



**AmAssurance**

# **AmPRO SUPER CARE PERSONAL ACCIDENT**

## **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](http://www.pidm.gov.my)).



**1 800 88 6333**



**[customer@amassurance.com.my](mailto:customer@amassurance.com.my)**



**[www.amassurance.com.my](http://www.amassurance.com.my)**

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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**

**Benefit 1 Accidental Death** : The scale of compensation as stated in the Table of Benefits for  
(Occurring within twelve (12) calendar months of the Accident) Accidental Death.

**Double Indemnity** is payable in the event of accidental death whilst travelling as a fare paying passenger on any mode of public transport.



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**Emergency Cash** of 100% of Capital Sum Insured shall be payable on accidental death of Insured.

**Funeral Expenses** – Lump sum cash benefit is payable in the event of Accidental Death.

**Repatriation** – Lump sum cash benefit to bring back mortal remains to home country (Malaysia, Singapore or Brunei) in the event of Accidental Death.

**Benefit 2 Permanent Disablement** : The scale of compensation as stated in the Table of Benefits for (Occurring within twelve (12) calendar months of the Accident) Permanent Disablement.

Upon certification by qualified doctor, this Policy shall in addition for the use of wheelchair, artificial limbs and cosmetic surgery up to the amount as specified in the Table of Benefits.

**Benefit 3 Medical Expenses** : Reimbursement of expenses per accident up to the amount stated in the Table of Benefits  
Medical Expenses include payment for ambulance fees, sinseh/dukun treatment and for medical report/post-mortem report up to the amount as specified in the Table of Benefits.

**Benefit 4 Hospital Benefits** : A daily cash allowance of the amount specified in the Table of Benefits shall be payable if Insured is hospitalized for more than 24 hours up to a maximum of 7 days.

**a) Hospital Allowance**

Additional daily cash allowance of the amount specified in the Table of Benefits shall be payable, up to a maximum of 5 days, if Insured is hospitalized at a government hospital.

**b) Post Hospitalisation Treatment Allowance** (within 31 days from discharged)

This allowance is only payable if Insured is hospitalized for a minimum of seven (7) continuous days due to an accident – as specified in the Table of Benefits.

Only for follow-up treatment with the same hospital.

**c) Public Transport**

The Policy shall also pay for reimbursement of Public Transport fare incurred by the Insured's next of kin for amount as specified in the Table of Benefits.

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This allowance is only payable if Insured is hospitalized for a minimum of seven (7) continuous days due to an accident.

**Benefit 5 Weekly Benefits for Temporary Total Disablement and Temporary Partial Disablement**

: Weekly amount as specified in the Table of Benefits.

**Benefit 6 Snatch Theft**

: Lump Sum payment as compensation on injury suffered by the Insured Person due to Snatch Theft. 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.

## 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.

### AGE

Age of next birthday

### 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.

### 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.

### ELIGIBLE CHILDREN

Insured Person's children/stepchildren/legally adopted children, who is/are financially dependent and/or still studying and who is/are not gainfully employed or married, who are over 1 month and under 25 years of age and permanently residing in Malaysia.

### IMMEDIATE FAMILY

The Insured Person's legal spouse, children's, parents, brothers and sisters.

### INSURED/INSURED PERSON/YOU/YOUR/YOURSELF

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

### INSURER/COMPANY/WE/US/OUR

Liberty General Insurance Berhad 197801007153 (44191-P).

### 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

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Person is fit to do by knowledge and/or training.

**PERMANENT**

Having lasted for 12 consecutive months and, at the expiry of that period, being beyond hope of recovery

**SCHEDULE**

The Schedule which is attached to and forming part of this policy

**SCHEME SELECTED**

Insured only which means Yourself only. Insured & Family which means Yourself and Your legal spouse (as named in the Schedule) and all Your Eligible Children (maximum 4 Children)

**SUM INSURED**

The limit of our liability under this insurance.

## DESCRIPTION OF BENEFITS

**ACCIDENTAL DEATH**

Death arising from Bodily Injury.

**AMBULANCE FEES**

The company will reimburse the Insured Person in respect of Ambulance Fees up to the amount specified in the Table of Benefits provided such fees were incurred as a result of an accident to the Insured.

**COSMETIC SURGERY**

The Company will reimburse the Insured up to the amount specified in the Table of Benefits in respect of expenses incurred by the Insured for corrective cosmetic surgery (including dental) due to an accident resulting in a permanent disability provided such corrective surgery (including dental) is recommended and performed by a licensed cosmetic surgeon (an orthodontist in the case of dental surgery).

