



AmAssurance

AmBEAUTY PERSONAL ACCIDENT POLICY

GROUP PERSONAL ACCIDENT INSURANCE POLICY

Liberty General Insurance Berhad 197801007153 (44191-P)

Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3, Jalan Damanlela, Pusat Bandar Damansara, 50490 Kuala Lumpur.
P. O. Box 11228, GPO Kuala Lumpur, 50740 Kuala Lumpur.
(Service Tax Registration No.: B16-1808-31015443)

The benefit(s) payable under this eligible policy is protected by PIDM up to limits.
Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit www.pidm.gov.my).



1 800 88 6333

customer@amassurance.com.my

www.amassurance.com.my



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AmBEAUTY PERSONAL ACCIDENT POLICY

Stamp Duty Paid

For Consumer Insurance Contracts (Insurance wholly for purposes unrelated to the Insured's trade, business or profession)

This Policy is issued in consideration of the payment of **Premium** as specified in the Policy **Schedule** and pursuant to the answers given in the **Insured's Proposal Form** (or when the **Insured** applied for this insurance) and any other disclosures made by the **Insured** between the time of submission of the **Insured's Proposal Form** (or when the **Insured** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the **Insured** shall form part of this contract of insurance between the **Insured** and **Liberty General Insurance Berhad** (hereinafter called "**The Company**"). However, in the event of any pre-contractual misrepresentation made in relation to the **Insured**'s answers or in any disclosures given by the **Insured**, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

This Policy reflects the terms and conditions of the contract of insurance as agreed between the **Insured** and **The Company**.

For Non - Consumer Insurance Contracts (Insurance for purposes related to the Insured's trade, business or profession)

This Policy is issued in consideration of the payment of **Premium** as specified in the Policy **Schedule** and pursuant to the answers given in the **Insured's Proposal Form** (or when the **Insured** applied for this insurance) and any other disclosures made by the **Insured** between the time of submission of the **Insured's Proposal Form** (or when the **Insured** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the **Insured** shall form part of this contract of insurance between the **Insured** and **Liberty General Insurance Berhad** (hereinafter called "**The Company**"). In the event of any pre-contractual misrepresentation made in relation to the **Insured**'s answers or in any disclosures made by the **Insured**, it may result in avoidance of the **Insured**'s contract of insurance, refusal or reduction of the **Insured**'s claim(s), change of terms or termination of the **Insured**'s contract of insurance.

This Policy reflects the terms and conditions of the contract of insurance as agreed between the **Insured** and **The Company**.

WHEREAS the Policyholder / Insured Person by an application and declaration which are duly incorporated herein has applied to **Liberty General Insurance Berhad** (hereinafter called "the Company") for the insurance contained in this Policy and has paid the premium stated in the Policy Schedule as consideration for such insurance for the period stated therein.

Having received and accepted your first premium, and any subsequent premiums stated in the said Schedule as consideration for such insurance, the Company agrees to insure the Insured Person(s) against bodily injury including medical and/or hospital and surgical treatment caused by accidental means subject to exclusions limitations provisions terms and conditions described herein.

COVERAGE – TERRITORIAL LIMIT WORLDWIDE

SECTION 1

Benefit 1 Accidental Death

(Occurring within twelve (12) calendar months of the Accident)

: The scale of compensation as stated in the Table of Benefits for Accidental Death.

Benefit 2 Permanent Disablement

(Occurring within twelve (12) calendar months of the Accident)

: The scale of compensation as stated in the Table of Benefits for Permanent Disablement.

SECTION 2

Benefit 1 Facial & Dental Surgery

: Reimbursement of medical expenses incurred within 30 days of the Accident for the treatment of any facial (neck and above)

AmBEAUTY PERSONAL ACCIDENT POLICY

reconstructive surgery and dental within 24 hours of the Accident for the treatment of accidental injuries to sound natural teeth. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 2 Snatch Theft/ATM Withdrawal

: Lump Sum payment as compensation on losses suffered by the Insured Person due to Snatch Theft by physical force and ATM withdrawal by extortion provided the loss happening within the first hours of the withdrawal. The maximum limit under this benefit is specified in the Table of Benefits. This benefit is only limited to one event during the period of insurance.

Benefit 3 Hospital Benefits

(a) Hospital Income

: A daily cash allowance of the amount specified in the Table of Benefits shall be payable to the Insured Person provided the Insured Person is hospitalized for more than 24 hours and subject to a maximum of 7 days. If Insured Person is hospitalized in a Government Hospital, daily cash allowance is payable up to a maximum of 12 days.

(b) Recovering Allowances

: Cash allowances of 10% of the Benefit Limit per day subject to the maximum Benefit as set in the Table of Benefits is payable for recovering from an accident within 31 days immediately following discharge from hospital and provided the Insured Person is hospitalized for a minimum of 7 continuous days.

