

MASTER POLICY FOR CREDIT CARE PLUS PLAN

This Master Policy is the Entire Contract between You and Us	<p>This Master Policy, all written proposals, the Policy Schedule, any applicable Supplementary Contracts, and Endorsements that We may issue subsequent to the Issue Date of this Master Policy, forms the entire contract between You and Us.</p> <p>Any change in the provisions of this Master Policy must be contained in an Endorsement and duly signed by one of Our authorised officer.</p> <p>As this is a legal contract between You and Us, please read your Master Policy carefully.</p>
Policy Schedule	<p>The Policy Schedule is issued as a separate attachment, but forms a part of this Policy. It contains information on:</p> <ul style="list-style-type: none"> i) the Master Policy number, ii) who the Master Policy Owner is, iii) who the Insured Person are and the scope of coverage, iv) the Period of Coverage and the option for renewal, v) the Sum Insured, vi) the Free Cover Limit, vii) the eligible age of cover and maximum expiry age, and viii) the Monthly Premium amount <p>Please check the information to ensure that they correctly reflect the type and amount of Benefit requested. Please return this Master Policy to Us immediately for rectification if any of the information is incorrect.</p>

MASTER POLICY INFORMATION STATEMENT

Admission of Age	You are required to provide Us with proof of age (i.e. a birth certificate or identity card) before We can make any payment of Benefits to You.
Where to Pay Premiums	You may pay Premiums directly at Our Head Office or at any of Our branches, or by any method of payment that is acceptable to Us.
Failure to Pay Premium	You are given a Grace Period of thirty (30) days to pay the Premium due. If We do not receive Your Premium within the Grace Period, Your Master Policy shall automatically be cancelled and We shall be entitled to the pro-rated Premium for the period between the date of inception of this Policy up to its cancellation date.
How to Make a Claim	To make a claim under this Master Policy please refer to Notice of Claim and Filing Proof of Loss provisions in this Master Policy. Should You require any assistance, kindly call Our Etiqa Oneline at 1300 13 8888.
Free Look Period	<p>You may cancel the Insurance coverage by returning the relevant original Master Policy to us within fifteen (15) days of the receipt of such Master Policy.</p> <p>We will refund the premiums paid for the Insurance coverage relating to such Master Policy less any medical expenses, which we may have incurred with regard to any medical examination done for the Insured Person.</p>
Right to Cancel or Terminate	You have the right to cancel this Master Policy by giving Us a written notice, not less than thirty (30) days prior to cancellation.
Change of Address	Please inform Us immediately of any change of address to ensure that there will be no interruption in communication from Us to You.

Contact Us	<p>For service or information on this Master Policy or Certificate of Insurance or have a request to change the contents of the Master Policy or the Certificate of Insurance, please contact:</p> <ul style="list-style-type: none"> i) Etiqa Online at 1300 13 8888; or ii) Write to our postal address at Etiqa Insurance Berhad (9557T), Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or send to facsimile number 03 – 2297 3800, or e-mail address info@etiqa.com.my.
Service Standards	<p>We assure You that We will strive to provide You with the highest standard of service. However, if We do not meet Your expectations, or if You are not satisfied with Our service, You may:</p> <ul style="list-style-type: none"> i) Write to Our Complaint Management Unit at Level 4, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or ii) Call Us at 1300 13 8888 (Overseas: +603-2780 4500); or iii) Fax your feedback to Us at 03-2785 3093; or iv) E-mail us at cmu@etiqa.com.my
<p>In the Event of Dispute</p> <p>Financial Mediation Bureau</p> <p>Bank Negara Malaysia</p>	<p>If there is a dispute concerning this Master Policy, You may refer the matter to the following parties.</p> <p>If a claims dispute arises from this Master Policy that You feel has not been fairly nor satisfactorily resolved, You may refer Your complaint to:</p> <p style="text-align: center;">The Financial Mediation Bureau Level 25, Dataran Kewangan Darul Takaful No 4, Jalan Sultan Sulaiman 50000 Kuala Lumpur. Tel: 03-2272 2811 Fax: 03-2274 5752 E-mail: enquiry@fmb.org.my</p> <p>Other insurance-related matters should be directed to:</p> <p style="text-align: center;">Pengarah Jabatan LINK dan Pejabat Wilayah Bank Negara Malaysia P.O.Box 10922 50929 Kuala Lumpur. Tel: 1300 88 5465 Fax: 03-2174 1515 E-mail: bnmtelelink@bnm.gov.my</p>
Our Head Office Address	<p>If You need to write to Us, Our Head Office address is:</p> <p>Etiqa Insurance Berhad (9557-T) Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur. Tel No: 03 2297 3888 Fax No: 03 2297 3800 Email: info@etiqa.com.my</p>

DEFINITIONS

You (Your, the Master Policy Owner)	The entity or owner of this Master Policy Owner and Beneficiary in the Master Policy and Certificate of Insurance.
We (Our, Us, the Company)	Etiqa Insurance Berhad (Company No. 9557T).
The Master Policy / Basic Policy	The entire contract consisting of all proposals, the Master Policy, the Policy Schedule and any Endorsements that may be issued after the Issue Date.
Master Policy basis	The Master Policy constitutes the entire contract between the parties to the Master Policy based on the concept of Insurance. The Master Policy is issued in consideration of the Material Information provided.
Non-Participating	Does not share in any surplus or profits of the Company's fund.
Endorsement (s)	Any written change to the Master Policy which the Endorsement will be issued and properly authorised by Us.
Premium (s)	<p>The amount of money due by the Master Policy Owner to Us at a point of time, in accordance to the terms and conditions of the Master Policy. Premium is payable every month. The Premium is specific to each Insured Person.</p> <p>All Premium must be paid in full within the Grace Period. On each Renewal date, We will advise You of the applicable Premium for each renewal period. All Premium for Renewal must be paid in full within the Grace Period.</p> <p>The Insurance cover shall continue during the Grace Period. However, in the event that a claim is incurred within the Grace Period, but before the Premium is paid, We shall deduct this unpaid Premium, as well as balance of the Premium for the remaining Cover Period, from the claim proceeds.</p> <p>If the Premium for Renewal is not paid upon expiry of the Grace Period, then this Master Policy and the Certificate of Insurance will expire and will have no further validity. Any claims occurring after the Master Policy and the Certificate of Insurance have expired will not be valid.</p>
Group Benefits Scheme (the Scheme)	The Benefits that Insured Person are entitled to from the Master Policy, and/or Supplementary Contract(s), if any, upon being accepted for inclusion in the Scheme.
Eligible Member(s)	Eligible Principal Credit Cardholder.
Insured Person	The person covered who is identified as the eligible Principal Credit Cardholder in the Certificate of Insurance as the Insured Person.
Age	Age Next Birthday.
Commencement Date	<p>(a) The date provided in the Master Policy Schedule, being the start date for period of coverage of the Master Policy.</p> <p>(b) The earliest date at which the Insured Person is eligible for Master Policy Benefits according to the terms and conditions of the Master Policy. The Commencement Date is the date the first premium is paid. The Commencement Date is specific to each Insured Person and is provided in the Certificate of Insurance.</p>
Renewal	<p>The act of renewing the Master Policy or Certificate of Insurance on annual basis, upon expiry of the Master Policy Year, and every year thereafter as long as this Master Policy or Certificate of Insurance is renewed and renewal premium is paid. The Renewal date in relation to Master Policy Owner is provided in the Master Policy Schedule.</p> <p>The renewal of this Master Policy or Certificate of Insurance shall not apply to the Insured Person who have exceeded the eligible age of cover at the date of renewal, as stated in the Master Policy Schedule.</p>

