

SCHEDULE 66

Standard Insurance Charge Rates Per Annum for SmartMedic Million (SMM-200-D) Male Lives

Attained Age Next Birthday *		Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of either 1 or 2	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 3	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 4
From	To			
0	5	788	985	1,182
6	10	609	761	914
11	15	566	708	849
16	20	826	1,033	1,239
21	25	861	1,076	1,292
26	30	862	1,078	1,293
31	35	864	1,080	1,296
36	40	905	1,131	1,358
41	45	1,075	1,344	1,613
46	50	1,258	1,573	1,887
51	55	2,074	2,593	3,111
56	60	2,494	3,118	3,741
61	65	3,491	4,364	5,237
66	70	4,892	6,115	7,338
71	75	7,345	9,181	11,018
76	80	11,025	13,781	16,538
81	85	14,035	17,544	21,053
86	90	17,306	21,633	25,959
91	95	21,283	26,604	31,925
96	99	25,653	32,066	38,480

* On Date Of Insurance Charge Deduction

Notes:

- 1) Insurance Charge For Policy Month
= Insurance Charge Rate Per Annum / 12
- 2) Life Assured's occupation classification under this Policy is 1

SCHEDULE 66

Standard Insurance Charge Rates Per Annum for SmartMedic Million (SMM-200-D) Female Lives

Attained Age Next Birthday *		Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of either 1 or 2	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 3	Insurance Charge Rate Per Annum with respect to the Life Assured's occupation classification of 4
From	To			
0	5	758	948	1,137
6	10	590	738	885
11	15	549	686	824
16	20	697	871	1,046
21	25	840	1,050	1,260
26	30	840	1,050	1,260
31	35	882	1,103	1,323
36	40	991	1,239	1,487
41	45	1,163	1,454	1,745
46	50	1,386	1,733	2,079
51	55	1,718	2,148	2,577
56	60	1,997	2,496	2,996
61	65	2,856	3,570	4,284
66	70	4,080	5,100	6,120
71	75	6,128	7,660	9,192
76	80	9,199	11,499	13,799
81	85	11,788	14,735	17,682
86	90	14,592	18,240	21,888
91	95	18,017	22,521	27,026
96	99	21,775	27,219	32,663

* On Date Of Insurance Charge Deduction

Notes:

- 1) Insurance Charge For Policy Month
= Insurance Charge Rate Per Annum / 12
- 2) Life Assured's occupation classification under this Policy is 1

SCHEDULE OF BENEFITS

POLICY NO: 123456789-0

CAR REGISTRATION NO: VAA1234

POLICYOWNER: MR GREAT EASTERN

CURRENCY: RINGGIT MALAYSIA

APPLICABLE BENEFITS PLAN OR AMOUNT: SMM-200-D (SEE BELOW)

DEDUCTIBLE: RM300 (APPLICABLE FOR INSURED BENEFITS (1) TO (14))

Item	Insured Benefits	Maximum Benefits
(1)	Hospital Room and Board (subject to a maximum of 180 days in any Policy Year for Insured Benefits (1) and (2) in aggregate)	RM 200 per day, subject to Overall Annual Limit.
(2)	Intensive Care Unit (subject to a maximum of 180 days in any Policy Year for Insured Benefits (1) and (2) in aggregate)	As charged, subject to Overall Annual Limit.
(3)	Increase to the Hospital Room and Board (Increase of RM20 to the daily limit of the Hospital Room and Board, every 3 years starting from the end of the third (3 rd) Policy Year)	Up to a cumulative total of RM200, subject to Overall Annual Limit.
(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)	Hospital Supplies & Services Surgical Fees Operating Theatre Anaesthetist Fees In Hospital Physician Visit (subject to a maximum of 2 visits per day) Pre-Hospital Diagnostic Tests (within 90 days prior to Hospitalisation) Pre-Hospital Specialist Consultation, Treatment, Prescribed Medicines and Second Medical Opinion (within 90 days prior to Hospitalisation) Post-Hospitalisation Treatment (within 90 days after discharge from Hospital) Organ Transplant Ambulance Fees Day Surgery Outpatient Cancer Treatment (radiotherapy, chemotherapy, targeted therapy, hormonal therapy or immunotherapy including consultation, examination tests and prescribed take home drugs) Outpatient Kidney Dialysis Treatment (including consultation, examination tests and prescribed take home drugs) Outpatient Treatment for Dengue Fever and Zika Virus Emergency Accidental Outpatient Treatment (subject to a maximum of 30 days from the date of Accident)	As charged, subject to Overall Annual Limit.

(19)	Outpatient Imaging (MRI/PET) (subject to a maximum of 30 days from the date of MRI/PET)	Up to RM5,000 per Policy Year, subject to Overall Annual Limit.
(20)	Daily-Cash Allowance at Malaysian Government Hospital (subject to a maximum of 120 days in any Policy Year)	RM50 per day, subject to Overall Annual Limit.
(21)	Intraocular Lens	Up to RM8,000 per lifetime, subject to Overall Annual Limit.
(22)	Overall Annual Limit	RM1,500,000
(23)	Overall Lifetime Limit	No Limit
(24)	Accidental Death Benefit	RM 15,000

SAMPLE

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 249 (SAssist)

1. DEFINITIONS

For the purpose of this Endorsement, the following words or expressions, whenever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any words or expressions not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:-

“Annexure” as referred to in this Endorsement means the Company’s existing IL Health Protector (IL-HP100), IL Health Protector (IL-HP150), IL Health Protector (IL-HP200), IL Health Protector (IL-HP300), IL HealthCare Benefit (IL-HCB), Great MediCare Rider (GMCR), SmartMedic (SM100), SmartMedic (SM150), SmartMedic (SM200), SmartMedic (SM300), SmartMedic (SM400), Great MediCare Rider 2 (GMR2), Smart Premier Health (SPH180), Smart Premier Health (SPH280), Smart Premier Health (SPH380), Smart Premier Health (SPH600), SmartMedic Xtra (SMX150), SmartMedic Xtra (SMX200), SmartMedic Xtra (SMX300), SmartMedic Xtra (SMX400), SmartMedic Million (SMM-150-D), SmartMedic Million (SMM-200-D), SmartMedic Million (SMM-300-D) or SmartMedic Million (SMM-400-D), which is attached to this Policy, as the case may be.

“Pre-Existing Illness” means disabilities that the Life Assured has reasonable knowledge of, prior to Risk Effective Date. A Life Assured may be considered to have reasonable knowledge of a Pre-Existing Illness where the condition is one for which:

- (a) the Life Assured had received or is receiving treatment; or
- (b) medical advice, diagnosis, care or treatment has been recommended; or
- (c) clear and distinct symptoms are or were evident; or
- (d) its existence would have been apparent to a reasonable person in the circumstances.

“Risk Commencement Date” refers to the Risk Commencement Date shown in The Schedule or Schedule A, as the case may be.

“Risk Effective Date” refers to the Risk Commencement Date or date of inclusion of this Annexure if it has been subsequently included in this Policy or date of any reinstatement, whichever is the later.

“Serious Medical Condition” means a condition which in the opinion of Supreme Assist constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Life Assured’s immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the Life Assured’s geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facility.