(c) Ambulance Fees

: Ambulance Fee incurred in the event of accident subject to a maximum of RM800.00.

(d) Funeral Expenses

: A Lump Sum payment of RM3,000.00 is payable in the event of Accidental Death.

SECTION 3

Benefit 1 National Service

: Reimbursement of medical expenses should the Insured Person sustained bodily injury in an accident whilst carrying out their duties in National Service. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 2 Sports/Adventure

: Reimbursement of medical expenses should the Insured Person sustained bodily injury in an accident whilst engaging in any sports of adventurous activity not excluded under the Policy. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 3 Child Care

: Reimbursement of actual expenses incurred for engaging Child Care/Babysitters services should the Insured Person be involved in an accident and as a result suffers accidental permanent and/or

AmBEAUTY PERSONAL ACCIDENT POLICY

temporary disability. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 4 Maid Service

: Reimbursement of actual expenses incurred for engaging Maid/Home Care Services should the Insured Person be involved in an accident and as a result suffers accidental permanent and/or temporary disability. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 5 Recuperating Leave

: Daily cash allowances up to RM100 per day for recovering from an accident provided Insured Person had depleted the employment entitled leave benefits as a result of accidental bodily injury. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 6 Medical Equipment

: Reimbursement of actual expenses incurred for purchases of Medical Equipment that must be proven medically necessary as a result of accidental bodily injury. The maximum limit under this benefit is specified in the Table of Benefits.

Benefit 7 Nursing Care

: Reimbursement of actual expenses incurred for engaging full time registered nurse for the continued outpatient treatment at the Insured Person's home/Nursing home as a result of accidental bodily injury. The maximum limit under this benefit is specified in the Table of Benefits.

NOTE: The total benefit limit available for Section 2 & 3 should not exceed the living benefit limit as set forth in the Table of Benefits according to the scheme selected which is detailed in the Policy Schedule.

GENERAL DEFINITIONS

ACCIDENT

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.

ACTIVITIES OF DAILY LIVING shall mean:

- (a) Transfer of mobility - the ability to move from one room to an adjoining room or from one side of a bed or chair without requiring physical assistance of another person.
- (b) Continence - the ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (c) Dressing - putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (d) Toileting - getting to and from the toilet, transferring on and off the toilet and associated person hygiene.
- (e) Eating - all tasks of getting food into body once it has been prepared.

AGE

Age of next birthday

AmBEAUTY PERSONAL ACCIDENT POLICY

BODILY INJURY

Bodily Injury resulting solely and directly from violent, accidental, external and visible means and does not include sickness, disease or any naturally occurring condition or degenerative disease.

COSMETIC SURGEON

A person who duly licensed or registered to practice cosmetic surgery in the geographical area in which a service is provided, but excluding a physician or surgeon who is the Insured Person himself.

DENTIST

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 who is the Insured Person himself.

DOCTOR or PHYSICIAN or SURGEON

A registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, 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 Insured Person himself.

EFFECTIVE DATE

The date stated in the Schedule for which insurance under this Policy commence.

ENDORSEMENT

Written evidence of an agreed change to Your Policy.

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

- (a) Has facilities for diagnosis and major surgery,
- (b) Provides 24 hours 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

Admission to a Hospital as a registered in-patient for medically necessary treatments for a covered Disability upon recommendation of a physician. A patient shall not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement.

INSURER/COMPANY/WE/US/OUR

Liberty General Insurance Berhad 197801007153 (44191-P).

INSURED/INSURED PERSON/YOU/YOUR/YOURSELF

The person named as Insured Person in the Schedule/Certificate, who is permanently residing in Malaysia.

LIVING BENEFITS shall mean benefits payable under Section 2 and Section 3 of the coverage of the Policy Wording.

MALAYSIAN GOVERNMENT HOSPITAL shall mean a hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.

AmBEAUTY PERSONAL ACCIDENT POLICY

MEDICALLY NECESSARY shall mean 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 Insured Person or the Physician, and unable to be reasonably rendered out of hospital (if admitted as in-patient), and
- (d) not of an experimental, investigational or research nature, preventive or screening nature, for which the charges are fair and reasonable and customary for the Disability.

MEDICAL PRACTITIONER

A legally qualified medical practitioner other than Yourself or a member of Your Immediate Family.

OCCUPATION

The Insured Person's full-time and/or part-time gainful employment and/or any other work for remuneration or profit which the Insured Person is fit to do by knowledge and/or training.

OUT-PATIENT

Insured Person is receiving medical care or treatment without being hospitalized and includes treatment in a Daycare center.

POLICYHOLDER shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Insured Persons in this Policy.

REASONABLE AND CUSTOMARY CHARGES

For medical care which is medically necessary shall be considered reasonable and customary 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 injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

RENEWAL OR RENEWED POLICY shall mean a Policy which has been renewed without any lapsed of time upon expiry of a preceding Policy with the same content.