Issue Date	The date that the Master Policy and/or the Certificate of Insurance was issued by Us. The Issue Date is specific to each Insured Person and is provided in the Certificate of Insurance.
Eligible Date	The date that Insured Person become eligible to join in the Scheme.
In-force	<p>(a) A Master Policy has the status In-force if:</p> <ol style="list-style-type: none"> 1) The Master Policy Owner is validly existing; 2) The Premium due in respect of that Insured Person had been received by Us in full; 3) The Master Policy has been issued according to the terms and conditions of the Master Policy; 4) The Master Policy has not been terminated or voided by notice, according to the terms and conditions of the Master Policy; and 5) The Expiry Date has not been reached. <p>(b) A state of the Certificate of Insurance reflecting eligibility of a Insured Person to Master Policy Benefits according to the terms and conditions of the Master Policy. A Certificate of Insurance has the status In-force if:</p> <ol style="list-style-type: none"> 1) The Insured Person is alive; 2) The Insured Person has not attain maximum age of cover as specified in the Master Policy Schedule; 3) The Certificate of Insurance has been issued according to the terms and conditions of the Master Policy; 4) The Certificate of Insurance has not been terminated or voided by notice, according to the terms and conditions of the Master Policy; 5) Premium is fully paid within grace period; 6) The Expiry Date has not been reached; and 7) The Insurance Benefit payment has not been fully settled according to the terms and conditions of the Master Policy.
Grace Period	<p>The additional period of time that We provide for You to pay the Premium due.</p> <p>The Grace Period under this Master Policy is thirty (30) days. The Grace Period is applied to each Premium due. The Grace Period commences at the date the Premium is due.</p>
Lapse(d)	A state of the Master Policy reflecting that it is no longer In-Force.
Master Policy Benefit(s) / Benefit(s)	The collective name for the payments made according to the terms and conditions of the Insurance Benefit section of the Master Policy. The Master Policy Benefits are specific to each Insured Person.
Sum Insured	Sum Insured is the Outstanding Credit Card Closing Balance of the Insured Person's last billing statement up to RM100,000 per card.
Insured Event(s)	The event(s), upon the occurrence of which the Benefits become payable under this Master Policy and/or Supplementary Contract(s), if any. The Insured Event(s) is/are identified in the Policy Schedule.
Actively At Work	An employee who is engaged in full-time occupation for regular salary or pay, must be actively or physically at work on the Inclusion Date or the Renewal Date, whichever is later, for the coverage to be effective. Absence due to paid leave, study leave or training as distinct from sick leave shall also fulfil this requirements.
Free Cover Limit	The limit provided in the Master Policy Schedule as the Free Cover Limit. It is the amount of benefit covered without the requirement for any evidence of health.
Natural Cause	Attributed to an illness or an internal malfunction of the body.
Accident	A sudden, unforeseen and unplanned event that results in bodily injury that is violent, external and visible in nature that happens at an identifiable date, time and place.

Injury	Bodily injury effected directly and independently of all other causes by an Accident of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of a visible contusion or wound on the exterior of the body.
Diagnosis	The definitive diagnosis made by a physician, based upon such specific evidence, as referred to in the definition of Critical Illness or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to Us. In the event of any doubt regarding the appropriateness or correctness of the diagnosis, We shall have the Insured Person and/or any of the evidence used in arriving at such diagnosis re-examined by a physician appointed by Us and the opinion of such physician as to such diagnosis shall be binding on the Master Policy Owner, Insured Person and Us.
Pre-Existing Condition	Pre-existing Conditions shall mean conditions that the Insured Person has reasonable knowledge of. The Insured Person is considered to have a reasonable knowledge of the pre-existing condition if any of the following occurs before the Commencement Date of the Insured Person: i) The Insured Person had received or is receiving treatment; or ii) Medical advice, diagnosis, care or treatment has been recommended; or iii) Clear and distinct symptoms are or were evident; or iv) The condition would have been apparent to a reasonable person in such circumstances.
Doctor or Physician or Surgeon	A medical practitioner who is: i) licensed or registered to practice western medicine; and ii) who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice; and iii) who is not the Insured Person himself/herself or his/her spouse.
Hospital	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) has facilities for diagnosis and major surgery, ii) provides twenty-four (24) hour a day nursing services by registered and graduate nurses, 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.
Malaysian Resident	Malaysia Citizen or Malaysian Permanent Resident or holder of valid Work Permit or Employment Pass or Dependant's pass issued by the authorities in Malaysia.
GST	Goods and Services Tax
Personal Data	Shall have the same meaning ascribed to it as under section 4 of the Personal Data Protection Act 2010. Personal Data refers to the personal data furnished by the Insured Person, You, or an authorised third party related to the Master Policy. Personal Data does not include information on an individual which is in the public domain.
Material Information	The information, answers and disclosures provided by You or the Insured Person in Your application form or any subsequent questionnaires provided to Us, on any matters relating to Your application between the time of submission of Your application and the time of issue, reinstatement or endorsement of this Master Policy; and Medical reports and any other reports provided to Us on Your behalf.
Beneficiary	A Beneficiary is a person that the Insured Person has appointed to receive the Master Policy Benefits payable under the Certificate of Insurance upon the death or total and permanent disability or upon diagnosis any one of covered 36 (thirty-six) critical illnesses of the Insured Person.
Claimant	The Master Policy Owner, the Insured Person, the Beneficiary, or next of kin of the Insured Person, who is entitled to claim the Master Policy Benefits, according to the terms and conditions of the Master Policy.

