Insured Person** to the Head Office or any Branch Office of the **Company** in Malaysia or to any authorized agent of the **Company** shall be deemed notice to the **Company**.

The benefit for **Permanent Disablement** is only payable if the **Insured Person** furnishes the Company with a copy of the medical report issued by a Medical Practitioner confirming the **Permanent Disablement**.

(b) **Proof of loss**

Written proof of loss, including but not limited to medical reports, original receipts, police report and such other proof as required to support the nature of the claim, must be furnished to the **Company** within ninety (90) days from the **Date of Accident**.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

All documents and evidence must be provided at the expense of the Insured Person or the person entitled to receive moneys through the **Insured Person**, as the case may be ("Claimant"), in the form and nature required by the Company.

7. **POLICY RENEWAL**

This **Policy** is issued on a one (1) year renewable basis and may be renewed thereafter for subsequent terms of one (1) year subject to the consent of the **Company**.

8. **INSURED PERSON'S COVERAGE**

The insurance cover of the Insured Person under this Policy which is the Period of Insurance shall be set out in the **Endorsement** and shall be for a period of one (1) year. The **Insured** Person is limited to one (1) coverage only under this Policy during a subsisting Period of **Insurance** and a fresh coverage may only be effected for such **Insured Person** after expiry of a prior **Period of Insurance**, subject to the terms and conditions herein.



9. **PREMIUM PAYMENT**

The Policyholder shall provide the Company on a monthly basis the relevant details of the **Insured Person** that is to be covered under this **Policy.** Payment of premium in respect of this Policy shall be made by the Insured Person in consideration of the coverage to be provided to the Insured Person before cover commences.

TERMINATION OF INSURANCE 10.

(a) Termination By the Policyholder or Insured Person

If the Policyholder gives notice to the Company to terminate this Policy, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. All subsisting individual coverage of **Insured Persons** shall also cease to be in force as at the date of termination of this Policy and the premium paid for such coverage shall not be refunded.

If the **Insured Person** gives notice to the **Company** to terminate his/her individual coverage under this **Policy**, such termination shall become effective on the date after the expiry of the **Period of Insurance** regardless of the date the notice is received or any date specified in such notice and the coverage for the Insured Person will expire on the last date of the **Period of Insurance**.

(b) Termination by the Company

In the event the Company terminates this Policy or any individual coverage under this Policy, as the case may be, pursuant to Condition 17 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the Company shall give its notice of termination by registered post to the Policyholder or Insured Person, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

Upon termination of this **Policy**, the individual coverage of the **Insured Person** subsisting at the date of termination of this **Policy** shall cease to be in force as at the date of termination of this Policy and the premium paid for such coverage shall not be refunded.

(c) **Automatic Termination of Individual Coverage**

The individual coverage of the Insured Person shall lapse/terminate on the earlier of the following occurrences:

- (i) at mid-night (standard Malaysian time) on the last day of the **Period of Insurance**;
- (ii) when the **Insured Person** is no longer a registered member of **MySignal Marketing**; and



- (iii) when the **Insured Person** attains the age of seventy-one (71) years; or
- (iv) upon the death of the **Insured Person**.

11. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the Insured Person suffers any loss outside Malaysia and in currency other than Malaysian Ringgit, the Company shall compensate the Insured Person in Malaysian Ringgit, based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the **Date of Accident**.

12. APPLICABLE LAW

This Policy and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian Courts shall have exclusive jurisdiction hereto.

No action at law or in equity shall be brought to recover on this **Policy** prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Policy**.

13. RECEIPTS

The receipt by the **Insured Person** or his/her legal personal representative of any compensation payable herein under this Policy shall in all cases be effectual discharge of liability of the **Company**.

14. TERRITORIAL LIMIT

This **Policy** provides cover on a worldwide basis unless otherwise amended or endorsed.

15. **CONSENT TO USE PERSONAL DATA**

- (a) The Policyholder and/or Insured Person represents and warrants that if it submits information relating to the **Insured Persons** or other individuals to the **Company**, that it has the authority to provide information relating to such Insured Persons or other individuals, that it has informed the Insured Person or other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the **Company**, and that the Policyholder, Insured Person or other individuals agree and consent that the Company may collect, use, disclose and process the personal information (whether obtained during the application process or administration of this **Policy**) in accordance with the **Company**'s Privacy Notice as published from time to time at <u>allianz.com.my</u>.
- (b) General Data Protection Regulation ("GDPR")



If any Insured Person wishes to exercise their GDPR rights, the Policyholder shall inform the Insured Person to write to the Company at privacy@allianz.com.my in order for the **Company** to assess and comply with the EU Privacy Law – GDPR.