“Supreme Assist” under this Endorsement means the service provider(s) appointed by the Company to provide the Overseas and Domestic Emergency Medical Assistance Services as described under Clause 2 below.

2. DESCRIPTION OF BENEFITS

The Company has entered into an arrangement with Supreme Assist who upon request by You and/or Life Assured will provide the following Overseas and Domestic Emergency Medical Assistance Services to the Life Assured, subject to the terms and conditions of this Policy, including this Endorsement.

For the purpose of verification of eligibility for the following Overseas and Domestic Emergency Medical Assistance Services, the Company will issue a membership card to the Life Assured. The Life Assured must always identify himself by stating his full name, policy number and expiry date of the membership card.

2.1 Overseas Emergency Medical Assistance

The following services are applicable to the Life Assured who is traveling outside Malaysia for a period not exceeding one hundred and twenty (120) consecutive days on any one trip.

The Life Assured may call Supreme Assist from anywhere in the world to obtain the assistance/services described below:

2.1.1 Travel Assistance

2.1.1.1 Visa Information Services

To provide information concerning visa requirements for foreign countries worldwide.

2.1.1.2 Inoculation Information Services

To provide information concerning inoculation requirements for foreign countries worldwide.

2.1.1.3 Weather Information Services

To provide information concerning weather forecasts and temperatures of foreign countries worldwide.

2.1.1.4 Foreign Exchange Information Services

To provide information concerning exchange rate of major foreign currencies against the Malaysian Ringgit.

2.1.1.5 Interpreter Assistance

To assist the Life Assured by providing interpreting service over the telephone by Supreme Assist Alarm Centre.

2.1.1.6 Legal Referral

To provide the name, address and telephone number and, if available and if requested, hours of opening of lawyers and legal practitioners worldwide.

2.1.1.7 Embassy Referral

To provide the names, telephone numbers and, if possible and requested, hours of opening of nearest appropriate consulates and embassies worldwide.

2.1.1.8 Lost Luggage Assistance

To assist the Life Assured who has lost luggage while traveling outside Malaysia by referring the Life Assured to the appropriate authorities involved.

2.1.1.9 Lost Passport Assistance

To assist the Life Assured who has lost passport while traveling outside Malaysia by referring the Life Assured to the appropriate authorities involved.

2.1.2 International Medical Assistance

2.1.2.1 Emergency Message Transmission

In the event of an emergency or a hospital confinement, Supreme Assist will undertake to keep the Life Assured's immediate family informed.

2.1.2.2 Telephone Medical Advice

Supreme Assist will arrange the provision of medical advice to the Life Assured over the telephone.

- 2.1.2.3 Medical Service Provider Referral**
Supreme Assist will provide the Life Assured with information about physicians, hospitals, clinics, dentists and dental clinics worldwide.
- 2.1.2.4 Arrangement of Appointments with Doctors**
Supreme Assist will assist the Life Assured in arranging for appointments with general practitioners or specialist doctors, if medically necessary.
- 2.1.2.5 Arrangement for Hospital Admission**
If the medical condition of the Life Assured is required hospitalisation, Supreme Assist will assist the Life Assured by arranging for hospital admission.
- 2.1.2.6 Arrangement of Hotel Accommodation**
Supreme Assist will arrange for hotel accommodation for a relative or friend of the Life Assured to visit the Life Assured who has been hospitalised outside Malaysia.
- 2.1.2.7 Arrangement and Payment of Emergency Medical Evacuation**
Supreme Assist will arrange and pay medically necessary expense of air and/or surface transportation, medical care during transportation, communications and all usual ancillary charges incurred in moving the Life Assured when in a Serious Medical Condition as defined in Clause 1 above to the nearest hospital where appropriate medical care is available and not necessarily to Malaysia.
Supreme Assist may decide whether the Life Assured's medical condition is sufficiently serious to warrant emergency medical evacuation. Supreme Assist may also decide the place to which such evacuation will be carried out with all assessed facts and circumstances of which Supreme Assist is aware at the relevant time.
- 2.1.2.8 Arrangement and Payment of Emergency Medical Repatriation**
Supreme Assist will arrange and pay for the expenses necessarily and unavoidably incurred in returning the Life Assured to Malaysia following an emergency medical evacuation for subsequent inpatient treatment in a place outside Malaysia.
Supreme Assist may decide the means or methods by which such repatriation will be carried out with all assessed facts and circumstances of which Supreme Assist is aware at the relevant time.
- 2.1.2.9 Arrangement and Payment of Repatriation of Mortal Remains**
Supreme Assist will arrange and pay for all expenses reasonably and unavoidably incurred for transporting the Life Assured's mortal remains from the place of death only to Malaysia or the cost of local burial at the place of death as approved by Supreme Assist.
- 2.1.2.10 Arrangement and Payment of Compassionate Visit**
Supreme Assist will arrange and pay for one economy class return airfare for a relative or friend of the Life Assured to visit the Life Assured who, when traveling alone, has been hospitalised outside Malaysia for a period in excess of seven (7) days and subject to Supreme Assist's prior approval and only when this is judged necessary by Supreme Assist on medical and compassionate grounds.
- 2.1.2.11 Arrangement and Payment of Return of Minor Child**
Supreme Assist will arrange and pay for one-way economy class airfare for the return of up to three (3) minor children (below age of 18 years) to Malaysia if they are left unattended as a result of the Life Assured's accident, illness or emergency medical evacuation.

2.2 Domestic Emergency Medical Assistance

2.2.1 The following services are applicable to the Life Assured within Malaysia but outside his state of residence in Malaysia:

2.2.1.1 **Emergency Message Transmission**

In the event of an emergency or a hospital confinement, Supreme Assist will undertake to keep the Life Assured's immediate family informed.

2.2.1.2 **Medical Service Provider Referral**

Supreme Assist will provide the Life Assured with information about physicians, hospitals, clinics, dentists and dental clinics nationwide.

2.2.2 The following services are applicable to the Life Assured traveling outside his state of residence in Malaysia for a period not exceeding one hundred and twenty (120) consecutive days for any one trip.

2.2.2.1 **Arrangement and Payment of Emergency Medical Evacuation**

Supreme Assist will arrange and pay medically necessary expense of air and/or surface transportation, medical care during transportation, communications and all usual ancillary charges incurred in moving the Life Assured when in a Serious Medical Condition as defined in Clause 1 above to the nearest hospital in Malaysia where appropriate medical care is available and not necessarily to the Life Assured's state of residence in Malaysia.

Supreme Assist may decide whether the Life Assured's medical condition is sufficiently serious to warrant emergency medical evacuation. Supreme Assist may also decide the place to which such evacuation will be carried out with all assessed facts and circumstances of which Supreme Assist is aware at the relevant time.

2.2.2.2 **Arrangement and Payment of Emergency Medical Repatriation**

Supreme Assist will arrange and pay for the expenses necessarily and unavoidably incurred in returning the Life Assured to his state of residence in Malaysia following an emergency medical evacuation for subsequent inpatient treatment in place outside the Life Assured's state of residence in Malaysia.

Supreme Assist may decide the means or methods by which such repatriation will be carried out with all assessed facts and circumstances of which Supreme Assist is aware at the relevant time.

