



RENEWAL PROPOSAL INTERNATIONAL STUDENT INSURANCE

1.	Policy Number	4000021461	
2.	Replacing Policy No	N/A	
3.	Name of Policyholder	MONASH UNIVERSITY MALAYSIA SDN BHD (458601-U)	
4.	Policy Effective Date	01 January 2020 to 31 December 2020	
4.	Address	Jalan Lagoon Selatan, 46150 Bandar Sunway, Selangor Darul Ehsan	
5.	Producer	Active Resources Sdn Bhd	
6.	Producer code	85-501647-000	
7.	Issue at	Kuala Lumpur	
8.	Premium	Gross premium	
		Services Tax (6%)	
		Stamp duty	RM10.00
Schedule of Benefits			Sum Insured (RM)
1	Accidental Death & Disablement	Up to RM50,000	
2	Medical Expenses Reimbursement (due to Accident or Sickness)	Up to RM 30,000 per disability per annum - with excess of RM50 for outpatient care	
a	Daily room and board (up to 120 days)	RM200	
b	Intensive care unit (up to 30 days)	RM350	
c	Other hospital services (up to 120 days)	Full Reimbursement subject to Maximum limit Per Disability of RM 30,000 provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges	
d	Surgical benefits		
e	Operating theatre fees		
f	Anesthetic fees		
g	Specialist consultation fees (pre and post hospitalization)		
h	Hospital tests		
i	In hospital doctor's visit (up to 120 days)		
j	Ambulance fees		
k	Daily government hospital cash benefit (up to 120 days)	RM150	
l	Outpatient Treatment (Annual Limit): a) Clinical treatment (includes Specialist Practitioner (SP) of RM 1,000) b) Dental treatment up to 14 days from the date of loss c) Cancer treatment d) Kidney dialysis	RM 3,000 (excess RM 50) RM 20,000 RM 20,000 RM 10,000	
m	Medical Report Fees Reimbursement	RM200	
3	Emergency Medical Evacuation / Repatriation Funeral expenses	Up to RM200,000 Up to 2,000	
4	Compassionate Visit	Up to RM5,000	
5	Study Curtailment	Up to RM10,000	
6	24 hours worldwide travel assistance	Included	
Annual Premium per student			RM684

Issued by

AIG Malaysia



SECTION 1 - THE CONTRACT

This contract of insurance is issued to the Insured for the benefit of its eligible students, who are named in declarations to the Company and confirmed for cover and who are thereafter known as the "Certificate Holder". This policy, the application in respect of it and the respective declarations confirming cover, and all related Endorsement(s) constitute the entire contract.

SECTION 2 - BENEFITS

The type of Benefits provided for the Certificate Holder during the Period of Coverage by this policy is described below. The Benefits listed below are only applicable if specified in the Schedule of Benefit.

1) Accidental Death and Permanent Disablement

When, as the result of a covered Accident occurring during the Period of Insurance, the Certificate Holder dies or suffers from the conditions set out in the Compensation Table provided below, within three hundred and sixty five (365) days from the Date of Loss/Accident, the Company will pay up to the amount specified in the Schedule of Benefit subject to the applicable percentage of payable sum insured as set out in the said Compensation Table.

COMPENSATION TABLE		
NO.	CONDITIONS	PERCENTAGE OF SUM INSURED
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent and Incurable Paralysis of all limbs	100%
4.	Permanent Loss of Sight of Both Eyes	100%
5.	Permanent Loss of Sight of One Eye	100%
6.	Loss of Two Limbs or Permanent Loss of Use of Two Limbs	100%
7.	Loss of One Limb or Permanent Loss of Use of One Limb	100%
8.	Permanent Loss of Speech and Hearing	100%
9.	Permanent Loss of Hearing in	
	a) both Ears	75%
	b) one Ear	25%
10.	Permanent Loss of Speech	50%
11.	Permanent and Incurable Insanity	100%
12.	Permanent Loss of the Lens of One Eye	50%
13.	Loss of Fingers or Permanent Loss of Use of Fingers of	
	a) Right Hand (all fingers)	70%
	b) Left Hand (all fingers)	50%
14.	Loss of One Thumb or Permanent Loss of Use of One Thumb	
	a) Both Right Phalanges	30%
	b) One Right Phalanx	15%
	c) Both Left Phalanges	20%
	d) One Left Phalanx	10%
15.	Loss of Fingers or Permanent Loss of Use of Fingers of	
	a) Right Hand (four fingers)	40%
	b) Left Hand (four fingers)	30%
16.	Loss of Fingers or Permanent Loss of Use of Fingers	
	a) Three Right Phalanges	10%
	b) Two Right Phalanges	7.5%
	c) One Right Phalanx	5%
	d) Three Left Phalanges	7.5%
	e) Two Left Phalanges	5%
	f) One Left Phalanx	2%
17.	Loss of Toes or Permanent Loss of Use of Toes	
	a) All of One Foot	15%
	b) Great, Both Phalanges	5%
	c) Great, One Phalanx	3%
	d) other than great toe, each toe (one phalanx or more)	1%
18.	Fractured Leg and/or Patella with Established Non-Union	10%
19.	Shortening of Leg by at least 5 cm	7.5%



In the event of any Permanent Disablement not otherwise provided for under the Compensation Table, the Company reserve the right to adopt such percentage as in the Company's opinion the percentage of Disablement without taking into account the occupation of the Insured Person and which is not inconsistent with the indemnities provided under the Compensation Table.