SAFE AND NORMAL PARTICIPATION shall mean the following:-

- (a) Insured is reasonably fit and competent to take part;
- (b) Insured takes notice of local warnings of danger or adverse weather conditions;
- (c) Insured participates in safe areas and/or areas covered by rescue facilities;
- (d) Insured has the necessary qualification or license if such is needed to participate; and
- (e) Insured wears all the normal protective clothing and head gear and observe the normal safety procedures of the sports or activity. In any event, Insured is expected to wear an appropriate hard helmet when exposed to projectiles, or when riding vehicles or animals, or whenever travelling at speed, or for aerial activities, and to wear a personal floatation device for surface water sports. All divers must be accompanied by a qualified Dive Instructor, except in circumstances where they are themselves qualified to dive without an instructor, in which case diving must be with a companion on a "buddy pair" basis.

Beside which, cover for safe and normal participation is provided on certain basic conditions for individual activities as shown below:-

- (a) Insured is accompanied by, or accessible to an experienced and/or suitable qualified instructor or guide.
- (b) Insured is properly supervised, taking part in an organized event, match, game, session or outing.
- (c) Insured is using natural or purpose-built facilities approved for use for the activity by a local or national regulatory authority.

AmBEAUTY PERSONAL ACCIDENT POLICY

SCHEDULE

The Schedule which is attached to and forming part of this Policy.

SCHEME/LIFESTYLE SELECTED

There are two plans – Gold and Silver with four (4) different selection of living benefit, which reflects the lifestyles option preferred by the Insured. Lifestyles options available are Active Girl, Homemaker, Career Woman or Golden Girl.

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

SUM INSURED/CAPITAL SUM INSURED shall mean the limit of our liability under this insurance.

TEMPORARY DISABLEMENT shall mean a state of incapacity resulting from the Insured Person suffering Bodily Injury which temporarily prevents that Insured Person from engaging in a substantial part of his/her Occupation.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH

Death arising from Bodily Injury.

PERMANENT DISABLEMENT

The disability as specified in the Table of Benefits.

PERMANENT TOTAL DISABLEMENT

The Insured Person is in a state of incapacity arising from Bodily Injury resulting in his/her permanent and total disablement from gainful employment of any and every kind. This includes the Insured Person being permanently bedridden and totally paralyzed.

FACIAL AND DENTAL SURGERY

Reimbursement of the Reasonable and Customary Charges charged by a legally registered cosmetic surgeon or clinic or hospital within thirty (30) days of the Accident for the treatment of facial reconstructive surgery due to an accident resulting in a permanent disability (including acidic assault) provided such corrective surgery is recommended by a licensed cosmetic surgeon. The facial reconstructive surgery covers face (neck and above). Follow-up treatment by the same surgeon or same registered clinic or hospital for the same accidental injuries will be provided up to the period as set forth in the Table of Benefits and subject to the benefit limit as set forth in the Table of Benefits. This benefit shall not be payable for accidental damage due to intentional facial surgery.

Reimbursement of the Reasonable and Customary Charges charged by a legally registered dentist or at a dental clinic or hospital within twenty-four (24) hours of the Accident for the treatment of accidental injuries to sound natural teeth. Subsequent restorative, periodontal, orthodontal and prosthodontal services are not covered. Follow-up treatment by the same dentist or same registered clinic or hospital for the same accidental injuries to sound natural teeth will be provided up to the period as set forth in the Policy Schedule and subject to the benefit limit as set forth in the Table of Benefits

SNATCH THEFT/ATM WITHDRAWAL

Lump Sum payment as compensation, on losses suffered by the Insured Person due to:-

AmBEAUTY PERSONAL ACCIDENT POLICY

- a. Snatch Theft by physical force to the Insured Person
- b. ATM withdrawal by extortion happening within the first one hour of the cash withdrawal and the Insured Person is required to provide proof of the withdrawal transaction.

The maximum limit on the lump sum payment is specified in the Table of Benefits. This benefit is only limited to one event during the period of insurance. When making a claim, a police report is required which includes the details of the extortion and physical force of threat to the Insured Person.

This benefit shall not be payable for any cost incurred for treatment of emotional trauma to the Insured person.

HOSPITAL INCOME

A daily cash allowance as set forth in the Table of Benefits shall be payable up to a maximum of seven (7) days, if the Insured is hospitalized for more than twenty-four (24) hours. If the Insured Person is hospitalized in a Government Hospital, the daily cash allowance is payable up to a maximum of twelve (12) days. This benefit is payable irrespective of other Hospital Income plans purchased by the Policyholder.

RECOVERING ALLOWANCES

Reimbursement of 10% of the Benefit Limit per day subject to the maximum Benefit Limit as set in the Table of Benefits is payable for recovering from an accident within thirty-one (31) days immediately following discharge from the hospital.

These cash allowances are only payable provided the Insured Person is hospitalized for a minimum of seven (7) continuous days.

AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic ambulance services inclusive of attendant to and/or from the Hospital of confinement provided such fees were incurred as a result of an accident to the Insured Person. The maximum limit to this benefit is RM800.00.

FUNERAL EXPENSES

Lump Sum payment as specified in the Table of Benefits for loss of life Insured due to an accident.

NATIONAL SERVICE

Reimbursement of the Reasonable and Customary daily charges of legally registered medical practitioner or clinic or hospital for treatment of accidental injuries whilst the Insured Person was serving as trainee in National Service. This benefit will cover the Insured Person as per the date stated on the notice of appointment and ceases when the trainee completes the training session. In the event, the Insured Person is away (i.e. on leave) during the training session, no benefit shall be payable. Insured Person being a provider under a contract of/for service with the authorities of National Service is not entitled for this benefit. Total benefit payable is as set forth in the Table of Benefits. This benefit is limited to the Active Girl Package.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

SPORTS/ADVENTURE

Reimbursement of the Reasonable and Customary daily charges of legally registered medical practitioner or clinic or hospital for treatment of accidental injuries whilst the Insured Person was participating in the sports and activities as an amateur and subject to 'safe and normal' participation conditions. Any accidental injuries due to sports/activities during National Service will not be covered under this benefit. Total benefit payable is as set forth in the Table of Benefits. This benefit is limited to the Active Girl Package.

AmBEAUTY PERSONAL ACCIDENT POLICY

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

CHILD CARE

Reimbursement of actual expenses of childcare/babysitting services rendered for the Insured Person's children by a legally licensed Child Day Care, incurred by the Insured Person due to an accident resulting in a permanent and/or temporary disability. Total benefit payable is as set forth in the Table of Benefits. This benefit will still be payable if the Insured Person's children was already enrolled in a Child Day Care prior to any accident but excludes the expenses for any child above the age of sixteen (16) years old. This benefit is limited to the Homemaker Package. Original bills and receipts are required documents to be submitted to the Company for claims processing.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

MAID SERVICE

Reimbursement of actual expenses of maid services rendered by a legally licensed Maid Service Provider Agency, incurred by the Insured Person due to an accident resulting in a permanent and/or temporary disability. Total benefit payable is as set forth in the Table of Benefits. This benefit includes expenses of full-time services of a legally hired maid for services rendered to the Insured Person who is medically necessary and prescribed by the attending Physician or Surgeon for the continued treatment at the Insured Person's home of the specific medical condition for which the Insured Person was hospitalized due to an accident. This benefit will still be payable if the Insured Person was engaged with a maid service provider prior to any accident and it includes the part-time maid services subject to a minimum of two (2) working hours. This benefit is limited to the Homemaker Package and Career Woman Package. Original bills, receipts employment contract and maid's work permit are required documents to be submitted to the Company for claims processing.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

RECUPERATING LEAVE

Daily cash allowance of RM100.00 per day up to the total benefit limit as set for in the Table of Benefits for recovering from an accident. This benefit is only payable in the event the Insured Person has depleted the employment entitlement days of paid leave benefit, medical leave benefit and hospitalization benefit of whichever employment the Insured Person is engaged with prior to the accident. This benefit is limited to the Career Woman Package. A written certification from a Medical Doctor stating the necessity of the Insured Person should rest at home to recover from an accidental injury together with an official letter from the Human Resource Department on confirmation of exhaustion of entitled leave benefits are required documents to be submitted to the Company for claims processing.

If the Insured Person is self-employed, the day counts commence after 60 days based on the medical leaves granted by the doctor and RM100 per day is payable up to the total benefit limit as set forth in the Table of Benefits for recovering from an accident. A written certification from a Medical Doctor stating the necessity of the Insured Person should rest at home to recover from an accidental injury and the numbers of rest days together with proof of self-employed income documents (e.g. Income Tax form, commission statement, business license) are required documents to be submitted to the Company for claims processing. The Company shall have the right and opportunity to examine the Insured Person by a panel doctor to reaffirm the medical necessity of the Insured Person at the Company's own expense where it is not forbidden by law.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

AmBEAUTY PERSONAL ACCIDENT POLICY

MEDICAL EQUIPMENT

Reimbursement of actual expenses incurred by the Insured Person due to an accident resulting in a permanent and/or temporary disability for the purchase of medical and/or respiratory equipment. Total benefit payable is as set forth in the Table of Benefits. This benefit is limited to the Golden Girl Package. Written certification from a Medical Doctor stating the necessity of the medical equipment to aid the Insured Person in daily living activities together with original bills and receipt are required documents to be submitted to the Company for claims processing. This benefit is only payable to Insured person's suffering from disability/disabilities necessitating the use of medical equipment as certified by a Medical Doctor.