2.2.2.3 **Arrangement for Hospital Admission**

If the medical condition of the Life Assured requires hospitalisation, Supreme Assist will assist the Life Assured by arranging for hospital admission.

3. CONDITIONS

In addition to other provisions of this Endorsement, the Company will provide benefits as stated in Clause 2 subject also to the following conditions:

- 3.1 The services to be rendered by Supreme Assist to the Life Assured are purely on arrangement basis, with the exception of services described in 2.1.2.7, 2.1.2.8, 2.1.2.9, 2.1.2.10, 2.1.2.11, 2.2.2.1 and 2.2.2.2 of Clause 2 above which are subject to the exclusions stated in Clause 4 below.
- 3.2 The Company and Supreme Assist will not be responsible for any third party expenses which will be Your responsibility and/or the responsibility of the Life Assured.
- 3.3 Supreme Assist will use its best effort to provide the Overseas and Domestic Emergency Medical Assistance Services to the Life Assured in a timely and accurate manner and will exercise care and diligence in providing the services. However, Supreme Assist does not guarantee the quality of the services rendered and the final decision on use of such services will be Your responsibility and/or the responsibility of the Life Assured. Supreme Assist will not be responsible for any consequential loss to You and/or the Life Assured resulting from the use of such services by the Life Assured or delay in communicating or providing such services.

3.4 The total amount of costs and/or expenses incurred which are to be borne by Supreme Assist in providing the services described in 2.1.2.7, 2.1.2.8, 2.1.2.9, 2.1.2.10, 2.1.2.11, 2.2.2.1 and 2.2.2.2 of Clause 2 above under this Policy and all policies on the same Life Assured shall be limited to RM500,000.

Under all circumstances, the Company and Supreme Assist will not be responsible for any damage, loss or injury to You and/or the Life Assured resulting from the usage of the Overseas and Domestic Emergency Medical Assistance Services as decided by the Life Assured.

4. EXCLUSIONS

The following treatments, events or conditions are specifically excluded:

- 4.1 Pre-Existing Illness as defined in Clause 1 above, unless such Pre-Existing Illness had been declared and stated in the Proposal Form and specifically accepted by the Company and duly endorsed;
- 4.2 Emergency Medical Evacuation or Repatriation or costs not approved in advance and in writing by Supreme Assist and/or not arranged by Supreme Assist. This exclusion will not apply to emergency medical evacuation from remote or primitive areas which Supreme Assist cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the Life Assured's prospects;
- 4.3 Any event occurring when the Life Assured is within the territory of Malaysia, his usual country of residence or home country (for Overseas Emergency Medical Assistance Services) or within his state of residence in Malaysia (for Domestic Emergency Medical Assistance Services);
- 4.4 Any expense if the Life Assured is traveling outside Malaysia or his usual country of residence (for Overseas Emergency Medical Assistance Services) or outside his state of residence in Malaysia (for Domestic Emergency Medical Assistance Services), which differs from the advice of a medical practitioner or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness;
- 4.5 Any expense if the Life Assured is not suffering from a Serious Medical Condition or if the treatment can be reasonably delayed until the Life Assured returns to Malaysia or his usual country of residence (for Overseas Emergency Medical Assistance Services) or his state of residence in Malaysia (for Domestic Emergency Medical Assistance Services);
- 4.6 Any treatment or expense related to childbirth, pregnancy (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children) and in any event childbirth, miscarriage (spontaneous abortion) or pregnancy after the sixth (6th) month;
- 4.7 Any expense related to sickness or injury arising from racing of any kind (except foot racing);
- 4.8 Any expense incurred for emotional, mental illness and psychiatric disorder as opposed to physical and strictly medical reason;
- 4.9 Self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, acquired immune deficiency syndrome (AIDS) or any AIDS related conditions or diseases;
- 4.10 Any treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment;
- 4.11 The cost of burial in the Life Assured's home country;
- 4.12 Any expense resulting from participation in war, riot or civil commotion or any illegal act resulting in imprisonment or while serving in a police or military unit;
- 4.13 The cost of transporting the Life Assured by means of the Life Assured's owned or leased watercraft unless agreed in writing by Supreme Assist prior to the Risk Effective Date.

5. ALTERATIONS

The Company may amend the terms and conditions of this Endorsement by giving thirty (30) days advance notice in writing by ordinary post to You at Your last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Endorsement will be valid unless authorized by the Company and such approval is endorsed thereon.

6. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 6.1 on the Policy Anniversary on which the Life Assured attains the age of sixty-five (65) years next birthday; or
- 6.2 upon the termination of this Policy; or
- 6.3 upon the date of expiry of the Annexure; or
- 6.4 upon death of the Life Assured; or
- 6.5 when this Policy is surrendered; or
- 6.6 when this Policy lapse, becomes void or is terminated in any other manner; or
- 6.7 when the Annexure is terminated.

****END OF PAGE****

SAMPLE

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 259 (CAP)

1. DEFINITIONS

For the purpose of this Endorsement, the following words or expressions, whenever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any words or expressions not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:-

“Accident” means any sudden, unexpected and unintentional violent event that may cause damages to the Named Vehicle.

“Annexure” as referred to in this Endorsement means the Company’s existing IL Health Protector (IL-HP100), IL Health Protector (IL-HP150), IL Health Protector (IL-HP200), IL Health Protector (IL-HP300), SmartMedic (SM100), SmartMedic (SM150), SmartMedic (SM200), SmartMedic (SM300), SmartMedic (SM400), Smart Premier Health (SPH180), Smart Premier Health (SPH280), Smart Premier Health (SPH380), Smart Premier Health (SPH600), SmartMedic Xtra (SMX150), SmartMedic Xtra (SMX200), SmartMedic Xtra (SMX300), SmartMedic Xtra (SMX400), SmartMedic Xtra 99 (SMX150-99), SmartMedic Xtra 99 (SMX200-99), SmartMedic Xtra 99 (SMX300-99), SmartMedic Xtra 99 (SMX400-99), SmartMedic 99 (SM100-99), SmartMedic 99 (SM150-99), SmartMedic 99 (SM200-99), SmartMedic 99 (SM300-99), SmartMedic 99 (SM400-99), SmartMedic Million (SMM-150-D), SmartMedic Million (SMM-200-D), SmartMedic Million (SMM-300-D) or SmartMedic Million (SMM-400-D), which is attached to this Policy, as the case may be.

“Car Assist” means the service provider(s) appointed by the Company to provide the Car Assistance Programme as described in Clause 2 below.

“Company” means Great Eastern Life Assurance (Malaysia) Berhad, its assignees and its successors.

“Driver” means persons driving the Named Vehicle.

“Minor Roadside Repair” refers to minor repairs that is deemed possible to be repaired on the spot such as change of tyres, minor wiring work, change of battery or any other repairs possible during the breakdown. Services are also subject to the availability of parts and components at the time of the breakdown.

“Named Vehicle” means Private Malaysian registered passenger car as specified in the Schedule of Benefits or other document for alteration of vehicle registered under this programme accepted by the Company.

“Passenger” means persons traveling in the Named Vehicle.

“Policy” means the basic policy to which this Endorsement is attached.