Bank Negara Malaysia, or BNM	The main government body in Malaysia responsible for regulating Insurance Company. BNM's Customer Services Bureau provides an avenue for the Master Policy Owner and the Insured Person to file complaints against any misconduct or unfair market practice by Us.
Financial Mediation Bureau, or FMB	An independent body set up to help settle disputes between the Master Policy Owner or the Insured Person, and Us, as an alternative to the courts.
Arbitrator	An independent party, appointed to settle a dispute between the Master Policy Owner or the Insured Person, and Us, as an alternative to the courts. The Arbitrator is not BNM or FMB.
Certificate of Insurance	The Certificate of Insurance is issued to every Insured Person to confirm that the Insured Person have been accepted according to the terms and conditions of the Master Policy and Master Policy Schedule. The Certificate of Insurance contains details specific to the Insured Person.
Master Policy Year	A one (1) year period that starts on the Commencement Date, and every year thereafter upon renewals. The Master Policy Year is specific to the Master Policy Owner and each Insured Person according to their Commencement Date.
Cover Period, or CP	The period between Commencement Date and Expiry Date, or such renewed period of coverage. The Cover Period in respect of the Master Policy Owner is provided in the Master Policy Schedule. The Cover Period is specific to each Insured Person and is provided in the Certificate of Insurance.
Expiry Date	<p>(a) The date provided in the Master Policy Schedule, being the latest date for period of coverage of the Master Policy.</p> <p>(b) The latest date at which the Insured Person is no longer eligible to Master Policy Benefits according to the terms and conditions of the Master Policy. The Expiry Date is specific to each Insured Person.</p>
Financial Year	The 12 month period ending on 31st December.
Free Look Period	<p>If the Insured Person changed his/her mind or are not completely satisfied with the terms and conditions of the Master Policy, the Insured Person may cancel the Certificate of Insurance by calling Us if the Certificate of Insurance has not been issued yet.</p> <p>If the Insured Person changed his/her mind, the Insured Person may also cancel the Certificate of Insurance after the Certificate of Insurance has been issued by giving Us a written notice of cancellation:</p> <ol style="list-style-type: none"> a. Within the Free-Look Period of fifteen (15) calendar days from the received date of the Certificate of Insurance. Upon cancellation, the Insured Person is entitled to the refund of the full Premium paid, provided that no claim has been made during the Master 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.
Maximum Benefit Amount	The maximum amount of Benefit payable is Ringgit Malaysia One Hundred Thousand (RM100,000) on per card basis.
Sane	<p>A state of mind which permits normal perception, behaviour, and social interactions. A person is not regarded as Sane if that person:</p> <ol style="list-style-type: none"> i. Has been certified as insane by a psychiatrist, where the psychiatrist is licensed and recognised as a psychiatrist in Malaysia; and ii. Is undergoing regular treatment by the psychiatrist for the cause, condition or outcome directly related to insanity.
Scheme	The Group Benefits Scheme provided in the Master Policy Schedule, known as Credit Care Plus Plan. The Insured Person is entitled to participate in and be entitled to the Master Policy Benefits under the Master Policy, upon being accepted for inclusion in the Scheme.

Waiting Period

There is a waiting period of thirty (30) days on death due to natural causes. This applies only on death of Insured Person within the first Master Policy Year, when the Insured Person is first covered. This shall not be applicable if the death of the Insured Person occurred after the first Master Policy Year, whereby the Master Policy and/or Certificate of Insurance is on Renewal. However, if there is a break in the Cover Period, or the Master Policy and/or Certificate of Insurance is not renewed, this thirty (30) days waiting period will again apply.

SUMMARY OF YOUR RIGHTS AND BENEFITS

This summary briefly highlights some of the important terms and conditions of the Master Policy and/or Supplementary Contract(s), if any. For more detailed information, please refer to the respective sections.

Benefit	<p>Upon death or total and permanent disability or upon diagnosis of any one of covered 36 critical illnesses of an Insured Person due to the Insured Event(s) identified in the Policy Schedule, We shall pay to You the Sum Insured with regard to the Insured Person.</p>
Our Rights to Dispute the Policy	<p>The validity of a Insurance coverage shall be incontestable after it has been in force during the lifetime of the Insured Person for two (2) years from the Master Policy issue date or Commencement Date; whichever is later. However, the Master Policy may be void if i) non-payment of premium or ii) We are able to show that the statement made was on a Material Matter (as defined below) or You have or suppressed a Material Fact (as defined below) and that it was fraudulently made or omitted to be made by You or the Insured Person.</p> <p>For avoidance of doubt, "Material matter" or "material fact" means a matter or fact which, if known by Us, would have led to Our refusal to issue a Certificate to the Master Policy Owner and/or Insured Person or would have led Us to impose terms less favourable to the Insured Person than those imposed in the Master Policy.</p> <p>In the event of a misrepresentation where the Master Policy has been effected for a period of two (2) years or less, the Master Policy shall be dealt with accordingly whereby it may result in the Master Policy being avoided and all claims refused; or a variation of terms of the Master Policy may be varied; or you might be charged with a higher change in your premium amount; or any other remedies deemed appropriate based on the misrepresentation of such Material Fact."</p>
Obligation when paying Premium	<p>The Master Policy Owner must keep the receipts We send as proof of Premium payments.</p> <p>If Premium payment from the Master Policy Owner is by cheque, the cheque must be made out to Etiqa Insurance Berhad, and crossed "A/C Payee ONLY". The Master Policy Number and Our company name must be written on the back of the cheque. For payments via cheque, payment is only deemed received when the cheque is cleared.</p>
Payment of Premium	<p>The Premium is due on the Commencement Date specified in the Policy Schedule. Thereafter, each Premium is due upon renewal of this Master Policy, if renewal is effected.</p> <p>If We do not receive Your Premium within the Grace Period, the Master Policy and/or Supplementary Contract(s), if any, shall be void and no Benefit shall be paid.</p>
Restriction of Benefits	<p>Payment of Benefits may be affected by such clauses as Our Rights to Dispute the Master Policy and other clauses stated in the Restriction of Benefits provision.</p>
Right to terminate the Master Policy	<p>The Master Policy Owner or We may give notice to terminate the Master Policy for any reason. Notice must be given in writing and must be received by the other party at least thirty (30) days prior to the effective date of notice.</p> <p>In the event that notice of termination is served, any Certificates of Insurance which are In-force prior to the effective date of the notice, will continue to be subject to the terms and conditions of the Master Policy. No new Certificates of Insurance are issued after the effective date of notice.</p> <p>Once notice is effective, the Master Policy will continue until no more Certificates of Insurance are In-force. Termination of the Master Policy will then be immediate.</p>
Right to terminate the Certificate of Insurance	<p>The Master Policy Owner and the Insured Person have the right to terminate their Certificate of Insurance, for any reason.</p> <p>In the event of termination within the Free Look Period, the Master Policy Owner has the right to a refund. The refund will be the Premiums received by Us, in respect of the Insured Person. Notification must be received during the Free Look Period.</p>

The Type of Policy	<p>This is a non-participating yearly renewable Group Term Life Insurance Master Policy, in which We have agreed to insure all Eligible Members, subject to the provisions of this Master Policy.</p> <p>We agree to pay the Benefits of this Master Policy in accordance with its provisions.</p>
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<p>OWNERSHIP OF THE MASTER POLICY</p>
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Ownership of the Policy	<p>Unless otherwise expressly provided for by Endorsement in the Master Policy, We shall be entitled to treat You as the absolute owner of the Master Policy. We shall not be bound to recognise any equitable or other claim to or interest in the Master Policy, and the receipt of the Master Policy or a benefit by You (or by Your legal or authorized representative) alone shall be an effective discharge of all Our obligations and liabilities. You shall be deemed to be responsible Principal or Agent of the Insured Person covered under this Master Policy.</p>
What are the Rights of the Owner	<p>You control this Master Policy during the entire period that this Master Policy remains in force. You may exercise all rights provided under this Master Policy without the consent of anyone else. Your rights include the right to:</p> <ul style="list-style-type: none"> i) Receive any amounts payable under this Master Policy and/or Supplementary Contract(s), if any, ii) Cancel or terminate the Master Policy and/or Supplementary Contract(s), if any, by giving a thirty (30) days prior written notice, iii) Determine the category of Insured Person and their respective entitlement of Benefits under the Group Benefit Scheme, iv) Renew the Master Policy and/or Supplementary Contract(s), if any, within the Grace Period.

