



Liberty
Insurance®

LIBERTY PA GUARD
Terms & Conditions

Schedule of Benefit

Item	Schedule of Benefits	Limit	Sum Insured Per Accident (RM)					
			Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6*
1	Accidental Death	Per Adult	50,000	100,000	200,000	500,000	1,000,000	2,000,000
		Per Senior Adult	25,000	50,000	100,000	250,000	500,000	1,000,000
		Per Child	7,500	15,000	30,000	75,000	150,000	300,000
		Family Limit	150,000	300,000	600,000	1,500,000	3,000,000	6,000,000
2	Accidental Permanent Total Disablement	Per Adult	50,000	100,000	200,000	500,000	1,000,000	2,000,000
		Per Senior Adult	25,000	50,000	100,000	250,000	500,000	1,000,000
		Per Child	7,500	15,000	30,000	75,000	150,000	300,000
		Family Limit	150,000	300,000	600,000	1,500,000	3,000,000	6,000,000
3	Temporary Total Disablement (Limit per weeks, up to 104 weeks)	Per Person	50	50	100	250	500	750
		Family Limit	150	150	300	750	1,500	2,250
4	Temporary Partial Disablement (Limit per weeks, up to 104 weeks)	Per Person	25	25	50	125	250	375
		Family Limit	75	75	150	375	750	1,125
5	Renewal Bonus	Per Person	20% per year up to 100% of Principal Sum Insured of Benefit 1 & 2					
6	Double Indemnity due to motor vehicle accident on Public Conveyance	Per Adult/ Child/ Family Limit	Available					
7	Medical Expenses (Inclusive Ambulance Fees)	Per Adult	3,000	4,500	6,000	7,500	10,000	15,000
		Per Senior Adult	1,500	2,250	3,000	3,750	5,000	7,500
		Per Child	3,000	4,500	6,000	7,500	10,000	15,000
		Family Limit	9,000	13,500	18,000	22,500	30,000	45,000
8	Alternative Medicine	Per Person	500	500	500	500	500	1,000
		Family Limit	1,500	1,500	1,500	1,500	1,500	3,000
9	Daily Hospital Allowance due to Accident (up to 180 days)	Per Person	50	75	100	150	150	300
		Family Limit	150	225	300	450	450	900
10	Dental Correction and Corrective Surgery	Per Person	2,000	3,000	3,000	5,000	5,000	10,000
		Family Limit	6,000	9,000	9,000	15,000	15,000	30,000
11	Travel Allowance (RM200 per week)	Per Person	2,000	3,000	3,000	5,000	5,000	5,000
		Family Limit	6,000	9,000	9,000	15,000	15,000	15,000
12	Nursing Care Charges	Per Person	500	1,000	2,000	3,000	4,000	5,000
		Family Limit	1,500	3,000	6,000	9,000	12,000	15,000
13	Bereavement Allowance	Per Person	5,000	10,000	20,000	50,000	100,000	200,000
		Family Limit	15,000	30,000	60,000	150,000	300,000	600,000
14	Rehabilitation Allowance	Per Person	1,000	1,000	1,000	1,000	1,000	1,000
		Family Limit	3,000	3,000	3,000	3,000	3,000	3,000
15	Cashless Admission Guarantee (Accidental Only)	Per Person	Available (Amount guarantee is up to the limit stipulated in Benefit 7					
16	Personal Liability	Per Person	50,000	100,000	200,000	500,000	1,000,000	2,000,000
		Family Limit	150,000	300,000	600,000	1,500,000	3,000,000	6,000,000
17	Kidnap - Expenses	Per Person	5,000	5,000	5,000	10,000	10,000	10,000
		Family Limit	15,000	15,000	15,000	30,000	30,000	30,000
	Kidnap - Reward	Per Person	25,000	25,000	25,000	50,000	50,000	50,000
		Family Limit	75,000	75,000	75,000	150,000	150,000	150,000
18	Snatch Theft	Per Person	500	500	500	500	500	500
		Family Limit	1,500	1,500	1,500	1,500	1,500	1,500
19	Prostheses/ Wheelchair Benefit	Per Person	2,000	2,000	2,000	2,000	2,000	5,000
		Family Limit	6,000	6,000	6,000	6,000	6,000	15,000
20	Repatriation Expenses	Per Person	1,500	2,000	3,000	5,000	7,500	15,000
		Family Limit	4,500	6,000	9,000	15,000	22,500	45,000
21	Lifestyle Modification Expenses	Per Person	25,000	50,000	100,000	250,000	500,000	750,000
		Family Limit	75,000	150,000	300,000	750,000	1,500,000	2,250,000
22	Housekeeping Services	Per Person	200	250	300	350	400	750
		Family Limit	600	750	900	1,050	1,200	2,250
23	Funeral Expenses	Per Person	2,000	3,000	3,000	5,000	5,000	10,000
		Family Limit	6,000	9,000	9,000	15,000	15,000	30,000