2. SCOPE OF SERVICES

This Car Assistance Programme (“CAP”) is separate from and independent of the scope of cover as provided under this Policy and/or the Annexure (if applicable) and is subject to the provisions in this Endorsement. The Company may revise, change and cancel any of the provisions of CAP at any time without prior notice.

The services under the CAP are provided in accordance with and subject to the agreement signed between Car Assist and the Company. Only Named Vehicle is entitled to the services provided. This CAP provides the Named Vehicle the following services twenty-four (24) hours a day throughout the year subject to the conditions precedent that this Policy and/or the Annexure (if applicable) is in force and the agreement for CAP is still valid and in force.

2.1 Road Assistance Services

2.1.1 24 hours Emergency Towing and Minor Roadside Repair

If the Named Vehicle is immobilised due to Accident or breakdown, the Driver and/or Passenger may contact Car Assist's 24 hours Alarm Centre for immediate assistance. If it is possible to repair the Named Vehicle on the spot, a mechanic will be dispatched for such roadside repair services. If it is not possible to repair the car on site, the Named Vehicle will be towed to a workshop for repair.

2.1.2 Car Replacement Assistance

If the Driver and/or Passenger of the Named Vehicle require a car replacement in the event of a breakdown or Accident involving the Named Vehicle, Car Assist will refer and assist the Driver and/or Passenger to arrange for car rental. Cost of car rental will be borne by the Driver and/or Passenger.

2.1.3 Arrangement for Hotel Accommodation

In the event of a breakdown or Accident involving the Named Vehicle and the Driver and/or Passenger need hotel accommodation, Car Assist will assist the Driver and/or Passenger to organise for hotel reservation. Cost incurred for such hotel accommodation will be borne by the Driver and/or Passenger.

2.1.4 Referral to Service Centre

The Driver of the Named Vehicle may contact Car Assist to arrange for referral to the nearest repair and service centre for car servicing or repair. Car Assist will also arrange for prior appointment for the Driver. All costs incurred will be borne by the Driver.

2.2 Maximum Repair / Towing Limit

Car Assist will organise and pay for the towing and/or labour cost for roadside repair up to maximum of RM300.00 per event. Car Assist will not be responsible for any cost incurred for any spare parts required during Minor Roadside Repair.

2.3 Territorial Limits

Services will be available within Peninsular Malaysia excluding all islands except for Penang, Langkawi and Labuan. Whilst in East Malaysia, services will be available in Kota Kinabalu, Sandakan, Tawau, Sibul, Bintulu, Miri and Kuching.

3. EXCLUSIONS

The following conditions are excluded from this programme:

- 3.1 Vehicle not prior registered under this programme;
- 3.2 Vehicle used for commercial reasons including trucks, taxis, buses and vehicles registered under Hire and Drive;
- 3.3 Any person who drives the Named Vehicle without a valid driving license or not authorised to drive or disqualified by law from driving;
- 3.4 Services not organised directly by Car Assist;
- 3.5 Any expenses incurred without prior approval and written authorisation by Car Assist;
- 3.6 Any cost of service covered under the Named Vehicle's insurance policy;
- 3.7 Any costs of repair or replacement of parts and components in the workshop or service centre;
- 3.8 Named Vehicle has been modified for participation in rally and racing, or if the Named Vehicle has been modified against government regulations;
- 3.9 Services outside the Territorial Limits stated;
- 3.10 Named Vehicle is carrying more than the permitted number of passengers or weight as permitted in the manufacturer's specification of the vehicle;

- 3.11 Loss or damage in consequences of declared or undeclared war, invasion, act of foreign enemy, hostilities or war-like operations, civil war, rebellion, revolution, insurrection or military usurped power, nuclear weapons material, ionising radiation or contaminated by radioactivity from any nuclear fuel or nuclear waste and act of god or act of nature;
- 3.12 Failure of the Driver and/or Passenger of the Named Vehicle to take reasonable precautions or to follow warnings of any intended strike, riot or civil commotion via the mass media;
- 3.13 Any illegal or unlawful act by the Driver and/or Passenger or the use of the Named Vehicle for any unlawful or illegal purposes.

4. CANCELLATION

This Endorsement is cancelled on the date of termination of this Policy and/or the Annexure (if applicable).

****END OF PAGE****

SAMPLE

Great Eastern

SMARTMEDIC MILLION (SMM-200-D)

ANNEXURE U192

This SmartMedic Million (“this Annexure”) does not give any right to share in the surplus of the Company’s life insurance fund and does not have any surrender value.

1. DEFINITIONS

For the purpose of this Annexure, the following words or expressions, wherever mentioned in this Annexure, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Annexure shall have the same meaning as ascribed to it in this Policy:-

“**Accident**” means 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.

“**Any One Disability**” means all of the periods of disability arising from the same cause including any and all complications there from except that if the Life Assured completely recovers and remains free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

“**Attained Age Next Birthday**” means the age next birthday of the Life Assured on preceding (or coincident) Policy Anniversary.

“**Clinic**” means an establishment duly constituted and registered as a clinic, which is operated for the treatment of injured or ill patients and provides facilities for diagnosis, minor surgery and dispensing facilities. Such establishment must be operated by a Physician who is legally registered with Malaysian Medical Council.

“**Congenital Conditions**” means any medical or physical abnormalities existed at the time of birth, or neonatal physical abnormalities developing within six (6) months from the time of birth. This will include all types of hernias and epilepsy except when caused by trauma.

“**Day Surgery**” refers to a medical process involving a patient who needs the use of a recovery facility for a surgical procedure on a pre-plan basis at the Hospital or specialist Clinic (but not for overnight stay) for less than eight (8) hours.

“**Deductible**” refers to the amount payable by You for Any One Disability in respect of the applicable Insured Benefits, which is stated in the Schedule of Benefits.

“**Dentist**” mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a physician or surgeon or dentist who is the Life Assured himself.

“**Disability**” means a Sickness, Disease, Illness or the entire Injury arising out of a single or continuous series of causes.

“**Doctor**” or “**Physician**” or “**Surgeon**” means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering his service, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Life Assured himself.

“**Eligible Expenses**” means Reasonable and Customary Charges incurred due to a covered Disability but not exceeding the limits stated in the Schedule of Benefits.

“**Expiry Date**” means the expiry date for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Annexure has ceased accordingly.

“**Hospital**” means 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:-

- (a) has facilities for diagnosis and major surgery,
- (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses,
- (c) is under the supervision of a Physician, and
- (d) 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.

“Hospitalisation” means admission to a Hospital as a registered Inpatient for a continuous period of at least eight (8) consecutive hours on Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an Inpatient if the patient does not physically stay in the hospital for the whole period of confinement.

“Illness” or **“Sickness”** or **“Disease”** means a physical condition marked by a pathological deviation from the normal healthy state.

“Injury” means bodily injury caused solely by Accident.

“Inpatient” means a Life Assured who has been assigned to a hospital bed during Hospitalisation, which is not in the Outpatient department of a Hospital.

“Intensive Care Unit” means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

“Life Assured” means the person whose life is covered under this Policy as named in Schedule A of this Policy.

“Malaysian Government Hospital” means a hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and / or its subsequent amendments, if any.

“Medically Necessary” means a medical service which is:-

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

“MMA Guidelines” means the latest available schedule of fees or charges for various descriptions of medical services and/or treatment which is provided by the Malaysian Medical Association (MMA) for the guidance of the medical profession in Malaysia.