ELIGIBILITY

Eligibility	<p>An individual may apply to be accepted as an Insured Person who is eligible to the Master Policy Benefits according to the terms and conditions under the Master Policy and Master Policy Schedule.</p> <p>All new eligible applicants are included into the Scheme when We are so informed within thirty (30) days of his/her application and payment of the Premium is made in full.</p>
Issue of Certificate of Insurance	On acceptance of an Insured Person, We will issue a Certificate of Insurance to that Insured Person.

RECORDS OF INSURED PERSONS

Records of All Insured Persons	<p>You are required to keep and furnish to Us a record of all Insured Persons with the following essential particulars:</p> <ul style="list-style-type: none"> i) Name, date of birth and gender of all Insured Persons ii) New additions as well as any terminations <p>Such records and any other information that may reasonably be considered to have a bearing on the administration of the insurance cover of the Master Policy and on the determination of the premium rates shall be given to Us at the end of each month for so long as this Master Policy remains in force. We reserve the right to inspect such records at any time.</p>
Change of Business, Occupation or Physical Condition	<p>You must notify Us immediately of any change in:</p> <ul style="list-style-type: none"> i) Your address or business or trade; or ii) The Insured Person's occupational duties. <p>You must also give notice before any renewal of this Master Policy, of any injury, disease, physical defect or infirmity affecting the Insured Persons.</p> <p>We reserve the right to revise the Premium rates if the change warrants such a revision.</p>

PREMIUMS

Premium	<p>The first and subsequent Premiums must be paid in full within the Grace Period stated in this Master Contract.</p> <p>Each Insured Person has the obligation to pay the Premium. The first Premium is due at the Commencement Date, and any subsequent Premium due monthly.</p> <p>The Premium are determined based on the terms applicable at the Commencement Date, or Renewal date. These terms are as agreed between the Master Policy Owner and Us.</p> <p>The insurance cover shall continue during the Grace Period. However, in the event that a claim is incurred within the Grace Period, but before the Premium is paid, We shall deduct this unpaid Premium, as well as balance of the Premium for the remaining Period of Coverage, from the claim proceeds.</p> <p>In the event that the Premium is not paid within the Grace Period, then this Master Policy shall automatically be cancelled and We shall be entitled to the pro-rated Premium for the period between the date of inception of this Master Policy up to its cancellation date</p>
Right to change Premium	<p>The Premium rates may be changed by Us, from time to time, by providing thirty (30) days advance notice. Changes to the terms will only impact Certificates of Insurance with a Commencement Date after the notice effective date.</p>
Renewal Premium	<p>On each Renewal Date, We will advise You of the applicable Renewal Premium for each renewal period. If the Premium for renewal is not paid upon expiry of the Grace Period, then this Master Policy and/or Supplementary Contract(s), if any, will expire and will have no further validity. Any claims occurring after the Master Policy and/or Supplementary Contract(s), if any, have expired will not be valid.</p>
Settlement terms for Premiums	<p>Settlement of the Premiums shall be by payment from the Master Policy Owner to Us.</p> <p>Payment by the Master Policy Owner must be by any payment systems or channels as mutually agreed between the Master Policy Owner and Us.</p> <p>Payment of a Premium must be received within the Grace Period from the date that Premium is due.</p>

MASTER POLICY BENEFITS

Period of Cover	<p>This Master Policy and the Supplementary Contract(s), if any, is valid for one (1) year, effective on the Commencement Date as specified in the Policy Schedule.</p>
Renewal of Cover	<p>The option to renew this Master Policy and the Supplementary Contract(s), if any, will be subject to Our agreement.</p> <p>Once the Period of Coverage (as stated in the Policy Schedule) expires, You can renew the Master Policy and the Supplementary Contract(s), if any, by paying the Renewal Premium within the Grace Period. We are not liable if a claim occurs within the Grace Period, unless the claim occurred after the Renewal Premium has been paid.</p> <p>Should We decide not to renew this Master Policy and/or the Supplementary Contract(s), We will give you thirty (30) days written notice before the expiry date of the current Master Policy. This written notice will be sent to Your last known address on Our records by registered mail.</p>
Exceeded Age Limit at Renewal	<p>The renewal of this Master Policy and/or Supplementary Contract(s) shall not apply to Insured Persons who have exceeded the eligible age at the date of renewal, as stated in the Policy Schedule.</p>

MASTER POLICY BENEFITS

(I) DEATH BENEFIT

Death Benefit	<p>Subject to the terms and conditions of this Master Policy, while the Certificate of Insurance is In Force, We shall pay all Outstanding Credit Card Closing Balances (net of any outstanding premiums due) to the Master Policy Owner upon death of the Insured Person.</p> <p>Upon payment of the Death Benefit to the Master Policy Owner, We will be discharged from any further liability under this Master Policy, in respect of that Insured Person.</p>
Restrictions to the Death benefit	<p>The restrictions applicable to the death benefit are as follows:</p> <ol style="list-style-type: none"> 1) Death must have occurred whilst the Certificate of Insurance is In-force at the date of death; 2) If the Insured Person commits suicide while sane or insane within one (1) year from the Commencement Date of the Certificate of Insurance, We shall refund the total Premium paid with respect to the Insured Person. 3) The Master Policy Benefits is not payable if the Insured Person has any illness or disease and its complication(s) which is Pre-Existing or existed prior to the Commencement Date or Reinstatement Date of the Insurance coverage. However, Pre-Existing Condition for Death Benefit will only be covered after twelve (12) month of continuous cover from the Commencement Date or Reinstatement Date, whichever is later. 4) Upon death or Total Permanent and Disability of the Insured Person, due to natural cause(s), within thirty (30) days from the Commencement Date of the Certificate of Insurance or Reinstatement date, the total premium paid will be refunded; 5) The 30 days Waiting Period applies.
Notification timeframe for Master Policy benefit	<p>We must be notified by the Claimant within thirty (30) days from the date of death.</p>
Documentation supporting a Master Policy benefit	<p>A claim form will be provided to the Claimant when they notify Us of a claim for a death benefit. The Claimant must complete the claim form and attach the death certificate as evidence of the claim, and proof of relationship, within thirty (30) days of notification.</p>
Settlement terms	<p>The payment of the death benefit will be in single amount to the Master Policy Owner. On payment of the Death or Total and Permanent Disability or Critical Illness benefit in respect of Insured Person, We are discharged from any further liability under the Master Policy, in respect of that Insured Person.</p>

(II) TOTAL AND PERMANENT DISABILITY (TPD) BENEFIT

Total and Permanent Disability (TPD) Benefit	<p>Subject to the terms and conditions of this Master Policy, while the Certificate of Insurance is In Force, We shall pay the all Outstanding Credit Card Closing Balances (net of any outstanding premiums due to the Master Policy Owner if the Insured Person suffers from TPD.</p> <p>Upon payment of the TPD Benefit to the Master Policy Owner, We will be discharged from any further liability under this Master Policy, in respect of that Insured Person.</p> <p>Please refer to the Total and Permanent Disability Provisions in this Master Policy for the detailed terms and conditions of the TPD Benefit.</p>
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TOTAL AND PERMANENT DISABILITY PROVISIONS

Total and Permanent Disability (TPD) Provisions	This Total and Permanent Disability (TPD) Provisions is applicable to this Master Policy.
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DEFINITIONS