Notes: -

1. Eligible entry age is from 18 to 70 years old (Adults), renewable age up to 85 years.
2. Eligible age for children is from 30 days to 18 years of age (or up to 23 years for full-time students).
3. Children are only covered up to 15% of Adult Benefit 1, 2 and 6.
4. Senior Adult is defined aged 71 and above and are only covered up to half of Adult Benefit 1, 2, 6 and 7.
5. Family Limit Sum Insured is limited up to three (3) times of individual Adult Sum Insured limit specified above.
6. *To be referred for underwriting. In order for an individual to purchase Principal Sum Insured of RM2,000,000, proposer will have to submit completed the Large Amount Questionnaire (LAQ) signed by Proposer.

LIBERTY PA GUARD INSURANCE POLICY

This Policy, the **Schedule** and any Endorsement or Memorandum thereon, shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them, shall bear such meaning throughout.

SECTION A – OUR AGREEMENT

You, the **Insured/ Insured Person**, and **We**, the **Company**, agree

1. The **Proposal** shall be incorporated in and be the basis of the contract.
2. **We** will provide the insurance subject to the terms of this Policy.
3. The following shall be conditions precedent to any liability on **Our** part:
 - a) Observance of the terms of this Policy relating to anything to be done or complied with by **You** or the **Insured Person**.
 - b) The truth of the **Proposal** as per Schedule 9 of the Financial Services Act.
 - i) This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in **Your** Proposal Form (or when **You** applied for this insurance) and any other disclosures made by **You** between the time of submission of **Your** Proposal Form (or when **You** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by **You** shall form part of this contract of insurance between **You** and **Us**. However, in the event of any pre-contractual misrepresentation made in relation to **Your** answers or in any disclosures given by **You**, 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 **You** and **Us**.
 - ii) **You** must observe and fulfil the Terms, Conditions, Endorsements, Clauses or Warranties of the Policy.

SECTION B - DEFINITIONS

For the purpose of this Policy

1. The **Company/We/Us/Ourselves** mean Liberty General Insurance Berhad 197801007153 (44191-P).
2. The **Insured/ Insured Person/ You/ Your/ Yourself** means the person named as **Insured Person** in the **Schedule** or any subsequent revision, amendment or endorsement thereto.
3. **Accident** or **Accidental** means a sudden unforeseen and fortuitous event.
4. **Claimant** is an **Insured Person**, Legal's Representative or Business Entity that files a claim for benefits under the provisions of an insurance policy.
5. **Date of Accident** means the day when any of the **Injury** and other covered incident(s):
 - (a) occurs;
 - (b) is inflicted to: and/or
 - (c) contracted by the **Insured Person**
6. **Family member(s)** shall mean **Your** selected one (1) legal spouse, children, and legally adopted child or sibling.