“Outpatient” means a Life Assured who is receiving medical care or treatment (including Day Surgery and treatment in a Daycare centre) without being hospitalised in a Hospital.

“Policy” means the basic policy to which this Annexure is attached.

“Policy Anniversary” means the anniversary of the Risk Commencement Date.

“Policy Year” refers to:

- (a) the one-year period which starts on the Risk Effective Date of this Annexure; or
- (b) the one-year period which starts on the date the Renewal or Renewed Rider takes effect.

“Pre-existing Illness” means disabilities that the Life Assured has reasonable knowledge of, prior to Risk Effective Date. A Life Assured may be considered to have reasonable knowledge of a Pre-existing Illness where the condition is one for which:

- (a) the Life Assured had received or is receiving treatment; or
- (b) medical advice, diagnosis, care or treatment has been recommended; or
- (c) clear and distinct symptoms are or were evident; or
- (d) its existence would have been apparent to a reasonable person in the circumstances.

“Prescribed Medicines” means medicines that are dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

“Reasonable and Customary Charges” means Medically Necessary charges for medical care which is considered reasonable and usual to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Illness, Sickness, Disease or Injury and in accordance with accepted medical standards and practice which could not have been omitted without adversely affecting the Life Assured’s medical condition.

“Renewal or Renewed Rider” means this Annexure which has been renewed without any lapse of time upon expiry of a preceding Annexure with the same content.

“Risk Commencement Date” refers to the Risk Commencement Date shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Policy has become effective.

“Risk Effective Date” refers to the Risk Commencement Date or date of inclusion of this Annexure if it has been subsequently included to this Policy or date of any reinstatement, whichever is the later, on which the coverage of the Life Assured under this Annexure has become effective.

“Specialist” means a registered medical or dental practitioner qualified and licensed 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, dentist or surgeon who is the Life Assured himself.

“Specified Illnesses” means the following disabilities and its related complications, occurring within the first 120 days from the Risk Effective Date. However, if there is a break in coverage prior to the expiry of the said 120 days, a fresh period of 120 days shall apply again from the date of reinstatement:

- (a) Hypertension, diabetes mellitus and Cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps;
- (c) Stones of the urinary system and biliary system;
- (d) All ear, nose (including sinuses) and throat conditions;
- (e) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (f) Diseases of the Reproduction system including endometriosis;
- (g) Vertebro-spinal disorders (including disc) and knee conditions.

“Surgery” means any of the following medical procedures:

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

“Waiting Period” means the first thirty (30) days between the beginning of a Life Assured’s Disability and the Risk Effective Date. This shall not be applicable after the first year of cover. However, if there is a break in coverage in any Policy Year, the Waiting Period shall apply again.

2. INSURANCE CHARGE

- 2.1 The Company will deduct a monthly Insurance Charge beginning from the Risk Effective Date up to and including the due date immediately prior to the Expiry Date, from the Total Investment Value by canceling Units valued at their respective Net Asset Value or Bid Price, as the case may be, on the Next Valuation Date following each due date of the Insurance Charge.
- 2.2 If the Life Assured is an unborn child at the Commencement Date, the deduction of Insurance Charge will begin on the Risk Commencement Date, and thereafter will be made on the corresponding date for each subsequent month. Regardless of any subsequent endorsement issued by the Company, the due date of the Insurance Charge shall be based on the original Risk Commencement Date.
- 2.3 The Insurance Charge will be calculated at the Company’s rates based on the Attained Age Next Birthday on each due date of Insurance Charge.
- 2.4 The standard Insurance Charge rates per annum for the Life Assured’s gender are given in Schedule 66 of this Policy. The Company may vary the Insurance Charge rates to any age group at each Policy Anniversary by giving at least three (3) months advance written notice to You in accordance with the ‘Notices and Correspondence’ clause of the Privileges and Conditions. Any revision of the Insurance Charge rates shall take effect on Policy Anniversary immediately following the expiry of the three (3) months advance written notice.
- 2.5 The Company reserves the right to impose any additional Insurance Charge on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice. The quantum of the additional Insurance Charge to be imposed shall not be higher than 50% of the standard Insurance Charge rates.

3. BENEFITS

While this Annexure is in force and subject to its terms and conditions, upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to the Company that the Life Assured is confined to a Hospital for Medically Necessary services and/or treatments due to Illness or Injury or is receiving Medically Necessary services and/or treatments in relation to any Insured Benefits as described in Clause 5.3 below, the Company shall, after applying the appropriate limit for each Insured Benefit, the Overall Annual Limit and any Coordination of Benefits as specified in Clause 6.9 below, pay

the balance of the Eligible Expenses in excess of the Deductible, if any, as provided under this Annexure for:

- (a) Illness which existed or diagnosed after the Waiting Period; or
- (b) Injury which occurred on or after the Risk Effective Date.

For the avoidance of doubt, no benefits shall be payable for:

- 3.1 any condition which existed or diagnosed:
 - 3.1.1 during the Waiting Period; or
 - 3.1.2 after the expiry of the Waiting Period but which is related to a condition which existed or diagnosed during the Waiting Period; or
- 3.2 any sign or symptom existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting diagnosis may occur before or after the expiry of the Waiting Period.

In addition, a claim as described in Clauses 3.1 or 3.2 above will not be admissible only because notification of the said claim was given to the Company after the expiry of the Waiting Period.

4. DEDUCTIBLE

Eligible Expenses incurred for the applicable Insured Benefits are subject to the Deductible per Any One Disability whereby You will be responsible for paying the Deductible amount as stated in the Schedule of Benefits. The Company will reimburse the balance of the Eligible Expenses in excess of the Deductible, subject to Clause 6.9 and the Overall Annual Limit in Clause 5.1 below.

5. DESCRIPTION OF BENEFITS

5.1 Overall Annual Limit

While this Annexure is in force and subject to its terms and conditions, benefits payable in respect of Eligible Expenses in excess of any Deductible incurred for Medically Necessary services and/or treatments provided to the Life Assured during any Policy Year shall be limited to the Overall Annual Limit irrespective of the type/types of Disability. If the Overall Annual Limit for a particular Policy Year have been fully exhausted, all coverage on the Life Assured shall immediately cease to be payable for that remaining Policy Year.

5.2 Overall Lifetime Limit

While this Annexure is in force and subject to its terms and conditions, except where expressly provided, no overall lifetime limit is applicable for benefits payable in respect of Eligible Expenses in excess of any Deductible incurred for Medically Necessary services and/or treatments provided to the Life Assured from the Risk Effective Date and during the lifetime of the Life Assured irrespective of the type/types of Disability.

5.3 Insured Benefits

Reimbursement of the Eligible Expenses in excess of any Deductible incurred for Insured Benefits is subject to the following conditions:

- (a) the charges must be Reasonable and Customary Charges which are consistent with those usually charged to a ward or room and board, and the daily rate is approximated to and within the daily limit of the amount stated in item (1) of the Schedule of Benefits; and
- (b) such charges are also consistent with and at the same level as those recommended in the MMA Guidelines.