If the Insured Person is left-handed, the percentage relating to the right arm or right hand shall apply to the left arm or left hand respectively and the percentages relating to the left arm or left hand apply to the right arm or right hand respectively.

When more than one infirmity arises from one Accident, the percentages are added together but cannot exceed 100% of the Accidental Death and Permanent Disablement indemnity stated in the Schedule of Benefits.

COMPENSATION LIMIT: Compensation shall not be payable for more than one of the Conditions 1 to 19 in the Compensation Table in respect of the same Injury. The admission of any one benefit (Conditions 1 to 19 in the Compensation Table) will exhaust that particular benefit coverage for a particular Insured Person. The policy will continue as if that coverage benefit had been cancelled for that Insured Person.

Total compensation payable for each Insured Person in one policy year is limited to 100% of the sum insured. Should this 100% limit be reached before the policy term, then coverage for the Insured Person lapses at the moment the last event giving rise to the 100% benefit or that difference making up the balance of the 100% benefit occurs.

2) Medical Expenses

The Company will pay the Covered Expenses during the Period of Coverage, as defined below up to the amounts stated in the Schedule of Benefit including any related taxes, resulting from a Disability suffered by a Certificate Holder as the result of an insured event. The term "disablement" as used with respect to medical expenses under this benefit shall mean a Sickness or an Injury necessitating medical treatment by a Physician as defined in this policy. All bodily Injuries sustained in any one Accident shall be considered one disablement. All bodily disorders existing simultaneously, which are due to the same or related causes, shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

First treatment of a covered disablement must occur within 60 days of the Sickness or Accident causing the Injury.

An excess of **RM50** will be applicable for each **outpatient** treatment that:

- a) does not require admission;
- b) is not a follow up treatment to a disability where there was prior admission;
- c) is not a pre-admission treatment. Proof of admission is required

Covered Expenses

Expenses incurred as the result of Disability which are specifically enumerated in the following list of charges, and which are not excluded in this Section, or in the General Exclusions, shall be considered as covered expenses:

a) Daily Room And Board

Reimbursement of the Reasonable and Customary Charges Medically Necessary expenses for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Certificate Holder's Confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Certificate Holder will only be entitled to this benefit while confined to a Hospital as inpatient.

b) Intensive Care Unit

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during Confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in Schedule of Benefit. Where the period of Confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefit, reimbursement will be restricted to the standard Daily Hospital Room and Board rate. No Hospital Room & Board Benefits shall be paid for the same Confinement period where the Daily Intensive Care Unit Benefit is payable.



c) Other Hospital Services

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary General nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Certificate Holder is confined as an in-patient in a Hospital, up to the amount and the number of days stated in the Schedule of Benefits.

d) Surgical Benefits

Reimbursement of the Reasonable and Customary charges for a Medically Necessary Surgery by the Specialists, including pre-surgical assessment, Specialist's visits to the Certificate Holder and post-Surgery care, including Day care procedures up to the maximum number of days from the date of Surgery, but within the maximum indicated in the Schedule of Benefits. If more than one Surgery performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

e) Operating Theatre Fees

Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

f) Anesthetic Fees

Reimbursement of the Reasonable and Customary Charges by the Anesthetist for the Medically Necessary administration of Anesthesia not exceeding the limits as set forth in the Schedule of Benefits.

g) Specialist Consultation Fees

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary fees charged for Specialist consultations which are performed for diagnostic purposes on account of a Disability within 31 days preceding or after Confinement in a Hospital, subject to the maximum limit stated in the Schedule of Benefits. No payment shall be made if upon such specialist consultation services, the Certificate Holder is not subject to a Hospital Confinement for the treatment of the medical condition diagnosed.

h) Hospital Tests

Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-Ray and Laboratory tests which are performed for diagnostic purposes on account of a Disability preceding hospitalization within 31 days after the such hospitalization and amount as set forth in the Schedule of Benefit in a Hospital and which are recommended by a qualified medical practitioner. No Payment shall be made if upon such diagnostic services, the Insured does not result in hospital Confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable

i) In-Hospital Doctor Visit

Reimbursement of the Reasonable and Customary Charges for Medically Necessary visit by one Physician to a Certificate Holder while confined in a Hospital for a non-surgical Disability subject to a maximum of 2 visits per day not exceeding the maximum number of days as set forth in the Schedule of Benefits.

j) Ambulance Fees

Reimbursement of the Reasonable and Customary Charges incurred for incurred for Medically Necessary domestic ambulance services(inclusive attendant) to and/or from the Hospital of Confinement. Payment will not be made if the Certificate Holder is not hospitalized and subject to the limits set forth in the Schedule of Benefits.

k) Daily Cash Allowance at Government Hospital (Max 120 days)

Pays a daily allowance for each day of Confinement for a covered Disability in a Malaysian Government Hospital, provided that the Certificate Holder is confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefit. No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered Disability.



l) Out-Patient Treatment

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment which does not require Hospital Confinement up to the amount and excess stated in the Schedule of Benefit, as a result of a Disability at any registered clinic or Hospital. The excess will be applicable for each outpatient treatment that:

- a) does not require admission;
- b) is not a follow up treatment to a disability where there was prior admission;
- c) is not a pre-admission treatment. Proof of admission is required

Sub - Limit for Specialist :

Reimburse the actual expenses incurred by the Insured Person up to the maximum sub-limit of RM1,000 as stated in the Schedule of Benefits.