Family plan shall mean **You**, **Your** selected one (1) legal spouse and all **Your** accompanying children aged 18 years or 23 years old (full time student) and below.
7. **Hospital** shall mean an establishment which meets all the following requirements:
 - a. holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
 - b. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
 - c. provides 24-hour a day nursing service by registered or graduated nurses;
- d. has a staff of one or more licensed physicians available at all times;
- e. provides organized facilities for diagnosis and major surgical facilities; and
- f. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not other than incidentally, a place for alcoholics or drug addicts.
8. **Injury** means bodily injury suffered anywhere caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear occurring during the **Period of Insurance**.
9. **Loss of Eye** includes total and irrecoverable loss of sight.
10. **Loss of Limb** shall mean loss by physical severance or total and irrecoverable loss of use of a hand at or above the wrist or of a foot at or above the ankle.
11. **Loss of Speech** shall mean the inability of articulating any three (3) of the four (4) sounds which contribute to the speech such as Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.
12. **Loss of Hearing** shall mean **Permanent** and total irrecoverable loss of hearing in both ears confirmed by an Ear, Nose & Throat (ENT) Specialist with supporting medical evidence in the form of audiometry and sound-threshold tests.
13. **Loss of Fingers** or **Toes** shall mean complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.
14. **Medical Practitioner** means a properly qualified Medical Practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training.
15. **Motor Vehicle** means a vehicle of any description, propelled by means of mechanism contained within itself and constructed or adapted so as to be capable of being used on roads, and includes a trailer.
16. **Pandemic** is an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.
17. **Period of Insurance** means the duration for when an **Insured Person** is insured, subject to the terms, conditions and exclusions set out in this Policy and the specific dates confirmed by the **Policyholder** to the **Insured Person** as set out in the **Schedule**.
18. **Permanent** shall mean lasting for twelve (12) consecutive calendar months from the date of the **Accident** and at the expiry of the twelve (12) months period being beyond any hope of improvement or recovery.
19. **Physician** or **Surgeon** shall mean a practitioner of occidental medicines registered under the Medical Register of the Ministry of Health, Malaysia, and should a claim arise outside of Malaysia, Physician or Surgeon shall mean a practitioner of occidental medicines registered under the laws of the country in which the claim arises and no other person.
20. **Pick-Pocketing** shall mean the act of stealing from the **Insured Person's** pocket or hand carried bag (s) unnoticed and discreetly in public places.
21. **Policy Effective Date** is the date when coverage under this Policy takes effect.
22. **Policyholder** means a person or a corporate body as described in the **Schedule** to whom this Policy has been issued in respect of cover for the **Insured Person**.

23. **Pre-existing Conditions** wherever used in this Policy shall mean an **Injury**, illness, physical defect or infirmity that were diagnosed at any time prior to the **Policy Effective Date** or any condition that the **Insured Person** was aware of, or should reasonably have been aware of at the Inception of the Policy or any condition for which an **Insured Person** had previously received treatment, medication or advice from a **Physician**.
24. **Proposal** means any signed proposal form and declaration and any information supplied by **You**, or on **Your** behalf.
25. **Public Conveyance** means any scheduled bus, taxi, e-hailing vehicle, coach, airport limousine, ferry, ship, train, tram, helicopter or flight which is duly licensed for the transportation of fare-paying passengers.
26. **Schedule** means the Schedule of Insurance attaching to and forming part of this Policy.

SECTION C - SCHEDULE OF BENEFITS

This Policy provides 24 hours world-wide cover for any bodily injury cause solely and directly by violent, accidental, external and visible means and being the sole and direct cause of Death or Disablement to the **Insured Person**.

1. Accidental Death

In the event of an **Accident** during the **Period of insurance** causing an **Injury** resulting in death of the **Insured Person** occurring within twelve (12) calendar months from the **Date of Accident**, the **Company** shall pay the death benefit according to the percentage of the Principal Sum Insured as stated in the Scale of Benefits.

2. Accidental Permanent Disablement

In the event of an **Accident** during the **Period of insurance** causing an **Injury** resulting in Permanent Disablement (verified by a **Medical Practitioner**) to the **Insured Person** occurring within twelve (12) calendar months from the **Date of Accident**, and entirely prevents the **Insured Person** from engaging in gainful employment of any and every kind and for which there is no hope of recovery, the **Company** shall pay the Permanent Disablement benefit according to the percentage of the Principal Sum Insured as stated in the Scale of Benefits.

Scale of Benefits Table		Percentage of Principal Sum Insured
Death by Accident (occurring within twelve (12) calendar months from the Date of Accident)		100%
Permanent Disablement (occurring within twelve (12) calendar months from the Date of Accident)		
- Loss of two Limbs		100%
- Loss of both hands, or of all fingers and both thumbs		100%
- Loss of Hand at wrist		100%
- Any part of leg except toes		100%
- Total paralysis from neck down		100%
Loss of arm	- at shoulder	100%
	- between shoulder and elbow	100%
	- at elbow	100%
	- between elbow and wrist	100%
Eye: Loss of	- whole eyes	100%
	- Sight of one or both eyes	100%
- Total paralysis		100%
- Injuries resulting in being permanently bedridden		100%
- Lens of eye		50%
- Loss of four fingers and thumb of one hand		50%
- Loss of four (4) fingers		40%
Loss of thumb	- both phalanges (bones)	30%
	- one phalanx	15%
Loss of index finger	- 3 phalanges	15%
	- 2 phalanges	10%