Respiratory equipment consisting of bi-positive airway pressure ventilator/continuous positive airway pressure, inhaler, nebulizer, oxygen cylinder and oxygen concentrator. Medical equipment consisting of artificial limbs, bathroom safety aids, bed pan/urinal, blood pressure monitor, cholesterol meter, commode, dialysis machine, drip stand, glucometer, hospital bed, orthopedic brace/splints, overbed table, patient lifts, pulse oximeter, ripple mattress, stethoscope, suction machine, trapeze bars, walking aids, ward screen and wheelchair.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

NURSING CARE

Reimbursement of the Reasonable and Customary daily charges of full-time services of a registered nurse for services rendered to the Insured Person who is medically necessary and prescribed by the attending Physician or Surgeon for the continued treatment at the Insured Person's home/Nursing Home of the specific medical condition for which the Insured Person was hospitalized due to an accident. Services for activities of daily living that are not medically necessary will not be payable. Total benefit payable is as set forth in the Table of Benefits. This benefit is limited to the Golden Girl Package. The Insured Person, however, is required to provide evidence, at its cost and expense, of the continuance of such necessity if required by the Company.

In the event of Death/Permanent Disablement, the excess of/or total benefit (i.e. remaining balance of the total benefit if the Insured Person had made claims previously) will be payable in addition to the Sum Insured as specified in the Table of Benefits.

SPECIAL PROVISIONS

No claim Refund of Premium

The Policyholder is entitled for 20% No Claim Refund from the Total Premium paid for the three (3) years provided

- a. The Policy has been in-force for three (3) years continuously and
- b. No claim has been made for the three (3) years duration

The entitlement will commence with effect from

- a. The inception date of the Policy for New Policy
- b. The inception date of the next Policy period after the Policyholder has entitled for the No Claims Refund Premium.
- c. 1st day of the month immediately following the date of claim.

In the event, there is a claim on the Policy, where the No Claim Refund has been paid; the Company will offset the claim amount with the No Claim Refund of Premium



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AmBEAUTY PERSONAL ACCIDENT POLICY

TABLE OF BENEFITS

		% of Capital Sum Insured
Benefit 1	ACCIDENTAL DEATH (occurring within twelve calendar months of the accident)	100%
Benefit 2	PERMANENT DISABLEMENT (occurring within twelve calendar months of the accident)	100%
	Loss of two limbs	100%
	Loss of both hands, or of all fingers and both thumbs	100%
	Loss of sight of both eyes	100%
	Total paralysis	100%
	Injuries resulting in being permanently bedridden	100%
	Any other injury causing permanent total disability	100%
	Loss of arm at shoulder	100%
	Loss of arm between shoulder and elbow	100%
	Loss of arm at elbow	100%
	Loss of arm between elbow and wrist	100%
	Loss of hand at wrist	100%
	Loss of leg	100%
	Eye: loss of	
	Loss of four fingers	40%
	Loss of thumb	30%
	Loss of index finger	15%
	Loss of middle finger	10%
	Loss of ring finger	5%
	Loss of little finger	8%
	Loss of metacarpals	5%
	Loss of toes	3%
	Permanent Loss of speech & hearing in both ears	100%
	Loss of hearing	
	- both ears	75%
	- one ear	25%
	Loss of speech	50%
	Shortening of arm	
	- more than 1" up to 2"	2.5%
	- more than 2" up to 4"	5%
	- more than 4"	12.5%
	- more than 1" up to 2"	5%
	- more than 2" up to 4"	10%
	- more than 4"	25%
	Shortening of leg	



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AmBEAUTY PERSONAL ACCIDENT POLICY

SUMMARY OF SCHEDULE TABLE OF BENEFITS

	SCHEME							
	Active Girl		Homemaker		Career Woman		Golden Girl	
	Silver	Gold	Silver	Gold	Silver	Gold	Silver	Gold
Section 1								
Accidental Death	RM100,000	RM125,000	RM100,000	RM125,000	RM100,000	RM125,000	RM100,000	RM125,000
Permanent Disablement	RM100,000	RM125,000	RM100,000	RM125,000	RM100,000	RM125,000	RM100,000	RM125,000
Benefit Limit per event								
Section 2								
Facial & Dental Surgery	RM5,000	RM10,000	RM5,000	RM10,000	RM5,000	RM10,000	RM5,000	RM10,000
Snatch Theft/ATM Withdrawal	RM750	RM1,500	RM750	RM1,500	RM750	RM1,500	RM750	RM1,500
Hospital Benefits : -								
Hospital Income	RM100	RM200	RM100	RM200	RM100	RM200	RM100	RM200
Recovering Allowance	RM1,000	RM2,000	RM1,000	RM2,000	RM1,000	RM2,000	RM1,000	RM2,000
Ambulance Fees	RM800	RM800	RM800	RM800	RM800	RM800	RM800	RM800
Funeral Expense	RM3,000	RM3,000	RM3,000	RM3,000	RM3,000	RM3,000	RM3,000	RM3,000
Section 3								
National Service	RM5,000	RM8,000	-	-	-	-	-	-
Sports/Adventure	RM5,000	RM8,000	-	-	-	-	-	-
Child Care	-	-	RM5,000	RM8,000	-	-	-	-
Maid Service	-	-	RM5,000	RM8,000	-	-	-	-
Recuperating Leave	-	-	-	-	RM5,000	RM8,000	-	-
Maid Service	-	-	-	-	RM5,000	RM8,000	-	-
Medical Equipment	-	-	-	-	-	-	RM5,000	RM8,000
Nursing Care	-	-	-	-	-	-	RM5,000	RM8,000
Living Benefit (Section 2+3)	RM50,000	RM100,000	RM50,000	RM100,000	RM50,000	RM100,000	RM50,000	RM100,000