**DOUBLE INDEMNITY**

The amount payable under Benefit 1 shall be doubled in the event of accidental death whilst traveling as a fare paying passenger on any mode of public transport.

**EMERGENCY CASH**

The Company will pay the Insured's legal personal representative the amount 10% of Capital Sum Insured as emergency cash in the event of accidental death of the Insured upon immediate presentation of the following documents: -

- i) Police Report
- ii) Death Certificate of Post-mortem Report

However, the payment of this emergency cash is not an immediate admission of liability. In the event that accidental death does not fall within the terms, provisos, exclusions and conditions of the Policy, the aforesaid sum paid shall be refunded to the Company.

**MEDICAL EXPENSES**

The Company will indemnify the Insured for Medical Expenses incurred by the Insured as a result of an accident provided that the maximum liability of the Company arising out of any one accident shall not exceed the amount specified in the Table of Benefits. The term



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'medical expenses' shall include expenses incurred for hospital (including Room and Board), clinical, medical and surgical treatments, sinseh or dukun treatments and cost for obtaining medical and/or post-mortem reports.

- Sinseh or Dukun Treatments  
The Company will reimburse the costs of sinseh or dukun treatments including medicine subject to the limit as specified in the Table of Benefits.
- Medical and Post-mortem Report Fees

The Company will reimburse the actual cost in full up to the sub-limit as specified in the Table of Benefits as part of Medical Expenses.

## **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 total paralyzed.

## **POST HOSPITALISATION TREATMENT ALLOWANCE**

The Company will reimburse the Insured up to the amount specified in the Table of Benefits for recovering from an accident within 31 days immediately following discharge from hospital for any one accident. These allowances are only payable if the Insured is hospitalised for a minimum of seven (7) continuous days. Only for follow-up treatment with the same hospital.

## **SNATCH THEFT**

Lump Sum payment as compensation on injury suffered by Insured due to Snatch Theft whereby the benefit payable is as set in the Table of Benefits and limited to one event per year. A police report is required which includes details of the snatch theft incident. This benefit shall not be payable for any cost incurred for treatment of emotional trauma to the Insured.

## **WEEKLY BENEFITS**

If the Insured is unable to either partially or totally engage in or attend to the Insured's profession or occupation due to injury caused by an accident covered under this Policy as certified by a qualified doctor, the Company will pay the Insured the amount specified under Weekly Benefits in the Table of Benefits up to a period of 104 weeks.

## **EXTENSIONS**

### **COMA**

Upon certification by a physician that the Insured has been in a state of coma for at least one year due to an accident, the Company will pay 100% of the Capital Sum Insured. However, the Company has the right to recover the payment made if the Insured regain consciousness provided that a deduction of 10% of the aforesaid payment be made for each year the Insured was in a state of coma.

### **DISAPPEARANCE**

If a period of ONE YEAR has lapsed from the date of reported disappearance and the Company having examined all evidence available shall have no reason to suppose other than that an accident has occurred which in all probability has resulted in the death of the Insured, the disappearance of the Insured shall be considered to constitute a claim under this Policy and the full Capital Sum Insured shall be payable. However, if at any time after payment has been made the Insured is found to be alive, any sums paid by the Company in setting this claim shall be refunded to the Company.



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## **EXPOSURE TO THE NATURAL ELEMENT**

This policy covers death or bodily injury claims caused by exposure to the natural elements as a result of an accident.

## **INSECTS AND SNAKE BITES CLAUSE**

This policy is extended to cover accidental death or bodily injury arising out of insects and snake bites (excluding death/bodily injury caused by disease except due to malaria and dengue fever).

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## TABLE OF BENEFITS

		% of Capital Sum Insured
Benefit 1	<b>ACCIDENTAL DEATH</b> (occurring within twelve calendar months of the accident)	100%
Benefit 2	<b>PERMANENT DISABLEMENT</b> (occurring within twelve calendar months of the accident)	
	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%
	- at hip	100%
	- between knee and hip	100%
	- Below knee	100%
	- Whole eye	100%
	- all sight in one eye	100%
	- all sight in one eye, except perception of light	50%
	- lens of one eye	50%
	-	40%
	- both phalanges	30%
	- one phalanx	15%
	- three phalanges	15%
	- two phalanges	10%
	- one phalanx	5%
	- three phalanges	8%
	- two phalanges	5%
	- one phalanx	3%
	- three phalanges	6%
	- two phalanges	5%
	- one phalanx	3%
	- three phalanges	5%
	- two phalanges	4%
	- one phalanx	3%
	- first or second (additional)	4%
	- third; fourth or fifth (additional )	3%
	- All	20%
	- great, both phalanges	8%
	- great, one phalanx	3%
	- other than great, if loss of more than one toe on each foot	2%
	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%
	Shortening of leg	
	- more than 1" up to 2"	5%
	- more than 2" up to 4"	10%
	- more than 4"	25%





