



**PRODUCT DISCLOSURE SHEET
Insurance**

Product: Personal Hospital Income

July 2020

Read this Product Disclosure Sheet before you decide to take out the Personal Hospital Income Insurance. Be sure to also read the general terms and conditions.

1. What is this product about?

This product provides cash benefits and reimbursement for medically necessary expenses in the event of hospitalisation caused by an illness or accident which is sudden and unforeseen. Coverage is 24 hours a day and worldwide.

2. What are the covers / benefits provided?

Schedule of Benefits	Plan 100	Plan 150	Plan 200	Plan 250	Plan 300	Plan 350	Plan 400	Plan 500
Daily hospital income (up to 120 days)	100	150	200	250	300	350	400	500
Daily hospital income in an Intensive Care Unit (up to 20 days)	200	300	400	500	600	700	800	1,000
Pre-hospital diagnostic test (up to 31 days prior to hospitalization)	1,000	1,000	1,500	2,000	2,500	3,000	4,000	4,500
Surgical Cash (lump sum – maximum of 2 surgeries per annum)	1,000	1,000	1,000	1,500	1,500	1,500	2,000	2,000
Optional Add-on-benefits (if purchased by the policyholder)								
Daily Home nursing care following discharge from the hospital (up to 10 days)	50	50	60	70	80	90	100	150
Daily In-hospital doctor / consultant visit (up to 10 days)	100	100	100	150	150	150	200	200

Duration of cover is for one month. Your coverage is renewed automatically upon payment of premium subject to the renewal condition as stated under item 5(f) below.

3. How much premium do I have to pay?

- (a) Please refer to the premium table.
- (b) Premium is based on age band. You have to pay a higher premium as you reach a higher age-band.
- (c) Premium is payable monthly.
- (d) Premium rates are not guaranteed. We reserve the right to revise the premium at the time of renewal based on the portfolio claim experience. The revision could arise from the deterioration in claims experience or changes in benefits. These conditions are not exhaustive and the premium rates may be reviewed under other justified circumstances. The premium revision will be applicable to all insured persons irrespective of their individual claims experience. A 30 days written notice will be provided to the policyholders prior to the change.

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

- Stamp Duty – RM10.00
- Commission – 10% of premium (which is part of premium charged)



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

- (a) **Duty of disclosure:**
- (i) You must take reasonable care to ensure that all your answers to the questions are full, complete, correct and honest and to the best of your knowledge.
 - (ii) You also have a duty to inform us of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy. If you don't, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid.
- (b) **Claims:**
- (i) All claims must be notified to us within 30 days from the date of loss.
 - (ii) All supporting documents proving the loss must be submitted 90 days from the date of loss.
 - (iii) No claim will be admissible if notified after one year from the date of loss.
 - (iv) All claims will be paid to you. In the event of death, claims will be paid to your nominee or estate.
- (c) **Age:**
- (i) You must be 18 years and above and below the age of 61 to qualify for cover. Policy is renewable up to 65 years.
 - (ii) Your child / children must be 30 days and above and below 18 years to qualify for cover.
 - (iii) Your age will be based on the age as of your last birthday.
- (d) **Country of residence:** You must notify us if you will be out of Malaysia for more than 90 consecutive days. Failure to do so will invalidate this cover.
- (e) **Waiting period:**
- (i) Coverage due to illness will only start 30 days from the date that you sign up.
 - (ii) Coverage due to the specified illness listed below will only start 120 days from the date that you sign up or policy reinstatement:
 - Hypertension and diabetes mellitus and cardiovascular disease.
 - All tumors, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system.
 - All ear, nose (including sinuses) and throat conditions.
 - Hernias, hemorrhoids, fistulae, hydrocoele, varicocele.
 - Endometriosis including disease of the reproduction system.
 - Vertebro-spinal disorders (including disc) and knee conditions.
- (f) **Renewal:**
- (i) Renewal premiums are not guaranteed.
 - (ii) Revision in premiums will be subject to the entire portfolio.
 - (iii) The policy is renewable at our option. Cover will terminate on the earlier of the following:
 - non-payment of premium or premium not made on time;
 - the next premium due date when the insured person attains the age of 66 years;
 - the policyholder's and/or insured person's death;
 - the date this policy is cancelled in accordance with the cancellation condition as stated under item 7 below and further elaborated in "Item 20, Part 5 - General Conditions" of the policy contract;
 - we find that the insured person is not within the age to qualify for cover;
 - we find that the insured person is no longer qualified for cover;
 - a written notice of 30 days if we decide to discontinue underwriting this insurance product in accordance with the Portfolio Withdrawal Condition as stated in item 27, Part 5 – General Policy Provisions" of the Policy Contract.
- (g) **Overseas treatment is only allowed:**
- (i) If travel out of Malaysia is not for medical treatment, but as a consequence of a medical emergency results in hospitalization.
 - (ii) Treatment required cannot be obtained in Malaysia and is recommended by a doctor.
 - (iii) Diagnosis that is not first made in Malaysia.
 - (iv) Treatment of emergency or non-chronic conditions which cannot wait until your return to Malaysia.
- (h) **Cooling-off period:**
- (i) If you are not satisfied with this cover, you can return the policy to us within 15 days from the date this policy is delivered to you.
 - (ii) You will receive a full premium refund less any medical expenses incurred by us.
- (i) **Contribution:** If you are covered by any other policy, which covers the benefit in respect of Pre-hospital Diagnostic Test benefit, we will only reimburse the excess amount that is not payable by the other policies provided that the benefit is payable by this policy.
- (j) **Switching policies:** If you choose to switch or terminate your cover, you will be subject to further underwriting and new terms if your current health status is less favorable to the new insurer. This would also include, among others, reinstatement of the pre-existing conditions and the waiting period.
- (k) **Sanction:** We shall not be deemed to provide cover and we shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us, our parent company or our ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