Notes:-

- 1) The degree of shortening of limbs must be certified by a specialist's medical report.
- 2) Where the injury is not specified, the Company reserves the right to adopt a Percentage of the inconsistent with the provisions of the above Scale.
- 3) Permanent total loss of use of a part of a body shall be treated as a loss of the part of the body. Loss of speech shall mean total permanent inability to communicate verbally.
- 4) Benefit payable in the event of death or total permanent disablement as a result of an accident is the Sum Insured as stated in the Policy Schedule. The Table of Benefits outlines the percentage of capital Sum Insured payable for Section 1. The aggregate of all percentages payable for benefit under Section 1 in respect of any one accident shall not exceed 100%. In the event a total of 100% is paid during the period of this Policy, all insurance hereunder shall immediately cease to be in force. All other losses less than 100% if paid shall reduce the coverage by that amount from the date of accident until expiry of this Policy.
- 5) In the event of accidental death, Section 3 limits will automatically be payable in full to the Insured Person's next of kin or named nominees, in addition to the accidental death claim under Section 1 provided that the benefit of Section 3 was not claimed before within the same year. If there was a claim within the same year, the benefit payable under Section 3 will reduce proportionately in accordance to the limit remaining within the subsections.
- 6) Living benefit for each plan includes benefits payable under Section 2 and Section 3. It is payable in respect of expenses incurred by the Insured Person as a result of an accident during the Period of Insurance and shall be limited to Living Benefit Limit. In the

AmBEAUTY PERSONAL ACCIDENT POLICY

event the Living Benefit Limit having been paid, all insurance for the Insured Person hereunder Living Benefit shall immediately cease to be payable for the remaining policy year.

7) Total Annual Limit shall mean the maximum amount payable as a result of an accident to the Insured Person. It sums the benefit limit under Section 1 (Death/Total Permanent Disablement) and Living Benefit.

GENERAL EXCLUSIONS

This Policy does not cover death or any injury/disability directly or indirectly caused by or in connection with any of the following:-

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny or usurped power, military or popular uprising, strike riot and civil commotion;
2. Insanity, suicide (whether sane or insane) or any attempt threat, intentional self-inflicted injuries;
3. Any form of disease, infection or parasites including malaria, dengue fever, Japanese Encephalitis and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC);
4. Childbirth, miscarriage, pregnancy or any complications thereof unless caused solely and directly by the Accident;
5. Provoked murder or assault;
6. While travelling in an aircraft or ship as a member of the crew, except only as a fare-paying passenger in an aircraft or ship licensed for passenger service;
7. While committing or attempting to commit any unlawful act;
8. While participating in any professional sports;
9. Insured Person engaging or participating in dangerous activities or sports such as winter sports skating of any kind rock climbing mountaineering (which requires the use of ropes or guides) pot-holing skin diving parachuting underwater activities necessitating the use of underwater breathing apparatus, steeple chasing, big game hunting or hunting. This exclusion does not apply to the Active Girl package;
10. Racing (other than on foot), pace-making, speed or reliability trials;
11. Riding or driving vehicle without a valid driving license;
12. While participating in a brawl/strike/riot/civil commotion or demonstration;
13. a) asbestos, or
b) any actual or alleged asbestos related injury or damage involving the use, presence, existence, detection, removal, elimination or avoidance of asbestos or exposure or potential exposure to asbestos;
14. a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;

AmBEAUTY PERSONAL ACCIDENT POLICY

- b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
- c) any weapon of war employing atomic or nuclear fission and/or fusions or other like reaction or radioactive force or matter;

15. Any act of terrorism, For this purpose an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public in fear;

16. Any pre-existing physical defect/infirmity fits any kind, disease or sickness of any kind.

17. Pandemic Exclusion Clause

- a) This Policy shall exclude all losses arising out of, contributed to by, or resulting from any pandemic. Hereby the contributory cause of a pandemic is sufficient.
- b) Pandemics according to paragraph 1 are all diseases or pathogens declared as such by the World Health Organization (WHO). This exclusion applies from the date on which the World Health Organization (WHO) declares the pandemic.
- c) If the Company allege that by reason of this exclusion any loss is not covered by this Policy, the burden of providing the contrary shall be upon the Insured.

