

PRODUCT DISCLOSURE SHEET – PERSONAL ACCIDENTAL
(Please read this Product Disclosure Sheet before you decide to take up the **BizPAC Plan**. Be sure to also read the general terms and conditions stated in the policy).

Name of Financial Service Provider: **United Overseas Bank (Malaysia) Bhd.**
Name of Product: **BizPAC Personal Accident**
Date: **22/1/2025**

Consumer Insurance Contract

Pursuant to **Paragraph 5 of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance wholly **for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given (or when you applied for this insurance) is inaccurate or has changed.

Non-Consumer Insurance Contract

Pursuant to **Paragraph 4(1) of Schedule 9** of the Financial Services Act 2013, if you are applying for this Insurance **for a purpose related to your trade, business or profession**, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

1. What is this product about?

This policy provides compensation as a result of injuries, disability, or death caused solely by violent, accidental, external and visible events. Moreover, the policy provides coverage for Ambulance Fees, Daily Hospital Income due to accident, Dengue Recuperation and Renewal Bonus benefits.

2. What are the covers / benefits provided?

No	Benefits	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
1	Accidental Death	100,000	200,000	500,000
2	Permanent Disablement (up to)	100,000	200,000	500,000
3	Ambulance Fees (up to)	500	500	500
4	Daily Hospital Income due to accident (Maximum up to 20 days, per accident)	150 per day	250 per day	300 per day
5	Dengue Recuperation (per annum)	1,500	2,000	2,500
6	Renewal Bonus	10% increase per year up to 50% maximum of principal sum insured for Benefit 1 & Benefit 2		

Duration of cover is generally one year. You need to renew your cover annually unless you sign up for an auto-renewal payment instruction to renew automatically, subject to terms and conditions.

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).

3. How much premium do I have to pay?

The premium that you have to pay varies according to the plan being chosen as illustrated below:

Premium Table	Plan 1 (RM)	Plan 2 (RM)	Plan 3 (RM)
Gross Premium is before Service Tax and Stamp Duty	275	510	940

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

Type	Amount
Agent's commission or where there is an intermediary involved	25%
Stamp duty	RM 10
Service Tax	Subject to the prevailing rate as imposed by the Government of Malaysia

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

- a) Duty of disclosure - You must disclose all the material facts such as your occupation and your personal pursuits, which would affect the risk profile.
- b) Claims information:
 - no claim shall be admissible whilst premiums are in arrears
 - all claims must be notified to us in writing within 30 days from the date of loss
- c) Cash Before Cover – The premium due must be paid and received by Liberty before cover commences on a yearly basis. This insurance is automatically null and void if this condition is not complied with.
- d) The maximum number of Policy can be purchased by any Insured Person is one (1) active policy only.
- e) This policy can be purchased by the Insured Person under occupation Class 1 or Class 2 only.
Classification of occupation as follows:
Class 1 – Professions and occupations involving non-manual, administrative or clerical work solely in offices or similar non-hazardous environment.
Class 2 – Professions and occupations involving manual work only occasionally when supervising workmen.
- f) Enrollment age of the insured person: from age 18 to 65 years old. Renewable up to 75 years old.

6. What are the major exclusions under this policy?

This policy does not cover bodily injury, death, disability, or hospitalization of the insured person caused by the following events:

- (a) Suicide or intentional self-injury.
- (b) Pre-existing medical conditions, mental disorder or physical infirmity.
- (c) Pregnancy or childbirth unless caused solely and directly by the Accident.
- (d) AIDS or any related diseases, immunodeficiency disorder or tested positive on an Aids-related blood test.
- (e) Having taken a drug, unless you prove that the drug was taken in accordance with proper medical prescription and directions, and not for treatment of drug addiction.
- (f) treatment of alcoholism or intoxication.
- (g) Cosmetic or plastic surgery or any elective surgery or congenital anomalies.
- (h) Dental disease, dental care or surgery.
- (i) Treatment for obesity/weight related improvement.
- (j) General check-up, convalescence, custodial or rest cure.
- (k) Any sexually transmitted diseases.
- (l) while committing or attempting to commit any unlawful act.
- (m) Insured Person does not have a valid driving license to drive the Vehicle. This will not apply if the Insured Person has an expired license but is not disqualified from holding or obtaining such driving license under any existing laws, by-laws and regulations.

Note: This list is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

7. Can I cancel my policy?

You may cancel your policy by giving a 30 days' prior written notice to the insurance company. Upon cancellation, you are entitled to a refund of the premium based on the unexpired period of the insurance.

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

It is important that you inform our company of any changes to your profile, including your occupation and personal pursuits, which would affect the risk profile.

9. Where can I get further information?

This product is distributed by UOB.

To find out more, please visit UOB.my/Banca or contact the 24-hour UOB Contact Centre at **+6 03-26128 121**

Scan the QR code for more ways to reach us:



UOB.my/contactus

If you have any other enquiries, please contact us at:

Customer Service Executive, Customer Contact Centre

Liberty General Insurance Berhad

Liberty Insurance Tower,
CT9, Pavilion Damansara Heights,
3 Jalan Damanlela,
Pusat Bandar Damansara,
50490 Kuala Lumpur.
Hotline No. : 1800-88-8121
E-mail : customer@libertyinsurance.com.my
Website : www.libertyinsurance.com.my

10. Other types of Personal Accident Insurance cover available

- Max Guard
- Premier Care Cash Plan (PCCP)
- Revo Care Plan (RCP)

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED. 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 January, 2025.