6. What are the exclusions under this policy?

This policy does not cover expenses due to or incurred for:

1. activities related to:
 - (a) armed forces, peacekeeping forces and similar groups;
 - (b) air travel unless as a fare paying passenger in commercial airlines;
 - (c) sports where a periodic income is received;



- (d) racing involving motorized vehicles;
- (e) hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports;
- 2. injuries that are intentionally self-inflicted, suicide or attempt to commit suicide, deliberate or reckless exposure to danger;
- 3. pre-existing illness shall mean disabilities that the insured person first manifested or contracted and has reasonable knowledge of prior to the policy effective date. An insured person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - (a) the insured person had received or is receiving treatment for; 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.The effective date for the purpose of the pre-existing condition would be the date when the insured person was covered for the first time or upon the policy reinstatement date under policy;
- 4. any congenital condition which includes any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developed within 6 months from the time of birth.
- 5. any disability occurring during the first 30 days from the effective date or upon reinstatement unless due to an accident;
- 6. the following specified illnesses occurring during the first 120 days from the effective date or upon reinstatement:
 - (a) hypertension, diabetes mellitus and cardiovascular disease;
 - (b) all tumor's, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
 - (c) all ear, nose (including sinuses) and throat conditions;
 - (d) hernias, haemorrhoids, fistulae, hydrocoele, varicocele;
 - (e) endometriosis including disease of the reproduction system;
 - (f) vertebra-spinal disorders (including disc) and knee conditions.
- 7. taking drugs:
 - (a) other than according to the manufacturer's instructions or taken as prescribed by a registered medical practitioner;
 - (b) for the treatment of drug addiction;
- 8. venereal disease and its sequelae;
- 9. Acquired Immune Deficiency Syndrome (AIDS); including Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC), HIV Wasting Syndrome and HIV related diseases;
- 10. psychotic, mental and nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
- 11. cosmetic or plastic surgery unless necessitated by an accident and recommended by the doctor or consultant; or any elective surgery;
- 12. pregnancy, fertility, child birth or birth control related;
- 13. erectile dysfunction and tests or treatment related to impotence or sterilization;
- 14. investigation and treatment of sleep and snoring disorders and hormone replacement therapy; alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment;
- 15. any eye examination, refractive surgery (such as Radial Keratotomy or Lasik), dental treatment or oral surgery unless they are direct consequences of an accident;
- 16. circumcision or expenses incurred for sex change;
- 17. donation of any body organ including costs of acquisition and donation;
- 18. admission as an inpatient to a hospital to receive treatment not incidental to the treatment or diagnosis of a disability;
- 19. any treatment or admission which is deemed not medically necessary by us and any preventive treatments, preventive medicines or examinations carried out by a doctor or consultation and treatments specifically for weight reduction or gain;
- 20. treatment for a disability for which such treatment are provided free;
- 21. care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the insured person and disability arising out of duties of employment or profession that is covered under a workman's compensation insurance contract;
- 22. violation of law;
- 23. where payment would violate a government prohibition, regulation or law;
- 24. war (declared or not);
- 25. ionizing, radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
- 26. this policy does not cover any serious physical injury, sickness or disease resulting directly or indirectly from, attributed to or accelerated by:
 - (a) the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination;
 - (b) the dispersal or application of pathogenic or poisonous biological or chemical materials;
 - (c) the release of pathogenic or poisonous biological or chemical materials.For the purposes of this exclusion, serious physical injury means:
 - (a) physical injury that involves a substantial risk of death;
 - (b) protracted and obvious physical disfigurement;
 - (c) protracted loss of or impairment of the function of a bodily member or organ.



7. Can I cancel my policy?

- (a) You may cancel your policy by giving us 30 days written notice. Your cover will continue for the duration which the premium had been received and will terminate upon expiry of such period.
- (b) We can cancel this policy by giving you 30 days written notice. Your cover will continue for the duration which the premium had been received and will terminate upon expiry of such period.

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

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

9. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *insuranceinfo* booklet on "Medical & Health Insurance", available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

AIG Malaysia Insurance Berhad,
Menara Worldwide,
198 Jalan Bukit Bintang,
55100, Kuala Lumpur,
Malaysia.

Telephone : 1 800 88 88 11
Fax : 603 2118 0288
E-mail : AIGMYCare@aig.com

10. Other types of Medical and Health Insurance cover available:

Please refer to our website at: www.aig.my

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS AND THE PREMIUM PAYABLE IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at July 2020.

This Product Disclosure Sheet is a brief description only and is not exhaustive. This is not a contract of insurance. Please refer to full details of the terms and conditions as stated in the Policy Contract