Specialist shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a Physician or Surgeon who is the Insured Member himself

General Practitioner shall mean a Physician whose practice consists of providing primary care in an outpatient setting and covering a variety of medical problems in patients of all ages. This often includes referral to appropriate Specialists.

m) Medical Report Fees

Reimbursement of the Reasonable and Customary Charges actually incurred for Medical Report for the Disability the Certificate Holder is confined for an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.

Coverage is also extended to cover students while they are out of Malaysia up to 60 days and also extended to cover students while they are on work attachments which part of their education course for Injury or Sickness which occurs during an Overseas Trip. The number of days covered during the Overseas Trip will be pro-rated in the event the period of coverage declared for cover is less than twelve (12) months. Covered Expenses described in items a - m above incurred as a result of Injury or Sickness which occurs during such visit will be covered up to a maximum of RM5,000. Coverage applies only to a continuous term of six (6) consecutive months or more.

The charges enumerated above shall in no event include any amount of such charges, which are in excess of regular and customary charges. A charge incurred by a Certificate Holder shall be deemed as a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality received, considering the nature and severity of the sickness of bodily Injury in connection with which such services and supplies are received. If the charge incurred is in excess of such regular and customary charge, such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies, are rendered or obtained.

Exclusions

Benefit 2 shall not cover loss caused directly or indirectly, wholly or partly by:

- a) For services, supplies, or treatment, including any period of Hospital Confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician, or expenses which are non-medical in nature;
- b) For dental care, except as the result of Injury to natural teeth caused by accident;
- c) For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder;
- d) In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
- e) For treatment by an Immediate Family Member;
- f) For expenses as a result or in connection with intentionally self-inflicted Injury;
- g) For expenses as a result or in connection with the commission of a felony offense;
- h) Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the Insured to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;



3) Emergency Medical Evacuation / Repatriation

The Company will pay benefits for covered expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or Sickness commencing during the Period of Coverage results in the necessary emergency evacuation of the Certificate Holder.

Emergency Medical Evacuation means: (a) the Certificate Holder's medical condition warrants immediate transportation from the place where the Certificate Holder is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local Hospital, the Certificate Holder's medical condition warrants transportation to his/her then Home Country to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, for transportation of medical services and medical supplies necessarily incurred in connection with the emergency medical evacuation of the Certificate Holder. All transportation arrangements made for evacuating the Certificate Holder must be: (a) by the most direct and economical route and (b) are subject to prior approval of the Company; and (c) arranged for by Travel Guard or one of its authorized representatives.

Expenses for special transportation must be (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Certificate Holder. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Certificate Holder during an emergency medical evacuation. Special transportation includes, but is not limited to air ambulance, land ambulance, and private motor vehicles.

Repatriation of Remains

The Company will pay the reasonable covered expenses incurred to repatriate the Certificate Holder's body to his/her Home Country if he/she dies, but shall not exceed the maximum stated in the Schedule of Benefits.

Covered expenses include, but are not limited to expenses for embalming, cremation, coffins, and transportation.

Additional Exclusions (Applicable to this benefit only)

Benefit 3 shall not cover loss caused directly or indirectly, wholly or partly by:

As applies to Emergency Medical Evacuation:

- 1) Any expenses incurred for services provided by another party for which the Certificate Holder is not liable to pay, or any expense already included in the cost of the Overseas Trip;
- 2) Any expenses for a service not approved by Travel Guard, or an authorized representative of Travel Guard, except that the Company reserves the right to waive this exclusion in the event the Certificate Holder or his/her travelling companions cannot for reasons beyond their control notify Travel Guard during an emergency medical situation. In any event, the Company reserves the right to reimburse the Certificate Holder only for those expenses incurred for services which Travel Guard would have provided under the same circumstances and up to the limits indicated under this policy.

As applies to Repatriation of Remains:

- 1) Any expenses incurred for services provided by another party for which the Certificate Holder is not liable to pay, or any expense already included in the cost of the Overseas Trip;
- 2) Any expenses incurred for the transportation of the Certificate Holder's remains not approved and arranged by Travel Guard, or an authorized representative.

4) Compassionate Visit

In the event the Certificate Holder is Hospitalized for more than five (5) consecutive days during the Period of Coverage, due to a Disability and his/her medical condition forbids his/her repatriation and no adult member of his/her Immediate Family Member is present, Travel Guard will provide a round-trip economy class air ticket, or first class railway ticket, to allow the Immediate Family Member to be at his/her bedside. In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule of Benefits.

