

<b>PRODUCT DISCLOSURE SHEET</b>	<b>Etiqa Insurance Berhad (“Insurance Operator / We / Our / Us”)</b>
<b>Read this Product Disclosure Sheet before You decide to take up the CREDIT CARE PLUS PLAN. Be sure to also read the general terms and conditions.</b>	<b>CREDIT CARE PLUS PLAN</b>
	<b>05 May 2015</b>

**1. What is this product about?**

CREDIT CARE PLUS PLAN is a yearly renewable term group protection plan designed to cover Your Credit Card Facility obligation should an unfortunate event happen to You during the term of the coverage.

**2. What are the covers / benefits provided?**

**Eligibility from age 21 to 65 age next birthday**

No.	Coverage / Benefit	Coverage Term	Benefit Description
1	Death	Up to age sixty (60) next birthday for new business Up to age sixty five (65) next birthday for renewal	Upon Death of the Insured Person, We will pay to the Master Policy Owner (the Bank that provided the Credit Card Facility) the amount of monthly Outstanding Closing Balance shown on the last billing statement issued on Your Credit Card Facility (account number as stated in the Certificate of Insurance) plus any other legitimate transactions incurred due up till the time of Death, whichever shall occur first, less any outstanding premiums due.
2	Total and Permanent Disability	Up to age sixty (60) next birthday for new business Up to age sixty five (65) next birthday for renewal	Upon Total and Permanent Disability of the Insured Person, We will pay to the Master Policy Owner (the Bank that provided the Credit Card Facility) the amount of monthly Outstanding Closing Balance shown on the last billing statement issued on Your Credit Card Facility (account number as stated in the Certificate of Insurance) plus any other legitimate transactions incurred till the date the Insured Person become Total and Permanent Disability, whichever shall occur first, less any outstanding premiums due, 6 months after Total and Permanent Disability event date.
3	Critical Illness	Up to age sixty (60) next birthday for new business Up to age sixty five (65) next birthday for renewal	Upon diagnosis of one of the thirty-six (36) covered Critical Illnesses of the Insured Person, We will pay to the Master Policy Owner (the Bank that provided the Credit Card Facility) the amount of monthly Outstanding Closing Balance shown on the last billing statement issued on Your Credit Card Facility (account number as stated in the Certificate of Insurance) plus any other legitimate transactions incurred till date the Insured Person diagnosis with any one of thirty-six (36) Critical Illnesses, whichever shall occur first, less any outstanding premiums due.

*The maximum benefit payable under this policy shall not exceed Ringgit Malaysia One Hundred Thousand (RM100,000) per card.*

**3. How much Premium do I have to pay?**

The premium rate is not guaranteed and subject to yearly review and Master Policy Owner and/or Insured Person will be notified 30 days before any changes to be made.

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

Policy related expenses such as commission and management expenses have been incorporated in Your total premium. The commission fee is 10% of the monthly premium.

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

- Importance of disclosure – You must disclose fully and correctly all material facts such as Your medical condition and state Your age correctly or otherwise it may lead to the contract between Us being set aside, Your claim being refused or term of the contracts being changed.
- Free-look period - You may cancel Your Certificate of Insurance by giving Us a written notice of cancellation within fifteen (15) calendar days from received date of the Certificate of Insurance. Upon cancellation, You are entitled to the refund of the full Premium paid, provided that no claim has been made during the policy period.
- Grace period – Your coverage may lapse if You do not pay Your premium within thirty (30) days of the grace period.
- You should satisfy Yourself that the plan serves Your needs and that You can afford the premium.
- Should You decide to withdraw from the plan earlier within the coverage term, there will be no surrender value under the plan.
- The Claimant must provide Us with written notice of claim within thirty (30) days from the date of Death or date of diagnosis of the covered Critical Illness.
- In the case of Total and Permanent Disability (TPD), the Claimant must provide Us with written notice of claim within six (6) months from the TPD Date

*Note: This list is non-exhaustive. Please refer to the Certificate of Insurance for the terms & conditions under this plan.*

## 6. What are the major exclusions under this contract?

No benefit shall be payable for:

- a) Death due to suicide within twelve (12) months from the Commencement Date, Etiqa will refund the total Premium paid; or
- b) Death due to a Pre-Existing Condition unless the Insured Person affected by these conditions has been insured under this Plan for more than one (1) year from the Commencement Date; or
- c) Death or Total and Permanent Disability or Critical Illnesses due to sickness within thirty (30) days from the Commencement Date; or
- d) Total and Permanent Disability due to a Pre-Existing Condition; or
- e) The following Critical Illnesses are diagnosed / discovered within sixty (60) days from the Commencement Date:
  - i. Cancer
  - ii. Coronary Heart Disease Requiring Surgery
  - iii. Heart Attack
  - iv. Other Serious Coronary Artery Disease
- f) Critical Illnesses if the Insured Person dies within thirty (30) days after diagnosis of a Critical Illnesses after the Commencement date.
- g) Critical Illnesses due to a Pre-Existing Condition

No benefit shall be payable for Total and Permanent Disability resulted either directly or indirectly from:

- a) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or
- b) Participating in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; or
- c) Participation in any form of aviation (except as a fare-paying passenger or crew Person on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving parachuting, bungee jumping, hang gliding and ballooning; or
- d) Self-inflicted injuries or suicide or attempted suicide, while sane or insane; or
- e) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; or
- f) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions, except if the illness is specifically covered under the Critical Illness Benefit; or
- g) Committing or trying to commit any illegal act.