	- 1 phalanx	5%
Loss of middle finger	- 3 phalanges	8%
	- 2 phalanges	5%
	- 1 phalanx	3%
Loss of ring finger	- 3 phalanges	6%
	- 2 phalanges	5%
	- 1 phalanx	3%
Loss of little finger	- 3 phalanges	5%
	- 2 phalanges	4%
	- 1 phalanx	3%
Loss of metacarpals	- 1st or 2nd (each)	3%
	- 3rd, 4th or 5th (each)	2%
Loss of toes	- all	15%
	- great both phalanges	5%
	- great one phalanx	2%
	- other than great, each toe	1%
Loss of hearing	- both ears	75%
	- one ear	15%
- Loss of speech		50%
Coma		100%
Disappearance		100%

Note:

- Permanent** Total Loss of use of a part of a body shall be treated as a loss of the part of the body.
- Aggregate of all percentage payable in respect of any one **Accident** shall not exceed 100%. In the event of a total of 100% having been paid during the **Period of insurance**, all Insurance hereunder shall immediately cease to be in force. All other losses lesser than 100% if having been paid shall reduce the coverage by that amount from the **Date of Accident** until the expiry of this Policy.
- When the **Injury** is not specified, **We** will adopt a percentage of disablement under the above scale which is not inconsistent with the provisions of the said benefit.
- The occurrence of any specific loss for which compensation is payable under this part shall at once terminate all insurance under this Policy, but such termination shall be without prejudice to any claim originating but of the accident causing such loss.
- Upon certification by a **Medical Practitioner** that the **Insured Person** has been in a coma state for at least one (1) year due to an **Accident**, **We** will pay one hundred percent (100%) of the Principal Sum Insured. However, the **Company** has the right to recover the payment made if the **Insured Person** regains consciousness provided that a deduction of ten percent (10%) of the aforesaid payment is recoverable from **Insured Person** for each year the **Insured Person** was in a coma state.

3. Temporary Total Disablement

Weekly Compensation (up to 104 weeks) in the event of Temporary Total Disablement from engaging in, or giving attention to profession or occupation.

4. Temporary Partial Disablement

Weekly Compensation (up to 104 weeks) at the rate of one half the compensation payable in respect of Temporary Partial Disablement from engaging in, or giving attention to profession or occupation.

5. Renewal Bonus

Upon renewal of this Insurance, the principal Sum Insured shall be increased by 20% per year up to 100% of the Principal Sum for a period of 5 years subject to no claim made under Accidental Death or Permanent Disablement and policy is not lapsed in any one year given.

We will take over the renewal bonus if the proposer able to provide proof (renewal notice/ policy schedule) on the renewal bonus they are enjoying under their existing policy. **We** will grant the next

nearest level renewal bonus with the condition of current Sum Insured plan is not greater than the previous Sum Insured plan. The takeover policy is subject to there being no claims arising.

Example 1: Nearest Level Renewal Bonus for Take Over Policy

Existing renewal bonus = 0% to 10% → take over with 20%
 Existing renewal bonus = 20% to 30% → take over with 40%
 Existing renewal bonus = 40% to 50% → take over with 60%
 Existing renewal bonus = 60% to 70% → take over with 80%
 Existing renewal bonus = 80% to 90% → take over with 100%

Example 2: Take Over Sum Insured Renewal Bonus is not Greater than the Principal Sum Insured Existing Policy Plan

Existing Policy	Entitlement with the Same Plan Limit Renewal Bonus
SI = RM100,000	SI = RM100,000
40% RB = RM40,000	60% RB = RM60,000
SI = RM300,000	SI = RM300,000
80% RB = RM240,000	100% RB = RM300,000

Legend:

RB = Renewal Bonus
 SI = Principal Sum Insured

Notes:

Any take over policy with higher plan Limit, proposer is required to submit the required documents for Head Office Underwriting review and approval.