5) Study Interruption

In the event of a Hospitalization of more than one consecutive month during the Period of Coverage resulting from a Disability or Emergency Medical Repatriation or in case of the death of an Immediate Family Member, which prohibits the Certificate Holder from continuing his/her studies for the remaining part of a school semester for which Tuition has been paid, the Company shall reimburse the Certificate Holder the non-refundable Tuition which had already been advanced to the Insured.

In the event of a claim, only the figure shown on an official invoice(s) from the Insured for payment of the said Tuition fees, shall be used as the basis for calculating and reimbursement. In no event shall the reimbursement paid by the Company exceed the maximum amount stated in the Schedule of Benefits.



6) 24 Hours Worldwide Travel Assistance

Travel Guard shall provide the following services for the benefit of the Certificate Holder during the Period of Coverage. These services are provided by multilingual travel assistance coordinators via telephone and such assistance provided shall not include the costs incurred to solicit these services.

Emergency Assistance Services:

- a) Medical reference to medical service providers;
- b) Advance payment or guarantee for payment of Medical Expenses;
- c) Emergency Medical Evacuation;
- d) Repatriation of Mortal Remains.

SECTION 3 - DEFINITIONS

The following words shall carry the meanings defined below:-

Accident/ Accidental

shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily Injury and shall include food poisoning.

Activities of Daily Living

Definitions attributed to the following words in the Insurance cover are:

- (a) Transfer: Getting in and out of a chair without requiring physical assistance.
- (b) Mobility: The ability to move from room to room without requiring any physical assistance.
- (c) Continence: The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance from another person.
- (e) Bathing/Washing: The ability to take a bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating: All efforts to eat food after it is prepared.

Cancer

Cancer is defined as the uncontrollable growth of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

The following conditions are specifically excluded:

- (a) hyperkeratosis, basal cell and squamous skin cancers and melanomas of less than 1.5 mm Breslow thickness or less than Clark level 3, unless there is evidence of metastases;
- (b) T₁N₀M₀ papillary micro-carcinoma of the thyroid less than 1cm in diameter, papillary micro-carcinoma of the bladder and chronic lymphocytic leukaemia less than RAI Stage 3;
- (c) Stage 1 Prostate Cancer;
- (d) Stage 1 Hodgkin's disease; and
- (e) Tumours manifesting as complications of AIDS.
- (f) Carcinoma in situ

Carcinoma-in-situ

shall mean a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. Invasion shall mean an infiltration and/or active destruction of tissue or surrounding tissue.

Certificate Holder

Any individual, aged four (4) to forty five (45) years, who is enrolled at and attending the Insured's educational institution on a full-time basis, and who has paid the appropriate premium for this insurance and who has been declared for cover to the Company.

Full-time basis, for the purpose of this policy shall mean an individual who is taking on a minimum of fifteen (15) class credits per semester.

Company

refers to AIG Malaysia Insurance Berhad (795492-W) .

Competent Age

refers to the age eligibility of the Certificate Holder to qualify for cover under this policy, and ranges from 15 (fifteen) years old to below 61 (sixty one) years old.



Confinement

shall mean admission to a Hospital for a minimum period of 24 hours upon the recommendation of a Physician or Surgeon. Confinement shall be evidenced by a daily room/room & board charge by the Hospital and under no circumstances shall the Company pay for more than one Hospital Daily Room and Board for each day of Confinement.

Date of Loss

is the date when the Accident or Disability occurs.

Dental treatment

shall mean dental treatment to sound natural teeth due to an accident but exclude crowning, bridging and root canal treatment.

Disability

shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

Daycare

shall mean a Certificate Holder who needs the use of a recovery facility for a Surgical procedure at a Hospital which requires a stay exceeding 8 hours.

Effective Date

shall mean the date from which the insurance coverage under this policy becomes effective. The Effective Date of this policy is as stated in the Policy Schedule. The Effective Date of the Certificate of Insurance (if applicable) will be that stated in the respective Certificates of Insurance

Home Country

shall mean the country of origin where the Certificate Holder was born.

Hospital

shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- i) have facilities for diagnosis and major Surgery,
- ii) provides 24 hour a day nursing services by registered and graduate nurse(s),
- iii) is under the supervision of a Physician, and
- iv) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

Immediate Family Member

shall mean an Certificate Holder's legal spouse; children; siblings; siblings-in-law; parents; parents-in-law; grandparents; legal guardian, ward; step or adopted children; step-parents; aunts, uncles, nieces, and nephews, who reside in the Certificate Holder's principal country of residence.

Injury

shall mean bodily injury caused solely and directly by an **accident** and does not result from **illness**

Kidney Failure

shall mean end-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation is carried out.

Loss of Fingers or Toes

shall mean the complete severance of the finger or toe through or above the metacarpophalangeal joint or metatarsophalangeal joint.

Loss of Hearing

wherever used in this policy shall mean permanent irrecoverable loss of hearing where:

- If a dB = Hearing loss at 500 Hertz
 - If b dB = Hearing loss at 1000 Hertz
 - If c dB = Hearing loss at 2000 Hertz
 - If d dB = Hearing loss at 4000 Hertz
- 1/6 of (a+2b+2c+d) is more than 80dB.

Loss of Limb

shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above ankle.



Loss of Sight

shall mean the total, absolute and irrecoverable loss of sight.