16. DUTY OF DISCLOSURE

(a) **Consumer Insurance Contract**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance wholly for purposes unrelated to the Policyholder or Insured Person's trade, business or profession, the Policyholder or Insured Person's had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and all the questions required by the **Company** fully and accurately and also disclose any other matter that the Policyholder or Insured Person knows to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continued until the time the contract was entered into, varied or renewed.

(b) Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the Policyholder or the Insured Person, as the case may be, had applied for this insurance for purposes related to Insured Person's trade, business or profession, the Policyholder or Insured Person had a duty to disclose any matter that the Policyholder or Insured **Person** knows to be relevant to the **Company**'s decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. This duty of disclosure continues until the time the contract was entered into varied or renewed.

(c) The Policyholder and Insured Person also have a duty to tell the Company immediately if at any time, after this **Policy** contract or coverage under this **Policy**, has been entered into, varied or renewed with the Company, any of the information given for this Policy or coverage under this **Policy** is inaccurate or has changed.

17. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the Policyholder or Insured Person, as the case maybe, if any answer, disclosure or representation by the **Policyholder** or **Insured Person** in or to any proposal or declaration or query, has been deliberately or recklessly stated in any respect before this contract of insurance is entered into, varied or renewed, or if the Policyholder or Insured Person shall have failed to disclose any fact that the Policyholder or **Insured Person** knew to be relevant to the **Company**'s decision on whether to accept this risk or not and on the rates and the terms to be applied, then, this **Policy** shall be void.



If any claim made by the Insured Person shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the Company reserves the right to deny or reduce such claim or terminate the Insured Person's coverage, as the case may be.

18. APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "Applicable Tax") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this **Policy**, the **Company** will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this **Policy** on payment of premiums and default hereof shall apply equally to the Applicable Tax.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No insurer/co-insurer shall be deemed to provide cover and no insurer/co-insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer/coinsurer to any sanction, prohibition or restriction under United Nations resolutions or the trade economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

PART 3 – EXCLUSIONS

The Company will not pay for claims directly or indirectly caused by or in connection with any of the following:

- (a) War, invasion, act of foreign enemy, criminal or terrorist activities, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, mutiny, popular uprising, strike, riot or civil commotion;
- (b) Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereat;
- (c) Intoxication beyond the legal limit in relation to any driving offence and/or when under the influence of illegal drugs;
- (d) Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);
- (e) Childbirth, miscarriage, pregnancy or any complications thereof, unless solely caused by an Accident:



- (f) Provoked murder or assault;
- (g) While travelling in an aircraft licensed for passenger service as a member of the crew;
- (h) While committing or attempting to commit any unlawful act;
- (i) While participating in any professional sports;
- (j) Martial arts or boxing, aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) meters in depth, mountaineering involving the use of ropes or mechanical guides;
- (k) Racing (other than on foot), pace-making, speed or reliability trials;
- (l) Ionization, radiation or contamination by radioactivity, nuclear weapons material;
- (m) Riding/driving without a valid driving license (NOTE: this will not apply to individuals with an expired license but is not disqualified from holding or obtaining such driving license under the regulations of the Malaysia Road Transport Department or any other relevant laws); and
- (n) Liability for any consequence (other than death or any Injury/Permanent Disablement) arising from or in connection with, whether direct or indirect, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, mutiny, popular uprising, strike, riot or civil commotion.

PART 4 – DEFINITIONS

Accident means any sudden or unexpected event, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted Injury.

Company means Allianz General Insurance Company (Malaysia) Berhad (Company No. 200601015674 (735426V)).

Date of Accident means the day when any Injury and other covered incident(s) occur; is inflicted on; and/or contracted by the **Insured Person**.

Endorsement means a written alteration to the terms, conditions and limitations of this Policy.

Fake Website/Application means website/application that is not a legitimate venue designed to entice the visitor to purchase products that are non-existent and will never be delivered.

Home means **Your** usual place of residence in Malaysia.

Injury means bodily injury(ies) suffered anywhere in the world caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear occurring during the Period of Insurance.



Insured Person means an individual who is a registered member of the **MySignal Marketing**, as declared by the **Policyholder** and accepted for coverage by the **Company**.

Journey/Trip means the **Journey/Trip** commencing when **You** depart from **Your Home** to the place of embarkation to commence travel to the intended destination(s), and ceases on the earlier of the following:

- (i) Your return to Your Home in Malaysia;
- (ii) twenty-four (24) hours after **Your** arrival in **Malaysia**; or
- (iii) the expiry of the **Period of Insurance** specified in the **Schedule**.

Medical Practitioner means a registered medical practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training, excluding a **Medical Practitioner** who is the **Insured Person** himself/herself.