The Insured Benefits are:

5.3.1 Hospital Room and Board

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount payable for this benefit shall be equal to the actual charges made by the Hospital during Hospitalisation of the Life Assured, subject to the daily rate of Hospital Room and Board, the maximum number of days and the limits stated in the Schedule of Benefits. A Life Assured will only be entitled to this benefit while confined to a Hospital as an Inpatient.

5.3.2 Intensive Care Unit

Reimbursement of the Reasonable and Customary Charges for Medically Necessary actual room and board incurred during confinement of a Life Assured as an Inpatient in the Intensive Care Unit of a Hospital. The amount payable for this benefit shall be equal to the actual charges made by the Hospital, subject to the maximum number of days and the limits stated in the Schedule of Benefits. No Hospital Room and Board benefit and Intensive Care Unit benefit shall be paid concomitantly.

For the avoidance of doubt, if Intensive Care Unit benefit is payable for a confinement period, no Hospital Room and Board benefit shall be payable for the same confinement period.

5.3.3 Increase to the Hospital Room and Board

The daily limit of the Hospital Room and Board will be increased by RM20 at the end of the third (3rd) Policy Year calculating from the Risk Effective Date, and thereafter, at the end of every three (3) Policy Years; up to a cumulative total of RM200. In all cases, every increase to the Hospital Room and Board will be accumulated and aggregated to the daily limit of Hospital Room and Board. This benefit shall be subject to the maximum number of days stated in the Schedule of Benefits.

5.3.4 Hospital Supplies & Services

Reimbursement of the Reasonable and Customary Charges actually incurred for:

- general nursing;
- Prescribed and consumed drugs and medicines;
- dressings, splints and plaster casts;
- x-ray;
- laboratory examinations;
- electrocardiograms;
- physiotherapy;
- basal metabolism tests;
- intravenous injections and solutions; or
- administration of blood and blood plasma but excluding the cost of blood and plasma while the Life Assured is confined as an Inpatient in a Hospital, which is Medically Necessary, subject to the limits stated in the Schedule of Benefits.

5.3.5 Surgical Fees

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary surgery by the Specialists, including Clause 5.3.10 - Pre-Hospital Specialist Consultation, Treatment, Prescribed Medicines and Second Medical Opinion and Clause 5.3.11 - Post-hospitalisation Treatment, subject to the limits stated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the limits stated in the Schedule of Benefits.

5.3.6 Operating Theatre

Reimbursement of the Reasonable and Customary Charges incurred for operating room incidental to Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits.

5.3.7 Anaesthetist Fees

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary administration of anaesthesia by the anaesthetist, subject to the limits stated in the Schedule of Benefits.

5.3.8 In Hospital Physician Visit

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Physician's visit to an Inpatient who is confined for Disability, subject to a maximum of two (2) visits per day and the limits stated in the Schedule of Benefits.

5.3.9 Pre-Hospital Diagnostic Tests

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days preceding Hospitalisation, for Medically Necessary ECG, x-ray and laboratory tests which are recommended by a qualified medical practitioner and performed for diagnostic purposes on account of an Injury or Illness and in connection with a Disability, subject to the limits stated in the Schedule of Benefits. No payment shall be made if the Life Assured does not result in Hospitalisation for the treatment of the medical condition diagnosed upon such diagnostic services. In addition, medications and consultation charged by the medical practitioner shall not be payable.

5.3.10 Pre-Hospital Specialist Consultation, Treatment, Prescribed Medicines and Second Medical Opinion

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days preceding Hospitalisation, for Medically Necessary consultation, treatment and Prescribed Medicines by a Specialist, and second medical opinion by another Specialist (excluding treatment and Prescribed Medicines), subject to the limits stated in the Schedule of Benefits.

This benefit shall only be payable for condition or Disability that result in Hospitalisation.

5.3.11 Post-hospitalisation Treatment

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital for a Disability, for Medically Necessary follow-up treatment by the same attending Physician, subject to the limits stated in the Schedule of Benefits. This shall include Prescribed Medicines during the follow-up treatment but shall not exceed the supply needed for the maximum of ninety (90) days from the date of discharge.

5.3.12 Organ Transplant

Reimbursement of the Reasonable and Customary Charges incurred on transplantation surgery for the Life Assured being the recipient of the transplant of a kidney, heart, lung, liver or bone marrow. This benefit is applicable only once per lifetime while this Annexure is in force and shall be subject to the limits stated in the Schedule of Benefits.

The costs of acquisition of the organ and all costs incurred by the donors are not covered under this Annexure.

5.3.13 Ambulance Fees

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital, subject to the limits stated in the Schedule of Benefits. No payment shall be made if the Life Assured is not hospitalised.

5.3.14 Day Surgery

Reimbursement of the Reasonable and Customary Charges incurred for a Medically Necessary Day Surgery subject to the limits stated in the Schedule of Benefits. This shall include the following surgical procedures which are commonly performed safely as Day Surgery:

- Adenoidectomy;
- Bone Marrow Aspiration and Biopsy;
- Cataract removal;
- Colonoscopy;
- Cystourethroscopy;
- Endolaser Venous Surgery;
- Endoscopic Retrograde Cholangiopancreatography;
- Excision of Bunions;
- Excision of Ganglion, Fibroma(s) and Breast Lump(s);
- Excision of Pterygium;
- Extra corporeal Shock Wave Lithotripsy;
- Herniotomy / Hernioraphy;
- Insertion or Removal of Ureteric J-Stent;
- Laparoscopic Endometrial Ablation;
- Laparoscopy;

- Laryngoscopy;
- Laser Photocoagulation treatment for Retinal Detachment;
- Marsupialisation and drainage of Bartholin's Cysts;
- Myringotomy or Myringoplasty;
- Reduction of Bone Fracture(s);
- Release of Carpal Tunnel (Carpal Tunnel Decompression);
- Release of Dupuytren's contracture;
- Removal of Cervical Polyps;
- Removal of Nasal Polyps;
- Removal of Plate and Screw/implants;
- Rubber Banding of Haemorrhoids.

The Company may extend the above list of surgical procedures which are commonly performed safely as Day Surgery, from time to time, at its sole discretion. If any such surgical procedure is performed while the Life Assured is an Inpatient, only the equivalent benefit of Day Surgery shall be paid, unless the Company's appointed medical practitioner has given prior approval.

5.3.15 Outpatient Cancer Treatment

If a Life Assured is diagnosed with Cancer as defined below, the Company shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary cancer treatment performed at a legally registered cancer treatment center, subject to the limits stated in the Schedule of Benefits.

Such treatments (radiotherapy, chemotherapy, targeted therapy, hormonal therapy or immunotherapy including consultation, examination tests and prescribed take home drugs) must be received at the Outpatient department of a Hospital or a registered cancer treatment centre immediately following discharge from a Hospital. Such treatments must be licensed and approved by the Minister of Health in Malaysia, and its prescription and administration is regulated by the relevant medical authority in Malaysia.

Cancer is defined as the uncontrollable growth and spread 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.

In addition to the exclusion of Pre-existing Illness, this benefit shall not be payable for any Life Assured who had been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the Risk Effective Date.