Loss of Speech

shall mean the disability in articulating any three of the four sounds which contribute to the speech (i.e. the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds) or total loss of vocal cord or damage of speech center in the brain resulting in the inability to speak.

Loss of Use

shall mean permanent limitation in function in relation to limb or organ following an Injury.

Medically Necessary

shall mean a medical service which is:

- (a) consistent with the diagnosis and customary medical treatment for a covered disability;
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- (c) not for the convenience of the Insured Person or the Doctor, Physician or Surgeon, and unable to be rendered out of hospital (if admitted as an inpatient);
- (d) not of an experimental, investigational or research nature, preventive or screening nature;
- (e) for which the charges are fair and reasonable and customary for the disability.

Overseas Trip

shall mean any travel out of Malaysia undertaken by the Certificate Holder.

Permanent

shall mean lasting a full period of twelve (12) calendar months originating from the date of loss and at the end of such period being beyond any hope of recovery or improvement whatsoever.

Period of Coverage

shall mean the duration of insurance for which the Certificate Holder offered to be insured by way of declaration to the Company and for which the Company has consented to provide insurance cover, and consideration in the form of premium has been duly paid by the Certificate Holder, and received in full by the Company.

Coverage in respect of each Certificate Holder will begin on the later of the following: -

- a) The date the Application and premium are received and accepted by the Company or its designated representative; or
- b) The date requested on subsequent Application submitted during the policy year.

The minimum Period of Coverage shall be for one month. When the Period of Coverage is six months or more, coverage may be renewed for a further agreed period. Coverage may also be renewed for up to twelve months at a time to a maximum of five years, at the premium rate in force at the time of renewal.

Permanent Total Disablement

shall mean physical disablement as a result of Injury and commencing within six (6) months from the Accident date, and the Certificate Holder is totally, continuously and permanently disabled and prevented from performing three (3) or more Activities of Daily Living as herein defined which would normally be carried out by him/her in his/her daily life had such disablement not occur.

Physician or Surgeon

shall mean only a person qualified by a degree in Western Medicine and duly licensed or registered to practice medicine in the geographical area in which a service is provided, but excluding a Physician who is the Certificate Holder himself/herself or an Immediate Family Member of the Certificate Holder.

Policyholder

shall mean the person or the corporate body as described in the Policy Schedule and to whom this policy has been issued in respect of cover for the Certificate Holder declared to AIG Malaysia.

Pre-Existing Conditions

shall mean any condition for which a licensed Physician was consulted, for which treatment, advice for treatment or medication was prescribed, or for which manifestations of symptoms would have caused a prudent person to seek medical advice within one (1) year prior to the effective date of this insurance.

Public Common Conveyance

shall mean any land, water or air conveyance operated under a valid license for the transportation of fare-paying passengers.



Reasonable and Customary Medical Expense: shall mean charges for treatment, supplies or medical services medically necessary to treat Your condition and do not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no insurance existed

Sickness

shall mean sickness or disease of any kind contracted and commencing after the Effective Date of insurance of this policy and causing loss covered by this policy.

Surgery

shall mean any of the following medical procedures:

- (a) to incise, excise or electro cauterize any organ or body part, except for dental services;
- (b) to repair, revise, or reconstruct any organ or body part;
- (c) to reduce by manipulating a fracture or dislocation; or
- (d) use of endoscope to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

Tuition

shall mean all legally required university registration fees, costs for required courses (and any applicable laboratory fees for participation in said courses, exclusive of any extra-curricular course fees), and any costs for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board or textbooks (whether required or not) are not covered.

Travel Guard

is our business partner that provides travel, medical and claims service assistance.



SECTION 4 - DECLARATION

Insurance cover for each new Certificate Holder will commence from the 1st day of the month which the Certificate Holder is registered with the Insured and such insurance cover will be accepted subject to Certificate Holder's residence in Malaysia and subsequent declarations which shall be diligently submitted by the Insured to the Company on the designated day every month on behalf of the Certificate Holder who qualify and opt for cover. Additional eligible students of the Insured will be automatically covered under this policy from the date of arrival of the respective student in Malaysia, provided:

- (1) the relevant declaration is made to and received by the Company within thirty (30) days from the date of arrival of that student in Malaysia; and
- (2) the premium payable shall be adjusted and billed to the Insured on a quarterly basis, based on these monthly declarations and the Insured shall assume responsibility and undertake full settlement of the payment to the Company within sixty (60) days from the billing date.

When a Certificate Holder ceases coverage whether by reason of cancellation, relocation, death or whatever reason, cancellation will be automatic. The Insured will declare the cancellation list to the Company in the same frequency (monthly submission). Premium shall be refunded on a pro-rata basis. No refund of premium for cancellation which is less than ninety (90) days. When coverage in respect of a Certificate Holder terminates for reasons stated under Section 5 – Termination of Cover, all cover provided under this policy will automatically terminate. The Insured will declare the cancellation list to the Company on a monthly basis and premium shall be refunded as per short rate table below:

Short Rate Table

No.	Period Not Exceeding	Refund of Annual Premium
1	One month	80%
2	Two months	70%
3	Three months	60%
4	Four months	50%
5	Five months	40%
6	Six months	30%
7	Seven months	20%
8	Eight months	10%
9	Period exceeding nine months	No refund

Unless otherwise advised by the Company, refund of premium upon cancellation will only be provided for insurance cover that have been purchased for a period of 12 consecutive months and an annual premium payment has been made to the Company. No refund of premium will be provided for all insurance cover purchased for a period that is less than 12 months and for any covers where any claim has been paid in respect to any Certificate Holder.