Motor Vehicle means a self-propelled vehicle, commonly wheeled, and is used for the transportation of people. The vehicle propulsion is provided by an engine or motor, usually by an internal combustion engine, or an electric motor, or some combination of the two, such as hybrid electric vehicles and plug-in hybrids.

Period of Insurance means the duration for which the **Insured Person** is insured as set out in the **Endorsement**, subject to the terms, conditions and exclusions in this **Policy.**

Permanent Disablement means the conditions which are described under the Scale of Benefits under item A of Part 1 – Benefits.

Policyholder means a person or corporate body as described in the **Schedule** to whom this **Policy** has been issued in respect of cover for the **Insured Person**.

Policy means this policy contract including the **Schedule** and all **Endorsements.**

Public Transport Services means any licensed bus, taxi, e-hailing services or a **Scheduled Carrier** which any member of the public has access to use as a fare-paying passenger.

Purchased Goods means items purchased having the payment transaction through a valid website/application during the **Period of Insurance**.

Schedule means the document which is issued to the **Policyholder** by the **Company** detailing information such as the salient benefits provided under this **Policy**.

Scheduled Carrier means a scheduled aircraft, train or sea vessel where the aircraft, train and sea vessel are listed with the relevant authorities in the countries in which the aircraft, train or sea vessel is registered and holds a certificate, license or similar authorisation for scheduled transportation and in accordance with such authorisation, maintains and publishes schedules and tariffs for passenger service between named airports, train stations and ports at regular and specific times.



Smart Device means an electronic device such as smart phone, tablet, notebook computers or laptops and other similar items.

Snatch Theft Or Attempted Snatch Theft means the act of forcefully stealing or attempt thereof, from an Insured Person. For the purpose of this Policy, Snatch Theft or Attempted Snatch Theft includes coverage for robbery or attempted robbery and snatch grab – a situation where the Insured **Person**'s possessions are grabbed, or are attempted to be grabbed, from the **Insured Person**.

Sports Equipment means equipment required for engaging in a sport activity such as rackets, golf club or balls and other similar items.

Sum Insured means the sum insured or the amount of benefit payable as stated in the Schedule.



Checklist on the required supporting documents of Claims

Benefits	Documents
	 Medical report and/or death certificate;
Death/Permanent	2. Post-mortem report;
Disablement	3. Driving license and Police Report, if involved in
/Funeral Expenses	Motor Vehicle Accident; and
	4. E-payment Form.
	 Original bills/receipts;
Hospital Income	2. Hospital admission / discharge / discharge note or
Benefit/ Nursing	summary;
Care/Rehabilitation	Medical report;
	4. Driving license and Police Report, if involved in
Expenses	Motor Vehicle Accident; and
	5. E-payment Form.
Snatch Theft or	1. Police report ; and
Attempted Snatch	2. E-payment Form.
Theft	z. L-payment rom.
	 Credit card / loan statement;
	Driving license and Police Report, if involved in
Credit Card and Loan	Motor Vehicle Accident;
Indemnity	3. Medical Report;
	Copy of report from relevant institution; and
	5. E-payment Form.
Lifestyle Modification	 Medical report;
Expenses	2. Driving license and Police Report, if involved in
	Motor Vehicle Accident;
	Original receipts/bills;
	4. Photographs before and after modification; and
	5. E-payment form.

The above list is not exhaustive. The Company reserves the right to request for any relevant document(s) as may be applicable and reasonable to support the Insured Person's/Claimant's claim at the **Insured Person**'s/Claimant's expenses.

IMPORTANT NOTICE

POLICY COVERAGE AND PREMIUM PAYMENT

It is a condition of this **Policy** that the premium due for the coverage under the **Policy** must be paid before cover commences. If this condition is not complied with, then the Insured Person's coverage under this **Policy** will be deemed cancelled from inception.



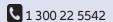
Lodging of Complaints

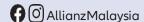
We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

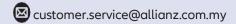
To provide us with your feedback, you may contact us via the following channels

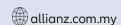
Write to:

Customer Feedback Center, Allianz Arena, Ground Floor Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.









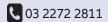
Avenues to Seek Redress

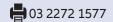
You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

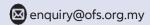
- Insurance claims not exceeding RM250,000.00; and (1)
- Motor third party property damage claims not exceeding RM10,000.00. (2)

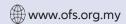
The OFS can be contacted at the following address:

Ombudsman for Financial Services, Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.









If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

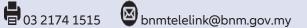
Write to (BNMTELELINK):

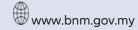
Pengarah, LINK & Pejabat BNM, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur.

Walk-in (BNMLINK):

Ground Floor, Block D, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur.







You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.