6. Double Indemnity

We will pay You or Your legal representative in the event that **You** suffer death, total paralysis from neck down or permanent total loss of use of two or more limbs due to motor vehicle accident, whether as a pedestrian, passenger, pillion or driver/ rider or an accident whilst travelling as a fare-paying passenger in a public conveyance or whilst travelling overseas, this benefit will be payable together with Renewal Bonus (if any) shall be doubled.

Provided:

Double Indemnity payout due to motor vehicle accident is applicable for class 1 and 2 occupations only.

7. Medical Expenses

Medical Fees and Expenses shall apply only to expenditure incurred as a result of an **Accident** in respect of medical or surgical treatment by qualified **Medical Practitioner** or in connection with **Hospital** confinement or the services of a qualified nurse or the application of dressings or for the examinations by x-ray or for the use of an operating room and/or an ambulance, or for the administration of medicines or anesthetic prescribed by a qualified **Medical Practitioner**.

Medical expenses shall include the following: -

- Fees for medical Report and/or post-mortem Report, Ambulance Fees and follow up treatment -The **Company** will reimburse the actual cost in full as part of the Medical Expenses up to the limit specified in the Schedule of Benefit.

8. Alternative Medicine

We will reimburse the Insured Person the costs of Sinseh or Traditional Treatments incurred by the **Insured Person** as a result of an **Accident** up to the limit specified in the Schedule of Benefit.

Note: This is a separate benefit from Medical Expenses

9. Daily Hospital Allowance

We will reimburse Insured Person up to the amount specified in the Schedule of benefit in the event insured is hospitalised for more than 24 hours due to an **Accident** injury. The maximum period payable for this benefit is 180 days.

For the avoidance of doubt and notwithstanding the definition of **Accident**, this benefit does not include food and drink poisoning,

Dengue, Zika Virus, MERS-CoV, Ebola Viral, Haemophilus Influenzae, Hand Foot Mouth Disease (HFMD) and Chikungunya and any other form of disease as stated in the General Exclusion under Section D item 4.

Daily compensation is payable only if the **Insured Person** is hospitalised within twenty-one (21) days of the **Date of Accident**. Successive periods of hospital confinement due to the same cause, shall be considered as one **Accident**.

10. Dental Correction and Corrective Surgery

We will reimburse the Insured Person up to the amount specified in the Schedule of benefit in respect of expenses incurred by the Insured for Dental Correction or Corrective Cosmetic surgery performed on the Insured's neck or head following injuries sustained as a result of an **Accident**, provided such Dental Correction and/or Corrective Cosmetic Surgery is recommended/ performed by a licensed Orthodontist or Cosmetic Surgeon.

11. Travel Allowance

We will reimburse the Insured Person for travelling allowance for RM200 per week up to the limit specified in the **Schedule** for reasonable expenses incurred and accommodation by one (1) **Family Member** to take care and/or accompany the **Insured Person** during the period of hospitalisation, provided the hospitalisation is a result of an **Accident**.

12. Nursing Care

In the event of an **Accident** during the **Period of insurance** causing an **Injury** and the **Insured Person** requires nursing care following the **Insured Person's** discharge from the **Hospital**, the **Company** will reimburse the cost of the nursing care up to the amount specified in the **Schedule** and up to a maximum of sixty (60) days provided that:

- the nursing care is provided within seven (7) days from the date of the **Insured Person's** discharge from the **Hospital**, where the **Insured Person** was hospitalised for a minimum of three (3) consecutive days; and
- the nursing care is deemed medically necessary by the **Insured Person's** treating **Medical Practitioner**.

13. Bereavement Allowance

We will pay to the Insured's legal representative, in the event the Death of an **Insured Person** is directly arising from Dengue, Malaria or Japanese Encephalitis, Zika Virus, MERS-CoV, Ebola Viral, Haemophilus Influenzae, Hand Foot Mouth Disease (HFMD) and Chikungunya, the amount as specified in the Schedule of Benefits as a Bereavement Allowance upon submission of documents as required by the **Company**.

14. Rehabilitation Allowance

In the event of an **Accident** which is covered during the **Period of insurance** causing an **Injury** and the **Insured Person** requires rehabilitation following a **Hospital** discharge, the **Company** will reimburse the cost of consultation and medical treatments with a **Medical Practitioner**, therapist or alternative medical practitioner for rehabilitation expenses up to the amount specified in the **Schedule**.