Total and Permanent Disability (TPD)	<p>Total and Permanent Disability may be defined as one of the following:</p> <p>(i) A disability where the Insured Person is incapable of performing any work, occupation or profession for wages, compensation or profit, solely due to an Accident, sickness or disease, throughout the Insured Person's remaining lifetime;</p> <p>(ii) A disability where the Insured Person is unable to perform at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptations.</p> <p>The six (6) Activities of Daily Living are:</p> <table border="1" style="margin-left: 40px;"> <tr> <td>Transfer</td> <td>Ability to get in and out of a chair without requiring physical assistance.</td> </tr> <tr> <td>Mobility</td> <td>Ability to move from room to room without requiring any physical assistance.</td> </tr> <tr> <td>Contenance</td> <td>Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.</td> </tr> <tr> <td>Dressing</td> <td>Ability to put on or take off necessary items of clothing without physical assistance from another person.</td> </tr> <tr> <td>Bathing or Washing</td> <td>Ability to wash or shower without physical assistance from another person.</td> </tr> <tr> <td>Eating</td> <td>Ability to feed without any physical assistance, once food has been prepared.</td> </tr> </table> <p>(iii) Presumptive TPD, where the Insured Person, irrespective of age or earning ability, suffers from any of the following losses:</p> <ul style="list-style-type: none"> • Total and irrecoverable loss of sight in both eyes; or • Loss of two or more limbs, each above the wrist or ankle; or • Total and irrecoverable loss of sight in one eye and loss of one limb at or above the wrist or ankle. <p>If the Insured Person is unemployed at the time of disability, then only (ii) and (iii) shall apply.</p>	Transfer	Ability to get in and out of a chair without requiring physical assistance.	Mobility	Ability to move from room to room without requiring any physical assistance.	Contenance	Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.	Dressing	Ability to put on or take off necessary items of clothing without physical assistance from another person.	Bathing or Washing	Ability to wash or shower without physical assistance from another person.	Eating	Ability to feed without any physical assistance, once food has been prepared.
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TPD Date	The TPD Date is the date the Insured Person first becomes totally and permanently disabled, as defined under the Definition of Total and Permanent Disability (TPD) above.												

BENEFITS

Survival Period of Six (6) Months	<p>There is a survival period of six (6) months if the TPD occurs as defined in definition (i) or (ii) of the TPD definition. The TPD Benefit can only be paid upon Our approval and proof that the Insured Person survives and the disability had lasted continuously for at least six (6) months from the TPD Date.</p> <p>The six (6) months survival period is not applicable if it is a Presumptive TPD, as defined in definition (iii) of the TPD definition.</p>
Our Right to Request for a Medical Examination	<p>We reserve the right to request that the Insured Person be subjected to a medical examination by a Doctor of Our choice, as and when We require.</p> <p>We will bear the cost of such medical examination.</p>

<p>Exclusions</p>	<p>We shall not pay the TPD Benefit if TPD occurs due to:</p> <ul style="list-style-type: none"> a) Pre-Existing Condition which existed prior to the Commencement Date. b) A sickness within thirty (30) days from the Commencement Date. c) 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. d) 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; e) Participation in any form of aviation (except as a fare-paying passenger or crew member 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. f) Self-inflicted injuries or attempted suicide, while sane or insane. g) Injuries or hospitalization as a result of drug addiction, or while under the influence of alcohol. h) HIV infections, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions. i) Committing or trying to commit any illegal act.
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(III) CRITICAL ILLNESS BENEFIT

<p>Critical Illness Benefit</p>	<p>Subject to the terms and conditions of this Master Policy, while the Certificate of Insurance is In Force, We shall pay the all Outstanding Credit Card Closing Balances (net of any outstanding premiums) due to the Master Policy Owner if the Insured Person is diagnosed with one of the thirty-six (36) covered Critical Illnesses.</p> <p>Upon payment of the Critical Illness Benefit to the Master Policy Owner, We will be discharged from any further liability under this Master Policy, in respect of that Insured Person.</p> <p>Please refer to the Critical Illness Provisions in this Master Policy for the detailed terms and conditions of the Critical Illness Benefit.</p>
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CRITICAL ILLNESS PROVISIONS

<p>Critical Illness Provisions</p>	<p>This Critical Illness Provisions is applicable to this Master Policy.</p>
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BENEFITS

<p>Conditions for Benefit to be Paid</p>	<p>We shall only pay the Critical Illness Benefit if:</p> <ul style="list-style-type: none"> i) the covered Critical Illness occurs thirty (30) days after the Commencement Date; and ii) The Insured Person is diagnosed with the Critical Illness for the first time; and iii) The Insured Person survives for at least thirty (30) days after he/she is diagnosed with a Critical Illness; and iv) Diagnosis or event of the covered Critical Illness meets the Definition of Critical Illness.
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	<p>In addition, the following Critical Illnesses are only covered sixty (60) days after the Commencement Date:</p> <ol style="list-style-type: none"> Cancer Coronary Heart Disease Requiring Surgery Heart Attack Other Serious Coronary Artery Disease
Exclusions	<p>This Critical Illness Master Policy shall not cover any of the following:-</p> <ol style="list-style-type: none"> Pre-Existing Condition which existed prior to the Commencement Date. Critical Illness due to a sickness within thirty (30) days from the Commencement Date. HIV Infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions, unless it is specifically mentioned in the Definition of Critical Illness. Committing or trying to commit any illegal act.

DEFINITIONS OF CRITICAL ILLNESS

Alzheimer's Disease/ Irreversible Organic Degenerative Brain Disorders	<p>Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders resulting in significant reduction in mental and social functioning (such that continuous supervision is required). The diagnosis must be clinically confirmed by a neurologist.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> Non organic brain disorders such as neurosis and psychiatric illnesses; and Drug or alcohol related brain damage.
Apallic Syndrome	<p>Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist & condition must be documented for at least one month.</p>
Bacterial Meningitis	<p>Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living (as stated in the preamble attached).</p> <p>The diagnosis is to be confirmed by:</p> <ul style="list-style-type: none"> ▪ an appropriate specialist ▪ the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture
Benign Brain Tumour	<p>A life-threatening, non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI.</p> <p>The following are excluded:</p> <ol style="list-style-type: none"> Cysts Granulomas Malformations in or of the arteries or veins of the brain Hematomas Tumours in the pituitary gland, or spine Tumours of the acoustic nerve
Blindness /Total Loss Of Sight	<p>Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an ophthalmologist.</p>
Brain Surgery	<p>The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.</p>