OCCUPATIONAL EXCLUSIONS

For Insured Person working as or involved in the types of Occupation listed below (whether on a temporary or permanent basis), no benefit shall be payable under this policy for Bodily Injury whilst on active duty of any of the following activities: -

racer, professional sportsman, seaman, logger, off-shore worker, air crew member, fisherman, horse jockey, professional entertainer, explosive maker/handler, ship crew, test pilots and drivers, stevedores, professional divers, fireman, underground worker/miner, member of armed forces, naval military or air force service or operations, police force and rescue service.

GENERAL CONDITIONS

1. ALTERATIONS

The Company reserves the right to amend the terms and conditions of this Policy and such alteration to this Policy shall be valid if authorized by the Company and endorsed hereon. The Company should give a written notice to the Policyholder according to the last recorded address for any alterations made.

2. APPLICABLE LAW

This Policy and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and Malaysian Courts shall have exclusive jurisdiction hereto.

3. ARBITRATION

All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However, this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of such disclaimer.

AmBEAUTY PERSONAL ACCIDENT POLICY

4. CHANGE OF ADDRESS OR PARTICULARS

The Insured shall give immediate written notice to the Company of any change in his name, residence, business or occupation. The Insured shall also give written notice before any renewal of this Policy of any injury, disease, physical defect or infirmity by which the Insured has been effected or has knowledge of.

5. CHANGE OF SCHEME/LIFESTYLE SELECTED

The insured is allowed to switch to a different plan of living benefits upon policy renewal/anniversary. No switching is allowed during the policy term.

6. CLAIMS

- (a) Notice of Injury on which the claim may be based on and which is covered by this Policy, must be given in writing to the Company within fourteen (14) days after the occurrence. The Company, upon receipt of such notice shall furnish the Insured with a claim form for the filing of proof of claims.
- (b) In case of death, reasonable notice shall be given to the Company before burial or cremation and the Company may request to be represented at a post-mortem or examination of the body of the Insured. The Company shall have the right and opportunity to conduct an autopsy at their own expense where it is not forbidden by law. Immediate notice of time and place of any inquest appointed shall be given to the Company.

All certificates, information and evidence required by the Company shall be furnished by the Insured or the Insured's legal personal representative and shall be in such form and of such nature as the Company may prescribe.

Any claim due and payable under this Policy will be paid to the named beneficiary(ies) or nominee(s) in the Policy or to his/her legal representative where the Insured has insurable interest. However, where the Insured has no insurable interest in the life of the Insured Person all payment of claims due and payable hereunder may be made to the Insured Person or his/her legal representative.

7. CONDITION PRECEDENT TO LIABILITY

The Insured shall ensure the due compliance and observance of all terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured and which affects the liability of the Company to make any payment under this Policy.

8. COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid.

9. ENTRY AGE LIMIT

The first enrolment age of the Insured Person under this Policy shall be between sixteen (16) years and sixty-five (65) years of age.

10. MISSTATEMENT OR OMISSION OF MATERIAL FACT

This policy may be voidable in the event of a misrepresentations, misdescription, error, omission or non-disclosure of fact by the Policyholder and/or Insured Person, which the Policyholder and/or Insured Person knew or ought to have known to be untrue, misleading or relevant or which may have influenced the judgment of any prudent insurer (including the Company) in determining the premium payable and/or determining if the risk should be accepted, with or without intention to defraud the Company.

AmBEAUTY PERSONAL ACCIDENT POLICY

11. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event the Insured is admitted into a hospital and/or receives medical treatment outside Malaysia and renders bills in a currency other than Malaysian Ringgit, the Company shall indemnify the Insured or the Insured's legal personal representative in Malaysian Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the date the Insured is discharged from hospital.

12. GEOGRAPHICAL TERRITORY

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

13. NOMINEE

The appointment and revocation of nominees shall be governed by the Insurance Act 1996 and any amendments thereto. A nomination by the Insured Person under a Policy insuring her own life, other than a Muslim Insured Person, shall create a TRUST in favor of the nominee on the policy monies payable upon the death of the Insured, if the nominee is her spouse and/or child or where there is no spouse or child living at the time of nomination, the nominee is her parent. (For further details, please refer to Section 166 of the Insurance Act 1996).

While this Policy is in force and subject to the provision of the Insurance Act 1996 and any amendments thereto, the Insured Person may, by filing written notice satisfactory to the Company, change the Nominee of this Policy. A change of Nominee shall be effective only if recorded by the Company.