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Benefits	Plan 1			Plan 2 (Class 1 & 2 only)			Plan 3 (Class 1 & 2 only)			Plan 4 (Class 1 & 2 only)		
	Individual	Insured Person & Spouse (each)	Child (each)	Individual	Insured Person & Spouse (each)	Child (each)	Individual	Insured Person & Spouse (each)	Child (each)	Individual	Insured Person & Spouse (each)	Child (each)
	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)	(RM)
Accidental Death	100,000	100,000	50,000	250,000	250,000	50,000	350,000	350,000	50,000	450,000	450,000	50,000
Permanent Disablement	100,000	100,000	50,000	250,000	250,000	50,000	350,000	350,000	50,000	450,000	450,000	50,000
Medical Expenses	5,000 (max)	5,000 (max)	2,500 (max)	5,000 (max)	5,000 (max)	2,500 (max)	5,000 (max)	5,000 (max)	2,500 (max)	5,000 (max)	5,000 (max)	2,500 (max)
Ambulance Fees	400 (max)	400 (max)	200 (max)	400 (max)	400 (max)	200 (max)	400 (max)	400 (max)	200 (max)	400 (max)	400 (max)	200 (max)
Sinseh / Dukun Treatment	300 (max)	300 (max)	150 (max)	300 (max)	300 (max)	150 (max)	300 (max)	300 (max)	150 (max)	300 (max)	300 (max)	150 (max)
Hospital Benefits (Per Accident)												
i) Hospital Allowance	200	200	100	200	200	100	200	200	100	200	200	100
ii) Post Hospitalisation Treatment Allowance	1,500 (max)	1,500 (max)	750 (max)	1,500 (max)	1,500 (max)	750 (max)	1,500 (max)	1,500 (max)	750 (max)	1,500 (max)	1,500 (max)	750 (max)
iii) Public Transport	100 (max)	100 (max)	50 (max)	100 (max)	100 (max)	50 (max)	100 (max)	100 (max)	50 (max)	100 (max)	100 (max)	50 (max)
Weekly Benefits	100 Per week	100 Per week	Nil	100 Per week	100 Per week	Nil	100 Per week	100 Per week	Nil	100 Per week	100 Per week	Nil
Funeral Expenses	5,000	5,000	2,500	5,000	5,000	2,500	5,000	5,000	2,500	5,000	5,000	2,500
Repatriation	2,000	2,000	1,000	2,000	2,000	1,000	2,000	2,000	1,000	2,000	2,000	1,000
Snatch Theft	500 (max)	500 (max)	250 (max)	500 (max)	500 (max)	250 (max)	500 (max)	500 (max)	250 (max)	500 (max)	500 (max)	250 (max)

The degree of shortening of limbs must be certified by a specialist's medical report.

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.

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.

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.



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## 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.
10. Racing (other than on foot), pace-making, speed or reliability trails;
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;
  - 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



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and/or to put the public, or any section of the public in fear;

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

### 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.



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## 5. 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.

## 6. 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 thirty (30) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid.

## 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. 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.

## 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.

## 11. 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



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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.

## 12. 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.

## 13. TERMINATION OF INSURANCE

This is an annual policy and will terminate 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. No refund of premium is allowed.

#### • 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 RATES 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.

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## 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.

**AmAssurance**

# AmPRO SUPER CARE 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](mailto:customer@libertyinsurance.com.my)  
Website: [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)

**Kurnia Insurans Contact Channels**

Kurnia Insurans Hotline: 1 800 88 3833  
Email: [customer@kurnia.com](mailto:customer@kurnia.com)  
Website: [www.kurnia.com](http://www.kurnia.com)

**AmAssurance Contact Channels**

AmAssurance Hotline: 1 800 88 6333  
Email: [customer@amassurance.com.my](mailto:customer@amassurance.com.my)  
Website: [www.amassurance.com.my](http://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.fmos.org.my](http://www.fmos.org.my)



**AmAssurance**

# AmPRO SUPER CARE 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](http://bnm.gov.my/BNMLINK)

Website: [www.bnm.gov.my](http://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](http://www.pidm.gov.my)).