	<p>The following are excluded:</p> <p>(a) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures</p> <p>(b) Brain surgery as a result of an accident</p>
Cancer	<p>Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue.</p> <p>The term malignant tumour includes leukaemia, lymphoma and sarcoma. For the above definition, the following are not covered:</p> <ol style="list-style-type: none"> 1. All cancers which are histologically classified as pre-malignant, non-invasive; carcinoma in situ; having either borderline malignancy; or having low malignant potential 2. All tumours of the prostate, thyroid and urinary bladder histologically classified as T1N0M0 (TNM classification) 3. Chronic Lymphocytic Leukaemia less than RAI Stage 3 4. All cancers in the presence of HIV 5. Any skin cancer other than malignant melanoma
Chronic Aplastic Anaemia	<p>Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:</p> <p>(a) Regular blood product transfusion; (b) Marrow stimulating agents; (c) Immunosuppressive agents; or (d) Bone marrow transplantation.</p> <p>The diagnosis must be confirmed by a bone marrow biopsy.</p>
Coma	<p>A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least ninety-six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit, lasting more than thirty (30) days. Confirmation by a neurologist must be present.</p> <p>Coma resulting directly from self-inflicted injury, alcohol or drug abuse is excluded.</p>
Coronary Artery By-Pass Surgery	<p>Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of Coronary Artery By-Pass Grafting.</p> <p>Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded.</p>
Deafness/Total Loss Of Hearing	<p>Total and irreversible loss of hearing in both ears as a result of illness or accident. Total means "the loss of at least 80 decibels in all frequencies of hearing".</p> <p>Medical evidence in the form of an audiometry and sound-threshold tests must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.</p>
Encephalitis	<p>Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days and certified by a neurologist. The permanent neurological deficit must result in an inability to perform at least three (3) of the Activities of Daily Living (as stated in the preamble attached).</p> <p>Encephalitis in the presence of HIV infection is specifically excluded.</p>
End Stage Kidney Failure	<p>End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis initiated or renal transplantation is carried out.</p>
End Stage Liver Failure	<p>End stage liver failure as evidenced by all of the following:</p> <ul style="list-style-type: none"> • Permanent jaundice; • Ascites; and • Hepatic encephalopathy.

	Liver failure secondary to alcohol or drug abuse is excluded.
End Stage Lung Disease	<p>End stage lung disease causing chronic respiratory failure.</p> <p>All of the following criteria must be met:</p> <ul style="list-style-type: none"> (a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre (Forced Expiratory Volume during the first second of a forced exhalation). (b) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less (c) Dyspnoea at rest.
Fulminant Viral Hepatitis	<p>This is defined as a sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.</p> <p>The diagnostic criteria to be met are:</p> <ul style="list-style-type: none"> (a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; (b) Necrosis involving entire lobes, leaving only a collapsed reticular framework; (c) Rapidly deteriorating liver functions tests; and (d) Deepening jaundice. <p>Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.</p>
Heart Attack	<p>The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by all of the following criteria:</p> <ul style="list-style-type: none"> (a) A history of typical prolonged chest pain, (b) New electrocardiographic changes resulting from this occurrence, (c) Elevation of the cardiac enzyme, CPK-MB above the generally accepted laboratory levels of normal or troponins recorded at the following levels or higher: <ul style="list-style-type: none"> - Troponin T > 1.0 ng/ml or equivalent threshold with other Troponin I methods <p>Angina is specifically excluded.</p>
Heart Valve Surgery	<p>The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.</p> <p>Repair via intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.</p>
Loss of Speech	<p>Total and irrecoverable loss of the ability to speak for a continuous period of twelve (12) months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.</p> <p>All psychiatric related causes are excluded.</p>
Major Burns	<p>Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.</p>
Major Head Trauma	<p>Physical head injury causing permanent functional impairment lasting for a minimum period of three (3) months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a neurologist and must result in an inability to perform at least three (3) of the Activities of Daily Living (as stated in the preamble attached).</p>
Major Organ / Bone Marrow Transplant	<p>The receipt of a transplant of:</p> <ul style="list-style-type: none"> • Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ. <p>Other stem cell transplants are excluded.</p>
Medullary Cystic Disease	<p>A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by a renal biopsy.</p>

Motor Neuron Disease	<p>Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.</p> <p>The diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.</p>
Multiple Sclerosis	<p>Unequivocal diagnosis by a consulting neurologist confirming the following combination, which has persisted for at least a continuous period of six (6) months:</p> <ul style="list-style-type: none"> (a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits; (b) A multiplicity of discrete lesions; and (c) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.
Muscular Dystrophy	<p>The diagnosis of muscular dystrophy shall require a confirmation by a <i>neurologist</i> of the combination of three (3) out of four (4) of the following conditions:</p> <ul style="list-style-type: none"> (a) Family history of other affected individuals (b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction (c) Characteristic electromyogram (d) Clinical suspicion confirmed by muscle biopsy <p>No benefit will be payable under this Insured Event before the Insured Person has reached the age of twelve (12) years next birthday.</p>
Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection	<p>Infection with the Human Immunodeficiency Virus (only if the Insured Person is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties with sero-conversion to HIV infection occurring within six (6) months of the accident. Any accident giving rise to a potential claim must be reported to the Company within thirty (30) days of the accident taking place supported by a negative HIV test taken within seven (7) days of the accident.</p> <p>“Medical Staff” is defined as doctors (general physicians and specialists), nurses, laboratory technicians, dentists (surgeons and nurses), ambulance workers who are working in the medical centre or hospital or dental clinics/polyclinics in Malaysia.</p> <p>Infection in any other manner including as a result of sexual activity, blood transfusions or recreational intravenous drug use is specifically excluded.</p>
Other Serious Coronary Artery Disease	<p>The narrowing of the lumen of at least three major coronary arteries (not inclusive of their branches) by a minimum of sixty percent (60%) or more as proven by coronary arteriography (non-invasive diagnostic procedures are excluded). Coronary Arteries herein refer to the Circumflex Artery, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Left Main Stem (a narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of two major arteries). This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.</p>
Paralysis/Paraplegia	<p>The complete and permanent loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness.</p>
Parkinson's Disease	<p>Unequivocal diagnosis of Parkinson's Disease by a neurologist where the condition:</p> <ul style="list-style-type: none"> (a) Cannot be controlled with medication (b) Shows signs of progressive impairment <p>Activities of daily living assessment confirm the inability of the Insured Person to perform without assistance three (3) or more of the Activities of Daily Living (as stated in the preamble attached).</p> <p>Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.</p>

<p>Primary Pulmonary Arterial Hypertension</p>	<p>Means Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.</p> <p>Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p>
<p>Severe Cardiomyopathy</p>	<p>An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.</p> <p>The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:- Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Cardiomyopathy directly related to alcohol or drug abuse is excluded.</p>
<p>Stroke</p>	<p>Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than three months. Infarction of brain tissue, hemorrhage and embolization from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist.</p> <p>Specifically excluded are cerebral symptoms due to transient ischemic attacks, any reversible ischemic neurological deficit, vertebrobasilar ischemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.</p>
<p>Surgery To Aorta</p>	<p>The actual undergoing of surgery via a thoracotomy or laparotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.</p> <p>Angioplasty and all other intra-arterial, catheter based techniques, keyhole or laser procedures are excluded.</p>
<p>Systemic Lupus Erythematosus With Lupus Nephritis</p>	<p>Refers to a multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens.</p> <p>Within the context of this Supplementary Master Policy, SLE is restricted to only those forms of systemic lupus Erythematosus, which involve the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy). Other forms such as discoid lupus and those forms with only hematological and joint involvement are specifically excluded.</p> <p>WHO Lupus Classification: Class I - Minimal change glomerulonephritis Class II - Mesangial glomerulonephritis Class III - Focal Segmental glomerulonephritis Class IV - Diffuse glomerulonephritis Class V - Membranous glomerulonephritis</p>
<p>Terminal Illness</p>	<p>The conclusive diagnosis of a condition that is expected to result in death of the Insured Person within twelve (12) months. The Insured Person must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from the appropriate specialist and confirmed by the Company's appointed doctor.</p>