SECTION 5 - TERMINATION OF COVER

The insurance cover afforded for the Certificate Holder shall terminate automatically on the earliest of the following dates: -

- (a) when the Certificate Holder reaches sixty-one (61) years of age;
- (b) on the date when the Certificate Holder(s) ceases to be a student of the Insured whether by cancellation, location removal, death or whatever reason;
- (c) immediately after admission of 100% liability for an admitted claim from the Certificate Holder by the Company;
- (d) any premium due remaining unpaid after the premium due date.



SECTION 6 - EXCLUSION

This insurance excludes anyone of the following events or situations. This exclusion shall not be cancelled by any endorsement which does not refer to a specific exclusion, in whole or in part. The Insured shall, if so required, and as a condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the above excepted circumstance or cause:-

1. the Certificate Holder is below the age of 15 or aged 60 and above;
2. members of the Armed Forces while on duty or while engaging in or taking part in Naval, Military, or Air Force service or operations of participating in operations of an offensive nature planned or conducted by the Civil or Military Authorities against bandits, terrorists or other elements;
3. suicide or intentional self-inflicted injuries or any attempted thereof while sane or insane;
4. during air travel (except as a fare paying passenger in any properly licensed private and/or commercial aircraft);
5. any violation or attempt of violation of the law or resistance to arrest;
6. treatment of alcoholism, or drug abuse or any other complications arising therefrom or any drug Accident;
7. pregnancy, miscarriage or childbirth, or any treatment relating to birth control or treatment pertaining to infertility or any other complication arising there from;
8. psychosis, mental or nervous disorders or sleep disturbance disorders;
9. cosmetic or plastic Surgery or any elective Surgery;
10. any form of dental care or Surgery unless necessitated by injury caused by an accident to sound and natural teeth;
11. any Congenital Conditions;
12. routine health checks, any investigation(s) not directly related to admission diagnosis, illness or injury, or any treatment or investigation which is not medically necessary, or convalescence, custodial or rest care;
13. Acquired Immune Deficiency Syndrome (AIDS) or any complications associated with infection by any Human Immune Deficiency Virus (HIV) (for the purpose of this policy, the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus);
14. any injury sustained while serving as a crew member of any aircraft except as a fare-paying passenger in any aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry;
15. driving or riding in any kind of race involving motorized vehicles; engaging, practicing or participating in a sport in a professional capacity or when an Certificate Holder would or could earn income or remuneration from engaging in such sport;
16. any Pre-Existing Conditions;
17. any serious physical injury or Disability resulting directly or indirectly from, attributed to, or accelerated by the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials.
18. For the purposes of this exclusion, serious physical injury means physical injury that involves a substantial risk of death; and/or protracted and obvious physical disfigurement; and/or protracted loss of or impairment of the function of a bodily member or of an organ;
19. death or injury directly or indirectly occasioned by war, invasion, act of foreign enemy, hostilities or warlike operation (whether war be declared or not) mutiny, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law, or state of siege, of any of the events or causes which determine the proclamation or maintenance of martial law, or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority;
20. The Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation.
 - The Company will not provide cover or service for:-
 - any loss, injury, damage or legal liability arising directly or indirectly from travel in, to or through Afghanistan, Cuba, Liberia; and
 - any loss, injury, damage, or legal liability suffered or sustained directly or indirectly by a **Certificate Holder** if that **Certificate Holder** is:
 - (i) a terrorist;
 - (ii) a member of a terrorist organization;
 - (iii) a narcotics trafficker; or
 - (iv) a purveyor of nuclear, chemical or biological weapons.
21. violation of law.



SECTION 7 - SPECIAL CONDITION

- 1) The premium due hereunder shall be payable subject to Section 8, Clause 28. No claim shall be admissible whilst the related premium(s) are in arrears.
- 2) The due observance of this policy thereof shall be binding upon the Insured as well as the Certificate Holder as if he was the Insured, and shall serve as condition precedent to the admission of any claim lodged.
- 3) The process of claim including settlement will be handled directly between the Company and the Certificate Holder whose sole discharge will constitute full and final discharge of the claim lodged.