For the purpose of this Policy, rehabilitation expenses include:

- Physical therapy, occupational therapy, speech therapy, respiratory therapy, cognitive rehabilitation; and/or
- Post-traumatic counseling for:
 - Insured Person**; and/or
 - limited to one (1) counseling session

This benefit is payable subject to the following:

- the consultation/therapy sessions are prescribed in writing by the attending **Medical Practitioner** and held in Malaysia; and
- the first therapy/counseling session with the **Medical Practitioner**, therapist or alternative medical practitioner occurs within ninety (90) days following the **Hospital** discharge.

15. Cashless Admission Guarantee

We will facilitate the **Insured Person's** admission into a licensed participating local Private **Hospital** in Malaysia by providing any guarantee required by the **Hospital** in the event that the **Insured Person** suffers bodily injury and is confined in a **Hospital**. Thereafter, We will also facilitate the **Insured Person's** discharge from the same **Hospital** provided the final bill from the **Hospital** does not exceed the **Insured Person's** medical expenses' limit as stated in the Schedule of benefit.

This cashless hospital Admission Guarantee will be activated after the issuance of the Cover note or policy and premium has been paid in full to any of Our registered office or to our respective Intermediaries.

Important Notes:

This benefit only covers accidental bodily injury and does not include any sickness cover such as Dengue, Zika Virus, Malaria, Japanese Encephalitis or Chikungunya and any other form of diseases.

Kindly contact our appointed Third Party Administrator (TPA) for the Guarantee Letter Cashless Admission.

16. Personal Liability

We will indemnify the **Insured Person** up to the amount specified in the Schedule of Benefits if the **Insured Person** shall become legally liable to pay to third parties in respect of accidental bodily Injury or accidental damage to property. The territorial limit of this benefit is within Malaysia only.

17. Kidnap Benefit & Kidnap Award

We will pay the **Insured Person's** family a kidnap benefit up to RM10,000 to recover the **Insured Person**. We will also offer a reward up to RM50,000 for information leading to the recovery of the **Insured Person** provided that the **Insured Person** is still alive at the time of recovery. The Principal Sum Insured will be paid in full if the kidnapped **Insured Person** is not recovered after a period of one year from the date of reported kidnapping to the police.

18. Snatch Theft

We will pay the **Insured Person** the amount as per the Schedule of benefit in the event the **Insured Person** suffered Snatch Theft or Attempted Snatch Theft (which excludes pickpocket), provided that original true copy of police is submitted for claims processing. Police report must be made within twenty-four (24) hours of the Snatch Theft or Attempted Snatch Theft occurrence.

19. Prostheses/ Wheelchair Benefit

In the event the **Insured Person** suffers Permanent Disablement due to an **Accident**, We will reimburse the **Insured Person**, up to the limits stipulated in the **Schedule**, the actual costs of purchasing a medical equipment such as wheelchair, artificial arm or leg or crutches provided always that such medical equipment is necessary to assist the mobility of the **Insured Person** and is recommended by the attending **Medical Practitioner**.

20. Repatriation Expenses

The **Company** will reimburse the Insured's legal representative as per Schedule of benefits for repatriation expenses incurred in sending the Insured's mortal remains back to the Insured's home country if the Insured's death is due to an **Accident** whilst travelling outside of his home country.

21. Lifestyle Modification Expenses

In the event Benefit A (Permanent Disablement) is payable fifty percent (50%) and above according to the percentage of the Principal Sum Insured as stated in Table 1 – Scale of Benefits of this Policy, the **Company** will reimburse the costs of modification including associated expenses to the **Insured Person's** home

and/or **Motor vehicle** up to the amount specified in the **Schedule** provided that the said modifications are required and is essential for the purpose of enabling the **Insured Person** to cope with the disability and aiding the **Insured Person's** mobility.

This benefit payable is subject to the following:

- The **Insured Person** must provide to the **Company** the original receipts for the expenses incurred for the modification and photographs of before and after the modification;
- the said modifications shall commence within one hundred and eighty (180) days following the attending **Medical Practitioner's** confirmation of such Permanent Disablement.

No reimbursement is payable if the said modifications were already pre-planned or ongoing prior to the Date of Loss/Accident.