No benefit shall be payable for Critical Illness resulted either directly or indirectly from:

- a) Pre-Existing Condition which existed prior to the Commencement Date.
- b) Critical Illness due to a sickness within thirty (30) days from the Commencement Date.
- c) HIV Infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions, unless it is specifically mentioned in the **Definition of Critical Illness**.
- d) Committing or trying to commit any illegal act.

*Note: This list is non-exhaustive. Please refer to the Certificate of Insurance for the full list of exclusions under this plan.*

## 7. Can I cancel my plan?

If You changed Your mind or are not completely satisfied with the terms and conditions of the plan, You may cancel Your Plan by calling Us if the Certificate of Insurance has not been issued by Us. You may also cancel Your Plan after the Certificate of Insurance has been issued by calling Us or giving Us a written notice of cancellation:

- a. Within the Free Look Period of fifteen (15) calendar days from the received date of the Certificate of Insurance. Upon cancellation You are entitled to the refund of the full Premium paid, provided that no claim has been made during the policy period.
- b. After the Free Look Period of fifteen (15) calendar days from the received date of the Certificate of Insurance and no refund of premium will be paid.

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

It is important that You inform Us of any change in Your contact details to ensure that all correspondences reach You in a timely manner.

## 9. How do I make a claim?

The Claimant must provide written notice of claim or contact us at Etiqa Online 1300 13 8888 within thirty (30) days from the date of Death or date of diagnosis of any one of thirty-six (36) covered Critical Illnesses.

For Total and Permanent Disability (TPD) claim, the Claimant must provide written notice of claim or contact us at Etiqa Online 1300 13 8888 within six (6) months from the TPD date.

A claim form will be provided to the Claimant when the Claimant notify Us of a claim for Death benefit, Total and Permanent Disability (TPD) or upon diagnosis of any one of thirty-six (36) covered Critical Illnesses.

The Claimant must complete the claim form and attach the required supporting documentation as evidence of the claim, and proof of relationship, within thirty (30) days from the date of notification.

Supporting documents required:

### **Death Claim (Group Claim)**

Death claim form

Death Statement of Medical Examiner

Certified copy of Deceased and Claimant's Identity Card (IC)

Certified copy of Death Certificate

Certified copy of Burial Certificate  
Original certificate (if any)  
Certified copy of proof of relationship between claimant and deceased  
Certified copy of Sijil Faraid / Letter of Administration (if applicable)

Additional requirements on accidental death:

Detailed Post Mortem report  
Certified copy of Toxicology report, if any  
Certified copy of police report  
Newspaper Cutting, if any

**Total and Permanent Disability (TPD) Claim (Group Claim)**

Total and Permanent Disability Claim form  
Total & Permanent Disability Statement of Medical Examiner  
Original certificate, if any  
Certified copy of Insured Person and/or Claimant's Identity Card (IC)  
Letter of job termination from Insured Person's employer (if employed)  
Certified copy of clinic or hospital consultation card  
Other supporting documents (if applicable)

**Critical Illness Claim (Group Claim)**

Critical Illness claim form  
Certified copy of Insured Person and/or Claimant's Identity Card (IC)  
Critical Illness - Statement of Medical Examiner (Stroke / Heart / End Stage Renal failure / Cancer / Others)  
Relevant diagnostic test results or report to support the diagnosis  
Original certificate/policy contract  
Other supporting document (if applicable)

Further additional documentation may be requested by Us when the Claimant notifies Us of a claim, or following a preliminary assessment by Us of the documentation accompanying the claims form. The Claimant will be notified in writing of any additional documentation requirements.

Evidence supporting a claim shall be provided at the Claimant's own cost.

Should the Claimant require any assistance with making a claim, the Claimant should contact the Master Policy Owner's insurance intermediary or call Etiqa Online at 1300-13-8888.

**10. Where can I get further information?**

Should You require additional information about Life Insurance or Medical and Health Insurance, please refer to the insuranceinfo booklet on "Life Insurance" or "Medical & Health Insurance", available at all Our branches or You can obtain a copy from the Insurance Intermediary or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If You have any enquiries, please contact Us at:

**Maybank Card Centre**

7th Floor, Menara Maybank  
100 Jalan Tun Perak  
50050 Kuala Lumpur

Maybank Group Customer Care: 1300 88 6688

Or You can contact:

**Etiqa Insurance Berhad (9557T)**

(Licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Level 19, Tower C, Dataran Maybank

No. 1, Jalan Maarof

59000 Kuala Lumpur

Tel : 03-2297 3888 Fax : 03-2297 3800

Email : [info@etiqa.com.my](mailto:info@etiqa.com.my)

Homepage : [www.etiqa.com.my](http://www.etiqa.com.my)

**10. Other similar types of Family Insurance cover available**

Please refer to Our distributors for other similar types of cover available.

**IMPORTANT NOTE:**

**BUYING LIFE INSURANCE POLICY IS A LONG-TERM FINANCIAL COMMITMENT. YOU SHOULD CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE INSURANCE INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

The information provided in this product disclosure sheet is valid as at 05 May 2015.