14. POLICY RENEWAL

It shall not be incumbent on the Company to give notice of renewal to the Insured. The premium for the renewal of this Policy shall be deemed to be due on the date on which this Policy expires. The renewal will only be valid once the company receives payment of premium from the Insured or authorized agent. This Policy shall not in any event be renewable when the Insured attains the age of seventy (70) years. Any subsequent renewal of policy after the age of seventy (70) years shall be on a case by case basis and at the discretion of the Company.

15. PREMIUM

a) Annual Payment

An annual premium will be charged to the Policyholder

b) Monthly Payment

For monthly payment, the payment of premium must be charged through auto-debit and an initial premium of 2 months will be charged.

For premium that is charged through auto-debit, we will not send you a notice when your premium is due. An official receipt will not be issued, as the premium deduction will be shown in your statement of bank account and is considered as proof of payment.

Easy Payment Plan (EPP) is only applicable for AmBank Credit Card only.

16. RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured Person resides or travels outside Malaysia for more than ninety (90) consecutive days.

AmBEAUTY PERSONAL ACCIDENT POLICY

17. TERMINATION OF INSURANCE

This is an annual policy and will terminates whichever first occur:

a) By the Insured

- **Monthly Payment**

If the Insured Person gives notice in writing to the Company to terminate the Policy, or to terminate insurance with respect to an Insured Person, such termination shall become effective on the first day of the following month after the day of receipt of notification.

- **Annual Payment**

If the Insured gives notice to the Company to terminate this Policy, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is later. In the event premium has been paid for, the Company will return short period portion of the premium for the unexpired part of the Period of Insurance provided there is no claim has been made during the currency of the policy year. This cancellation and/or termination shall render this Policy and the contract of insurance between the Company and the Insured null and void.

Short Period Table

Period not exceeding:	Refund of Annual Premium
15 days	90% (applicable for renewal only)
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

b) By the Company

The Company may give notice of termination by registered post to the Insured at his or her last known address. Such termination shall become effective seven (7) days following the date of such notice. In the event premium has been paid for any period beyond the date of termination of this Policy the pro-rata premium shall be refunded to the Insured provided that no claim has been made during the current Period of Insurance.

c) Automatic Termination

- **Policy Expiring**

This Policy shall lapse/terminate at 12.00 am mid-night (standard Malaysian time) on the last day of the Period of Insurance.

- **Non-Payment of Premium (Applicable for Monthly Payment)**

The policy shall terminate effective at 12.00 am mid-night (standard Malaysian time) after premium due is unpaid.

CASH BEFORE COVER

CASH BEFORE COVER CLAUSE

It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company before cover commences. If this condition is not complied with, then this insurance is automatically null and void.

The Company reserves the right to refuse any coverage and/or reject any claim resulting from non-payment of premium to the Company.

AmBEAUTY PERSONAL ACCIDENT POLICY

IMPORTANT NOTICE

1. The **Insured/Insured Person** shall read this Policy carefully, and if any error or misdescription be found herein, or if the cover is not in accordance with the wishes of the **Insured/Insured Person**, advice should immediately be given to **The Company** and the Policy returned for alteration.
2. **Insured/Insured Person** who is not satisfied with the course of the action or decision of **The Company** may seek recourse through Our Complaints Management Unit and alternatively, may also seek redress or assistance with the Financial Markets Ombudsman Service (FMOS) or approach Bank Negara Malaysia's BNMLINK (Laman Informasi Nasihat dan Khidmat) addressed below:

a) Complaints Management Unit

Liberty General Insurance Berhad

Customer Service Executive, Customer Contact Centre

Liberty Insurance Tower,

CT9, Pavilion Damansara Heights,

3, Jalan Damanlela,

Pusat Bandar Damansara,

50490 Kuala Lumpur.

Tel. No. : +603-2268 3333 (General Line) or

Contact information for all our brands can be found below:

Liberty Insurance Contact Channels

Liberty Insurance Hotline: 1300 888 990

Email: customer@libertyinsurance.com.my

Website: www.libertyinsurance.com.my

Kurnia Insurans Contact Channels

Kurnia Insurans Hotline: 1 800 88 3833

Email: customer@kurnia.com

Website: www.kurnia.com

AmAssurance Contact Channels

AmAssurance Hotline: 1 800 88 6333

Email: customer@amassurance.com.my

Website: www.amassurance.com.my

b) Financial Markets Ombudsman Service (FMOS)

(formerly known as Ombudsman for Financial Services)

Company No: 200401025885

General Line: +603 2272 2811

Address: Level 14, Main Block, Menara Takaful Malaysia

No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur

Website: www.fmoss.org.my

AmBEAUTY PERSONAL ACCIDENT POLICY

c) **BNMLINK**

Bank Negara Malaysia

4th Floor, Podium Bangunan AICB, No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur.

e-Link: bnm.gov.my/BNMLINK

Website: www.bnm.gov.my

3. Liberty General Insurance Berhad is a member of PIDM. The benefit(s) payable under this eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Liberty General Insurance Berhad or PIDM (visit www.pidm.gov.my).