5.3.16 Outpatient Kidney Dialysis Treatment

If a Life Assured is diagnosed with Kidney Failure as defined below, the Company shall reimburse the Reasonable and Customary Charges incurred for the Medically Necessary kidney dialysis treatment performed at a legally registered dialysis center, subject to the limits stated in the Schedule of Benefits.

Such treatment (dialysis including consultation, examination tests and prescribed take home drugs) must be received at the Outpatient department of a Hospital or a registered dialysis treatment center immediately following discharge from Hospital.

Kidney Failure means end stage renal failure presenting as chronic and irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

In addition to the exclusion of Pre-existing Illness, this benefit shall not be payable for any Life Assured who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Risk Effective Date.

5.3.17 Outpatient Treatment for Dengue Fever and Zika Virus

In the event that the Life Assured is diagnosed with Dengue Fever or Zika Virus as defined below, the Company shall reimburse the Reasonable and Customary Charges for the Medically Necessary treatment incurred for Dengue Fever or Zika Virus that is performed at the Outpatient department of a Hospital or the registered Clinic. The maximum amount the Company will reimburse for this benefit is subject to the limit as stated in the Schedule of Benefits.

Dengue Fever is defined as the clinical diagnosis of Dengue virus infection, which must be established and confirmed by a confirmatory serologic testing (RT-PCR) or the positive isolation of Dengue virus and certified by the attending Doctor or Specialist.

Zika Virus is defined as the clinical diagnosis of Zika virus infection, which must be established and confirmed by a confirmatory serologic testing (RT-PCR) or the positive isolation of Zika virus and certified by the attending Doctor or Specialist.

No any other expense for Dengue Fever and Zika Virus shall be payable by the Company, except for doctor consultation, diagnostic tests, treating medication or fluids and monitoring that are accompanied by a definite diagnosis of the condition with the supporting evidence of the causative virus, bacteria or parasites.

5.3.18 Outpatient Imaging (MRI/PET)

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Magnetic Resonance Imaging (“MRI”) and/or Positron Emission Tomography (“PET”) performed on account of an Injury or Illness, subject to the limits stated in the Schedule of Benefits.

Such diagnostic imaging (Magnetic Resonance Imaging (“MRI”) and/or Positron Emission Tomography (“PET”) including consultation, treatment and prescribed medicines by a Specialist) must be received at the Outpatient department of a Hospital or a registered medical centre. Follow-up treatment by the same Specialist of a Hospital or a registered medical centre shall be provided up to a maximum of thirty (30) days from date of MRI/PET was performed. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as stated in the Schedule of Benefits.

5.3.19 Emergency Accidental Outpatient Treatment

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment as an Outpatient at any registered Clinic or Hospital as a result of a covered bodily injury arising from an Accident, within 24 hours of such Accident and subject to the limits stated in the Schedule of Benefits. Follow-up treatment by the same Doctor or same registered Clinic or Hospital for the same covered bodily Injury shall be provided up to a maximum of thirty (30) days from date of Accident, subject to the limits stated in the Schedule of Benefits.

5.3.20 Daily-Cash Allowance at Malaysian Government Hospital

Pays a daily allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Life Assured shall confine to a Hospital Room and Board rate that does not exceed the aggregate amount of Hospital Room and Board and any cumulative Increase to the Hospital Room and Board, subject to the maximum number of days and the limits stated in the Schedule of Benefits.

5.3.21 Intraocular Lens

Reimbursement of Reasonable and Customary Charges incurred for Medically Necessary Intraocular Lenses for cataract surgery, up to Ringgit Malaysia EIGHT THOUSAND (RM8,000) per lifetime. This benefit is further subject to the limits stated in the Schedule of Benefits.

5.3.22 Accidental Death Benefit

In the event of death of the Life Assured resulting directly and solely from an Accident, the Company shall pay an amount equal to Ringgit Malaysia FIFTEEN THOUSAND (RM15,000) in one lump sum.

Provided that:

- 5.3.22.1 the Accident occurs on or after the Risk Effective Date and before the Policy Anniversary on which the Life Assured's age is seventy (70) years next birthday; and
- 5.3.22.2 the death of the Life Assured occurs within ninety (90) days of sustaining the Injury; and
- 5.3.22.3 written notice of such Accident with full particulars must be provided to the Company immediately upon death of the Life Assured.

6. CONDITIONS

This Annexure is valid only if this Policy is valid, and this Annexure is subject to the terms and conditions of the basic Policy unless stated otherwise in this Annexure.

6.1 Assignee

An Assignee under this Policy shall not be entitled to any benefit under this Annexure other than a pre-fixed amount payable as stated in Clause 5.3.22 above.

6.2 Change in Risk

The Life Assured shall give immediate notice in writing to the Company of any material change in his occupation, business, duties or pursuits; and pay any additional Insurance Charge that may be required by the Company. However, if such change in risk has, in the sole opinion of the Company, rendered the Life Assured no longer insurable by the Company, the Company shall be entitled to terminate this Annexure in accordance with Clause 8.2 below.

6.3 Geographical Territory

All benefits provided in this Annexure are applicable worldwide for twenty-four (24) hours a day.

6.4 Overseas Treatment

If the Life Assured elects to be treated outside Malaysia or is referred to be treated outside Malaysia by the attending Physician or was hospitalised for a medical emergency outside of Malaysia, benefits in respect of the treatment shall be limited to the Reasonable and Customary Charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment. This is however subject to Clause 6.9 below, if applicable.

6.5 Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Life Assured outside Malaysia apart from Singapore and Brunei, if the Life Assured resides or travels outside Malaysia apart from Singapore and Brunei for more than ninety (90) consecutive days.

6.6 Currency of Payment

All payments under this Annexure shall be made in the legal currency of Malaysia. Should any payment be requested by the Life Assured to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement. In the event of hospitalisation outside Malaysia, bills rendered in a currency other than Ringgit Malaysia shall first be converted to Ringgit Malaysia based on a quoted exchange rate in effect on the date the Life Assured is discharged from Hospital. The quoted exchange rate shall be obtained from a financial institution as determined by the Company and shall be final and binding on the Life Assured or claimant.

6.7 Continuation of Hospitalisation into the following Policy Year

Where a period of Hospitalisation, Outpatient treatment, pre-hospitalisation or post-hospitalisation continues to the following Policy Year, the Eligible Expenses in excess of any Deductible incurred shall be apportioned accordingly based on the actual itemised expenses incurred for a Policy Year or based on the actual days of Hospitalisation, Outpatient treatment, pre-hospitalisation or post-hospitalisation occurred in that Policy Year, as the case may be.

6.8 Certification, Information and Evidence

All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Life Assured, and in such a form that the Company may require. In any event all notices which the Company shall require You to give must be in writing and addressed to the Company. A Life Assured shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

6.9 Coordination of Benefits

The Company will not provide any compensation other than on a proportionate basis if the Life Assured has any other hospitalization coverage on reimbursement basis with the Company or others, or is receiving compensation from other sources in respect of the Injury or Illness or Disease for which he is making a claim under this Annexure. The claims payout in aggregate shall be limited to the Reasonable and Customary Charges, for the disability in which the claim is made.

6.10 Claim Procedures

Prior to payment of any benefit payable under this Annexure, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.

6.10.1 The Life Assured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including Prescribed Medicines and services rendered.