PREAMBLE

<p>The six (6) Activities of Daily Living are:</p>	<p>A disability where the Insured Person is unable to perform at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptations.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Transfer</td> <td>Ability to get in and out of a chair without requiring physical assistance.</td> </tr> <tr> <td>Mobility</td> <td>Ability to move from room to room without requiring any physical assistance.</td> </tr> <tr> <td>Continence</td> <td>Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.</td> </tr> <tr> <td>Dressing</td> <td>Ability to put on or take off necessary items of clothing without physical assistance from another person.</td> </tr> <tr> <td>Bathing or Washing</td> <td>Ability to wash or shower without physical assistance from another person.</td> </tr> <tr> <td>Eating</td> <td>Ability to feed without any physical assistance, once food has been prepared.</td> </tr> </table>	Transfer	Ability to get in and out of a chair without requiring physical assistance.	Mobility	Ability to move from room to room without requiring any physical assistance.	Continence	Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.	Dressing	Ability to put on or take off necessary items of clothing without physical assistance from another person.	Bathing or Washing	Ability to wash or shower without physical assistance from another person.	Eating	Ability to feed without any physical assistance, once food has been prepared.
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RESTRICTION OF BENEFITS

<p>Rights to adjust terms for misstatement of age or sex</p>	<p>If the Insured Person age has been incorrectly stated and the coverage would not have been possible in terms of our rules and regulations at the correct age, the coverage for the affected Insured Person shall be void and all premiums paid for the affected Insured Person will be refunded. If however the coverage would still have been possible, then any difference in the premium paid for the affected Insured Person required from the inception of the affected Insured Person will be payable to us or refunded, as the case may be.</p>
<p>Right to challenge the Master Policy or Certificate of Insurance</p>	<p>We cannot challenge the Master Policy for misrepresentation more than two (2) years from a Commencement Date for that Master Policy, unless We are able to show that You or the Insured Person suppressed or fraudulently provided Material Information, which if known by Us, would have led to our refusal to issue the Master Policy, or would have led Us to impose terms and conditions less favourable than those imposed in the Master Policy.</p> <p>In the event that We identify misrepresentation within two (2) years of the Commencement Date for that Master Policy, the Master Policy of that Insured Person may be terminated or voided, claims for Benefits refused, or the terms and conditions applicable to the Insured Person changed in the Master Policy.</p>
<p>Right to challenge a Certificate of Insurance</p>	<p>We cannot challenge a Certificate of Insurance for misrepresentation more than two (2) years from a Commencement Date for that Certificate of Insurance, unless We are able to show that the Master Policy Owner or the Insured Person suppressed or fraudulently provided Material Information, which if known by Us, would have led to our refusal to issue the Certificate of Insurance, or would have led Us to impose terms and conditions less favourable than those imposed in the Master Policy.</p> <p>In the event that We identify misrepresentation within two (2) years of the Commencement Date for that Certificate of Insurance, the Certificate of Insurance of that Insured Person may be terminated or voided, claims for Master Policy Benefits refused, or the terms and conditions applicable to the Insured Person changed in the Master Policy.</p>

No rights of third parties	<p>Nothing in the Master Policy or Certificates of Insurance is intended to grant any right to any third party, to enforce any term of the Master Policy, or to confer any third party any benefits under the Master Policy.</p> <p>There is no liability under the Master Policy, or by Us, to a third party in respect of any other liabilities.</p>
Right to waiver and non-waiver of rights	<p>A delay or failure by Us to exercise or enforce any rights under the Master Policy, shall not be deemed as a waiver of any such rights, or termination of those rights. Waiver of any right by Us shall be valid when confirmed in writing.</p>

CLAIMS

Notice of Claim	<p>The Claimant must provide Us with written notice of claim for any of the Insured Event within sixty (60) days from the date the Insured Event occurs.</p> <p>In the case of Total and Permanent Disability (TPD), as defined in the Total and Permanent Disability Supplementary Contract, The Claimant must provide Us with written notice of claim within six (6) months from the TPD Date.</p> <p>Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.</p>
The claim process and how to make a claim	<p>The Claimant must notify Us of a claim for any Insurance Benefit by writing to Our contact address, within the notification timeframe, and by including the required claim documentation. The claim notification period and required documentation are specific to the type of Insurance Benefit according to the terms and conditions in the Master Policy.</p> <p>Claim notification may be submitted after the notification timeframe, if it can be shown that notice was given as soon as it was reasonably possible.</p> <p>Should the Claimant require any assistance with making a claim, they should contact the Master Policy Owner's servicing agent or call Etiqa Online at 1300-13-8888.</p> <p>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.</p> <p>Evidence supporting a claim shall be provided at the Claimant's own cost.</p>
Filing Proof of Loss	<p>We will send the Claimant the appropriate claim form upon receiving the written notice of claim.</p> <p>Please attach all relevant information such as the itemised hospital bills, receipts, medical report or death certificate to support the Claimant claim.</p> <p>Evidence of claim shall be furnished at the Claimant own cost, and should be furnished to Us within ninety (90) days from the date the Insured Event occurs.</p> <p>In the case of Total and Permanent Disability (TPD), evidence of claim must be furnished to Us within one (1) year from the TPD Date.</p>
Our Right to Request for a Medical Examination	<p>We reserve the right to request that the Insured Person be subjected to a medical examination by a Doctor of Our choice, as and when We require. In case of a death claim, We shall also reserve the right to investigate the circumstances of death.</p> <p>We will bear the cost of such medical examination or investigation.</p>
Payment of Claim	<p>Any payments under this Master Policy and/or Supplementary Contract(s), if any, shall be payable to the Claimant and the Claimant will be liable for any estate duty or</p>

	<p>administration of the Benefit subsequent to the payments made by Us.</p> <p>Upon full payment of the Benefit, We will be discharged from any further liability under this Master Policy and/or Supplementary Contract(s), if any, in respect of the Insured Person.</p>
<p>Fraudulent Claim</p>	<p>We shall not pay any Benefit for a claim that is fraudulently or falsely made, either by the Insured Person or by anyone else on his/her behalf.</p> <p>Should this fraudulent or false claim occurs, the insurance cover in respect of that Insured Person shall immediately be cancelled and void and the Premiums paid in respect of the Insured Person shall be forfeited to Us.</p>
<p>How to settle a dispute through arbitration</p>	<p>If You dispute a decision We have made relating to the Master Policy, and You do not wish to mediate the dispute, or You do not accept Financial Bureau's decision or award, You may refer to arbitration. Request for referral must be made within twelve (12) months of the dispute.</p> <p>You and We shall mutually agree to appoint a single Arbitrator. If You or We cannot agree upon a single Arbitrator within one (1) month of the notice of arbitration, then You and We shall each appoint an Arbitrator, and the two (2) Arbitrators will appoint an umpire. The umpire shall sit with the Arbitrators and preside in their meetings. All appointments must be in writing by the respective parties making the appointment.</p> <p>The single Arbitrator (in the case where You and Us agree to a single Arbitrator), or the Arbitrators and umpire (in the case where You and Us do not agree on a single Arbitrator), shall review the dispute and make a decision. The arbitration decision will cover the settlement of the dispute and the costs of arbitration. The decision of arbitration is not contestable and is binding on both You and Us.</p>