SECTION 8 - GENERAL POLICY PROVISIONS

1. **ENTIRE CONTRACT-CHANGES IN POLICY:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance.
2. **TIME OF NOTICE OF CLAIM:** Written notice of injury of which claim may be based must be given to the Company within thirty days after the date of the accident causing such injury. In the event of accidental death, immediate notice thereof must be given to the Company.
3. **ALTERATIONS:** The Company reserves the right to amend the terms and provisions of this policy and may at any time be amended and changed by written agreement between the Company and the Insured. Any amendment to this policy shall be binding on all persons whether insured under this policy prior to, during, or after the effective date of the amendment. No alteration in this policy shall be valid unless approved by an authorized representative of the Company and such approval be endorsed herein.
4. **EFFECTIVE DATE:** The effective date of this policy is as stated in the Policy Schedule. The effective date of the Certificate Holder will be that stated in the Period of Coverage.
5. **CURRENCY OF PAYMENT:** All amounts payable either to or by the Company shall be payable in the currency stated on the Policy Schedule.
6. **AGE LIMITS FOR PERSONS INSURED UNDER THIS POLICY:** Entry age of the Certificate Holder shall be between the ages of Four (4) years to Forty Five (45).
7. **MIS-STATEMENT OF AGE AND SEX:** All ages referred to in this policy shall be the age of the Certificate Holder at his last birthday. Where the age or sex of the Certificate Holder has been misstated, the following rules shall apply:
 - i) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this policy shall be prorated based on the correct premium to be charged for the year; and/or
 - ii) any excess premium paid as a result thereof, shall be refunded without interest; and/or
 - iii) if it is found that at the correct age the Certificate Holder is not insurable under this policy pursuant to the Company's underwriting rules, the cover in respect of the Certificate Holder shall be void.
8. **EXPOSURE AND DISAPPEARANCE:** If following a covered event, the Certificate Holder is unavoidably exposed to the elements for duration of time until saved, and as a result of such exposure suffers bodily Injury as described above, such Injury shall be perceived as if under the influence of the primary event.

On the other hand, if the body of the Insured Person is not found within one (1) year of the covered event of disappearance, sinking or wrecking of the common carrier in which the Insured Person was riding in at the time of such disappearance, sinking or wrecking, it will be presumed that death has taken place.
9. **NOTICE OF CLAIM:** notice of claim must be given to the Company within fourteen (14) days after the date of loss, This can be done by contacting the Company at 1 800 88 88 11, by e-mailing to AIGCare@aig.com or by writing to the Claims Department, Level 18 Menara Worldwide, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia. The Certificate Holder hereunder shall produce for the Company's examination pertinent 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 claim. Written notice of claim given by or on behalf of the Named Certificate Holder to the local Office of the Company, or to any authorized official of the Company providing information sufficient to identify the Certificate Holder shall be deemed notice to the Company. For convenience a notification format is attached at end of the policy.
10. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office within ninety (90) days after the date of loss. 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.
11. **LIMITATION OF CLAIMS:** No claim benefits shall be payable under this Policy if claim is presented to the Company beyond a period of one (1) year from the date of loss.
12. **MEDICAL EXAMINATION:** The Company at its own expense shall have the right to require additional proof and request medical examination of the Certificate Holder when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.



13. **RECEIPTS:** The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the policy and the receipt of the Certificate Holder for any compensation payable herein shall in all cases be effectual discharge of liability of the Company.
14. **RIGHTS OF NOMINEE:** Consent of Nominee shall not be a pre-requisite to terminate or to cancel this policy or to a Change of Nominee or for that matter for any changes in this policy.
15. **RIGHTS OF OWNERSHIP:** The Insured shall have the right to exercise every option, benefit or privilege conferred by the provisions of the policy. Every transaction relating to the policy shall be between the Company and the Insured and shall be valid without notice to or with the consent of the Certificate Holder.
16. **LEGAL PROCEEDINGS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within one (1) year from the expiration of the time within which the written proof of loss is required by the policy.
17. **MIS-REPRESENTATION IN APPLICATION:** The benefits shall not be payable and the policy shall be considered voidable at the option of the Company in the event that (a) there has been a failure to disclose or there has been any misrepresentation of any fact with respect to the Insured or Certificate Holder that is material to the insurance provided hereunder which is required to be furnished as evidence of insurability; and/or (b) in all cases of fraud.
18. **REINSTATEMENT:** If any premium is in default beyond the premium due date, the Policy may be reinstated with the consent of the Company within ninety (90) days after the due date of the premium in default subject to a written application for reinstatement; or production of evidence of insurability satisfactory to the Company.
Benefits will not, however, be payable for any injury which occurs during the interval the policy has lapsed.
19. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this policy and shall invalidate all claims hereunder.
20. **ARBITRATION CLAUSE :**
 - a) Any dispute, difference or question which may arise at any time hereafter between the Company and the Insured and/or Certificate Holder and/or his/her legal representatives in relation to the true construction of the Policy or the rights or liabilities of parties hereto shall be referred to arbitration.
 - b) The arbitration shall be heard by a single arbitrator to be agreed by the parties hereto within fourteen (14) days of the commencement of the arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act of Malaysia or any statutory modification or reenactment thereof for the time being in force.
21. **LIMITATION OF TIME OF BRINGING ARBITRATION:** If a claim is made under the policy and is rejected by the Company, the Insured or his/her legal personal representatives shall commence arbitration proceedings in accordance with Clause (20) of Section 9 hereof within six (6) months of such rejection, failing which Company shall be discharged from all liability whatsoever for that claim.
22. **CONFORMITY WITH LAW:** Any provision of this policy which, on its Effective Date is in conflict with the law of the country in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirement of such laws.
23. **CHANGE IN COUNTRY OF RESIDENCE:** Cover of the Certificate Holders is subject to their residence in Malaysia. Cover does not extend to any Certificate Holder residing outside of Malaysia unless prior extension of cover has been accorded by the Company. It is a condition precedent to liability under this policy that in the event of change of country of residence, the Company must be informed in writing of any change in the Certificate Holder's country of residence. A change in the country of residence shall be deemed to mean the Certificate Holder is living or is intending to live in another country other than Malaysia in excess of twelve (12) consecutive calendar months. Failure to notify the Company of this change will invalidate the Insurance in respect of that Certificate Holder with effect from the date he/she leaves Malaysia permanently. The Company reserves the right to continue cover on the prevailing terms and conditions or to decline cover under this policy upon receipt of such information.
24. **TO WHOM INDEMNITY IS PAYABLE:** Indemnity for Accidental Death (Section 3) Item (1), in respect of the Certificate Holder is payable to the nominee(s) elected by the Certificate Holder and in the event of failure of nominee, to the Certificate Holder's Estate. Indemnity for all other benefits will be paid to the Certificate Holder. The process of claim including settlement will be handled directly between the Company and the Certificate Holder whose sole discharge will constitute full and final discharge of the claim lodged.
25. **CANCELLATION:** Coverage for a Certificate Holder may be cancelled by the Certificate Holder written notice to the Customer Servicing Group, Level 18 Menara Worldwide, 198 Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia. The respective cover of insurance shall be deemed cancelled on the first (1st) day of the month following the receipt of the cancellation notice by the Company.
For avoidance of doubt, the Company reserves its right to rescind coverage where the Certificate Holder is in the category of excluded persons as expressed in Section 6 - Policy Exclusion, sub-sections (1) and (2) of the policy. In such cases, the Company will refund the premium in full.
Both the Company and the Insured may cancel the Master Policy, at any time by tendering at least thirty (30) days written notice to the other, by way of A R registered mail to their last known address as indicated in the Company's record. Such