Failure to furnish such notice within the time allowed shall not invalidate any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

6.10.2 The Life Assured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Life Assured to do so.

6.10.3 All claims must be submitted to the Company within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Expenses in excess of any Deductibles are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

6.11 Condition Precedent to Liability

The due observance and the fulfilment of the terms and conditions of this Annexure by the Life Assured and in so far as they relate to anything to be done or complied with by the Life Assured shall be conditions precedent to any liability of the Company.

6.12 Renewability Privilege

This Annexure is renewable at Your option on each Policy Anniversary provided that at the time of renewal, this Annexure has not been terminated in accordance with the provisions under Clause 8 below.

6.13 Reinstatement

You may request to reinstate this Annexure within twelve (12) months from the date of lapse, subject to the terms and conditions of this Policy.

6.14 Alterations

The Company reserves the right to amend the terms and conditions of this Annexure by giving thirty (30) days advance written notice in accordance with 'Notices and Correspondence' clause of the Privileges and Conditions, and such amendment shall be applicable from the next Policy Anniversary immediately following the expiry of the thirty (30) days advance written notice.

No alteration to this Annexure shall be valid unless authorized by the Company and such approval is endorsed thereon.

6.15 Legal Proceeding

No action at law or in equity shall be brought to recover on this Annexure prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Annexure. If the Life Assured shall fail to supply the requisite proof of loss as stipulated by the terms and conditions of this Annexure, the Life Assured may, within a grace period of one (1) calendar year from the date that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the terms and conditions of this Annexure. The acceptance of such proof of loss shall be at the sole and discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

6.16 Subrogation

If the Company become liable for any payment under this Annexure, the Company shall be subrogated to the extent of such payment to all the rights and remedies of the Life Assured against any party and shall be entitled at its own expense to sue in the name of the Life Assured, the Life Assured shall give or cause to be given to the Company all such assistance in his/her power as the Company shall require to secure the rights and remedies and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively bring suit in the name of the Life Assured.

7. EXCLUSIONS

- 7.1 The Company will not pay the Insured Benefits as stated in Clauses 5.3.1 to 5.3.21 under this Annexure as a result of, including any of the following whether directly or indirectly:
- 7.1.1 Pre-existing Illness as defined in Clause 1 above;
 - 7.1.2 Specified Illnesses as defined in Clause 1 above;
 - 7.1.3 any medical or physical conditions arising within the Waiting Period except for Injury;
 - 7.1.4 plastic/cosmetic Surgery, circumcision, eye examination, glasses, and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof;
 - 7.1.5 dental conditions including dental treatment or oral Surgery, except as necessitated by Injury to sound natural teeth occurring in any Policy Year and performed by Dentist;
 - 7.1.6 private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal Disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related Diseases, and any communicable Diseases required quarantine by law;
 - 7.1.7 any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions;
 - 7.1.8 pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization;
 - 7.1.9 Hospitalisation primarily for investigatory purposes, diagnosis, x-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain;
 - 7.1.10 suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;
 - 7.1.11 war or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection;
 - 7.1.12 ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
 - 7.1.13 expenses incurred for donation of any body organ by the Life Assured, and the cost of acquisition of any body organ donated to the Life Assured including all costs incurred by the donor during organ transplant and its complications;

- 7.1.14 investigation and treatment of sleep and snoring disorders, hormone replacement therapy, and alternative therapy such as treatment, medical service or supplies, including but not limited to—chiropractic services, acupuncture, acupressure, reflexology, bone setting, herbalist treatment, massage or aroma therapy or other alternative treatment;
 - 7.1.15 care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and disabilities arising out of duties of employment or profession that is covered under a Workman’s Compensation Insurance Contract;
 - 7.1.16 psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
 - 7.1.17 costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack, any government tax that may be imposed by the Hospital and other ineligible non-medical items;
 - 7.1.18 Sickness or Injury arising from racing of any kind (except for foot racing), hazardous sports such as but not limited to sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
 - 7.1.19 private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
 - 7.1.20 expenses incurred for sex change;
 - 7.1.21 any Outpatient treatment not related to Inpatient treatment, except as provided under this Annexure; or
 - 7.1.22 charges which are not Reasonable and Customary Charges, or any Surgery or treatment which is not Medically Necessary, or charges in excess of Reasonable and Customary Charges, or charges which are incurred for Hospitalisation, pre-hospitalisation and/or post-hospitalisation after the Expiry Date.
- 7.2 In addition to the above, the Company will not pay the Insured Benefits as stated in Clause 5.3.22 under this Annexure, for any Injury resulting in loss suffered, as a result of, including any of the following whether directly or indirectly:
- 7.2.1 suicide, attempted suicide or intentionally self-inflicted injuries, while sane or insane;
 - 7.2.2 bodily infirmity, or mental or functional disorder, or Illness or Disease of any kind, or any infections, other than infections occurring simultaneously with and in consequence of an accidental cut or wound;
 - 7.2.3 war or any act of war, declared or undeclared, criminal activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection;
 - 7.2.4 from the action of any armed forces, or from Accident or violence arising by reason of the existence of a state of armed conflict;
 - 7.2.5 engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial airline operating on a regular scheduled route;
 - 7.2.6 as a result of the Life Assured committing, attempting or provoking an assault or a felony, or from any violation or attempted violation of law by the Life Assured or resistance to arrest;
 - 7.2.7 as a result of the Life Assured driving a motor vehicle without possessing a valid driving license. This exclusion will not apply if the Life Assured has an expired license but is not disqualified from holding or obtaining such driving license under any laws, by-laws or regulations;
 - 7.2.8 while under the influence of alcohol or drugs unless taken as prescribed by a Physician. For the avoidance of doubt, a person is considered as under the influence of alcohol if the breath, blood or urine test result is over the following limit:
 - 7.2.8.1 35 mcg of alcohol per 100ml of breath
 - 7.2.8.2 80mg of alcohol per 100ml of blood
 - 7.2.8.3 107 mg alcohol per 100ml of urine;
 - 7.2.9 Injury arising from racing of any kind (except for foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to bungee jumping, parachuting, scuba diving, sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, “Professional Sports” means engaging in any physical activity in a professional capacity or where the Life Assured would or could earn income or remuneration from engaging in such activity;

- 7.2.10 from childbirth, pregnancy and/or any complications thereof;
- 7.2.11 ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 7.2.12 from the Life Assured engaging in commando or bomb disposal duties/training.

8. TERMINATION

- 8.1 This Annexure shall automatically be terminated on the earliest of the following dates:
 - 8.1.1 on the Policy Anniversary on which the Life Assured's age is one hundred (100) years next birthday; or
 - 8.1.2 upon death of the Life Assured; or
 - 8.1.3 when the Company receives Your request for termination in writing; or
 - 8.1.4 on the Expiry Date; or
 - 8.1.5 when this Policy lapses, is surrendered or terminated in any other manner.
- 8.2 The Company shall be entitled to terminate this Annexure immediately when a change in risk as stated in Clause 6.2 above has, in the sole opinion of the Company, rendered the Life Assured no longer insurable by the Company.
- 8.3 Any Units cancelled for Insurance Charges on this Annexure after its termination shall be reinstated and the Total Investment Value shall include the value of these Units.

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