GENERAL PROVISIONS

<p>Alteration to the Terms and Conditions of this Policy</p>	<p>No agent is authorised to alter or amend this Master Policy and/or Supplementary Contract(s), to waive any conditions or provisions, to extend the time of paying a premium or to bind Us by making any promise or representation. No change in this Master Policy and/or Supplementary Contract(s) shall be valid unless evidenced by an Endorsement signed by Our officer.</p> <p>We reserve the right to make any amendments to the terms and conditions of this Master Policy and/or Supplementary Contract(s) by giving thirty (30) days written notice by registered mail, which will be sent to Your and/or Insured Person's last known address in Our records.</p>
<p>Assignment</p>	<p>The Benefits under this Master Policy shall be non-assignable.</p>
<p>Cancellation</p>	<p>We reserve the right to cancel the Insurance cover on any Insured Person at any time by giving thirty (30) days written notice, sent by registered mail to Your and/or Insured Person's last known address. However, such cancellation shall bear no impact to the Insured Person's insurance cover prior to the notification date.</p> <p>Likewise, You may cancel this Master Policy and/or Supplementary Contract(s) at any time by giving Us not less than thirty (30) days prior notice in writing.</p> <p>The Master Policy and/or Supplementary Contract(s) shall terminate on the date of receipt of the notice or the date of cancellation specified in the written notice, whichever is later. Upon termination, You shall remain liable to pay to Us the full premium in respect of any Insured Person who was covered by the Master Policy and/or Supplementary Contract(s) prior to the date of termination.</p> <p>Provided that no claims have been made during the current Period of Coverage and the Premium has been paid in full, You shall be entitled to a refund of the pro-rated Premium for the remaining Period of Coverage, following cancellation or termination, after deduction of any expenses incurred by Us relating to the Master Policy and/or Supplementary Contract(s).</p>

<p>Data, data protection obligations and rights</p>	<p>We shall be able to process Personal Data according to the section 4 of the Personal Data Protection Act 2010. We shall be able to disclose Personal Data provided by the Participant or the Insured Person, as the context may require, to:</p> <ol style="list-style-type: none"> 1) Etiqa Insurance Berhad, Etiqa Takaful Berhad, Etiqa Life International (L) Ltd or Etiqa Offshore Insurance (L) Ltd; 2) Other entities within the Maybank Group; 3) Our authorised agents and service providers with whom We have contractual agreements for some of Our functions, services and activities; 4) Other insurance companies or Takaful operators and distribution partners (such as, banks, Islamic banks, insurance brokers, Takaful brokers, reinsurance companies, Retakaful operators); 5) Industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA); 6) Our merchants and strategic partners; 7) Any parties authorised by the Master Policy Owner or an Insured Person (from time to time); or 8) Enforcement regulatory and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities. <p>The Master Policy Owner or Insured Person will keep Us updated in respect of all such Personal Data as soon as is practicable.</p> <p>We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us.</p> <p>We may from time to time request that the Master Policy Owner or Insured Person provide other Personal Data required for the purposes of the Master Policy.</p> <p>Prior to providing Us with the Personal Data of a Insured Person, or another individual, the Master Policy Owner or Insured Person providing the Personal Data, must inform that individual of Our privacy notice.</p> <p>For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our branches, contact Etiqa Online at 1300 13 8888, or refer to Our website at www.etiqa.com.my.</p>
<p>Conditions Precedent to Liability</p>	<p>The due observance and fulfilment of the terms, conditions and endorsements of the Master Policy and Supplementary Contract(s), if any, shall be conditions precedent to Our liability to effect any payment under this Policy and the Supplementary Contract(s).</p>
<p>Currency for all payments</p>	<p>Any payment made by You to Us, or by Us to You, shall be in Ringgit Malaysia.</p>
<p>Governing Law and Jurisdiction</p>	<p>This Master Policy is issued under the laws of Malaysia and is subject to and governed by the laws prevailing in Malaysia.</p>
<p>Goods and Services Tax or GST</p>	<p>If any supply of services made under this Contract is a taxable supply to which the Malaysian Goods and Services Tax ("GST") would apply, then We reserve the right to levy GST at the prescribe rate and You agree to pay the amount of GST.</p> <p>If the GST due hereunder by You to Us shall be required to be recovered through any process of law, or if the said GST or any part thereof shall be placed in the hands of solicitors for collection, You shall pay (in addition to the said GST) our solicitors fees and any other fees or expenses incurred in respect of such collection as may be determined by the Court of law.</p>

Legal Proceedings	No action at law or in equity shall be brought to recover on this Contract prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Master Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Master Policy, the Insured Person may, within a grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to Us with cogent reason(s) for the failure to comply with the Master Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion.
Notices	All notices from You to Us, or from Us to You, shall be in writing and sent by registered mail.
Obligation to take reasonable care and not to misrepresent	If the Insured Person is required by Us, before the Master Policy is varied, to answer any questions or provide declarations, or if the Insured Person are required to confirm or amend any answers or declarations previously provided in relation to the Master Policy, it is the duty of the Insured Person to take reasonable care not to make a misrepresentation when answering the questions or making the disclosures.
Obligation to correct mistakes and errors	We shall correct any mistake or error made in the Master Policy or a Certificate of Insurance as soon as We are aware of, or are informed of such mistake or error. Our correction will be made via an Endorsement to the Master Policy, or reissuing the Certificate of Insurance, and will be valid from the effective date of the Endorsement or the effective date of the new Certificate of Insurance.
Right to vary terms in event of changes in laws	We may vary the terms of the Master Policy if there are changes in legislation, or a directive is issued by any government authority, which imposes responsibilities on either party or which affects any of the terms of the Master Policy. The changes will be determined by Us to be appropriate and equitable. We shall notify the effected Master Policy Owner or Insured Person in writing, when terms in the Master Policy need to be changed.
Right to terminate due to Anti-Money Laundering and Counter Financing of Terrorism and Proceed of Unlawful Activities	If We discover, or have justified suspicion, that the Master Policy is exploited for money laundering activities, to finance terrorism or for unlawful activities, We reserve the right to terminate the Master Policy immediately. We shall deal with all premiums paid and all benefits or sums payable in respect of the Master Policy in any manner which we deem appropriate, including but not limited to handing it over to the relevant authorities.
Termination of Cover	<p>The Insurance cover for the Insured Person shall terminate on the occurrence of any of the following events:</p> <ul style="list-style-type: none"> i. Notification by the Master Policy Owner that the Insured Person's Credit Card facility has been cancelled, or the Insured Person directing to cancel the insurance, of which there will not be any surrender value or refund of premium unless it is cancelled within the Free Look Period. ii. The Insured Person has attained the age of sixty-five (65) at next birthday (for renewal only). iii. The Insured Person's Death or Total and Permanent Disability or upon diagnosis of any one of the thirty-six (36) covered Critical Illnesses, whichever shall occur first. iv. Non-payment of premium in respect of that Insured Person for a period of thirty (30) days after they have become due. v. Written notice from the Master Policy Owner or the Insured Person directing that the insurance is cancelled.