cancellation shall not affect the pendance of coverage for any Certificate Holder and their respective coverage will continue for the duration as per the Period of Coverage. Cancellation of the Master Policy does not warrant any refund of premium.

26. **ASSIGNMENT:** No assignment of interest under this policy shall be binding upon the Company.
27. **RENEWAL:** This policy may be renewed with the consent of the Company from term to term. The respective Certificate Holders may renew their Certificates of Insurance for another year of cover under the terms of the renewal Master Policy.
28. **PREMIUM WARRANTY ENDORSEMENT:** It is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the inception date of this Policy/Endorsement/Renewal. If this condition is not complied with then this contract is automatically cancelled and the Company shall be entitled to the pro-rata premium for the period they have been on risk. Where the premium payable pursuant to this warranty is received by an authorized agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to receive such premium shall lie on the Company.
29. **NUMBER OF POLICY:** A Certificate Holder is limited to only one (1) active International Student Insurance (ISI) policy insurance cover. For whatsoever reason, if there is more than one (1) insurance cover purchased or issued per Certificate Holder, the Company shall at any one time be liable for the cover which was effected on the earliest date.
30. **RIGHT OF RECOVERY:** In the event of authorization of payment and/or payment is made by the Company for Section 3 - Benefits, whereby the Benefits are not payable, the Company reserves the right to recover against the Certificate Holder for the full sum which the Company has paid.
31. **CONSENT TO USE OF PERSONAL DATA:** By submitting the application for coverage, you consent to the collection of your personal information by AIG Malaysia (whether through the phone or otherwise obtained) and such information may be held, used and disclosed by AIG Malaysia to individuals, service providers and organizations associated with AIG Malaysia or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this insurance and providing subsequent service(s) for this purpose, AIG Malaysia's financial products and services, data matching, surveys, and to communicate with you for such purposes. You reserve the right to obtain access, request correction or withdraw your consent to the use of any of your personal information held by AIG Malaysia. Such request can be made by writing to us at AIG Malaysia Customer Care, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur or phone: 603 2118 0188, fax 603 2685 4896 or email: AIGMYCare@aig.com
32. **SERVICES TAX (ST):** The amount of Premium payable by you for this Policy includes an amount on account of the ST payable by you. ST refers to any service tax, value added tax, goods and services tax, consumption tax, or tax, duty, charge or imposition of a similar nature whatsoever by whatever name known, which may from time to time be imposed or charged (including any increases or decreases to the rate) by any competent tax authority.
33. **DUTY OF DISCLOSURE:** You must take reasonable care to ensure that all your answers to the questions are full, complete, correct, honest and to the best of your knowledge. You also have a duty to inform AIG Malaysia of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy.

If you don't, AIG Malaysia may:

- a) declare your policy void from inception (which means treating it as invalid) and AIG Malaysia may not return the premium or recover any unpaid premium;
 - b) cancel this policy and return any premium less AIG Malaysia's cancellation charge or recover any unpaid premium;
 - c) recover any shortfall in premium;
 - d) not pay any claim that has been or will be made under the policy; or
 - e) be entitled to recover from you the total amount of any claim already paid under the policy or any claim AIG Malaysia have to pay under any relevant legislation, plus any recovery costs.
34. **SANCTION:** AIG Malaysia shall not be deemed to provide cover and AIG Malaysia shall not 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 AIG Malaysia, AIG Malaysia's parent company or AIG Malaysia's ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.