22. Housekeeping Services

In the event the **Insured Person** requires Hospitalisation for more than 1 week temporary disablement as a result of an **Accident**, the **Company** will reimburse the cost for the services of a housekeeper to perform daily household duties, groceries delivery, meal preparation, laundry and other similar household tasks at the **Insured Person's** home up to the amount specified in the **Schedule** provided that such services of a housekeeper is acquired within seven (7) days from the date of the **Hospital** discharge.

23. Funeral Expenses

We will pay to the Insured's legal representative the amount specified in the Schedule of Benefit as funeral expenses in the event of accidental death of the **Insured Person**.

SECTION D - EXCLUSIONS

We shall not make any payment for bodily **Injury**, death or disability:-

- Caused or contributed by **Pre-existing** Medical conditions as specifically defined above, diseases or illness caused by harmful insects, mosquitoes, snake or animal bites, and death from drugs.
- Unless previous consent from **Us** has been obtained and the Policy has been endorsed accordingly, otherwise **We** will not cover in any event bodily **Injury** suffered by the **Insured Person** from engaging in (or practicing for or taking part in training peculiar to),
 - Racing of any kind (other than on foot) or trial of speed or reliability.
 - Mountaineering or rock or cliff climbing necessitating the use of ropes or guides.
 - Aerial activities including hang gliding, parachuting, parasailing or hang gliding
 - Steeple chasing
 - Yachting, water skiing, underwater activities exceeding 50 meters in depth
 - Boxing, wrestling and training or performing any forms of martial arts, acrobatics or similar kind of body-contact sports
 - Winter sports (Winter Sport shall not include curling or skating)
- Injury** caused or contributed by
 - Suicide or intentional self-injury.
 - Pre-existing** physical or mental defect or infirmity.
 - Pregnancy or childbirth unless caused solely and directly by the Accident.
 - AIDS or any related diseases, immunodeficiency disorder or tested positive on an Aids-related blood test.
 - 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.
 - Mental or nervous disorders or treatment of alcoholism or intoxication.
 - Drunk driving while under influence of intoxication drugs or alcohol

- (h) Cosmetic or plastic surgery or any elective surgery or congenital anomalies.
 - (i) Dental disease, dental care or surgery.
 - (j) Treatment for obesity/weight related improvement.
 - (k) General check-up, convalescence, custodial or rest cure.
 - (l) Any sexually transmitted diseases.
 - (m) Provoked murder or assault.
 - (n) While committing or attempting to commit any unlawful act.
4. Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV).
5. Sustained by the **Insured Person** while engaged in private flying or other aerial activity except as a fare-paying passenger in any commercial scheduled airline licensed to carry passenger over established routes.
6. Caused by war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.
7. Caused or contributed by **Injury** arising from engaging in the **Insured Person's** occupation as:
- Naval, Military or Air Force service or operations.
 - Stevedores
 - Test Pilots
 - Professional Divers
 - Professional Sports Team
 - Policeman, Fireman
 - Air Crews and ship crews
 - Acrobats, Circus performers, Stuntmen
8. Illness or **Injury** arising from or in consequence of nuclear reaction, nuclear radiation or radioactive contamination.
9. By the **Insured Person** who is eighty-six (86) years of age and above.
10. No compensation will be made for any form of sickness, disease and illness in the event of it is declared as a **Pandemic** by the Government or Authorities of the country/ area.
11. **Terrorism**
Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
- For the purpose of this endorsement 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 organisation(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.
- This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.
- If **We** allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the **Insured Person**.
- In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
12. **Cyber Loss Limited Exclusion Clause**
1. Notwithstanding any provision to the contrary within this

Policy, this Policy excludes any Cyber Loss.

2. Cyber Loss means any loss, damage, liability, expense, fines or penalties or any other amount directly caused by:
- 2.1 the use or operation of any Computer System or Computer Network;
 - 2.2 the reduction in or loss of ability to use or operate any Computer System, Computer Network or Data;
 - 2.3 access to, processing, transmission, storage or use of any Data;
 - 2.4 inability to access, process, transmit, store or use any Data;
 - 2.5 any threat of or any hoax relating to 2.1 to 2.4 above;
 - 2.6 any error or omission or accident in respect of any Computer System, Computer Network or Data.
3. Computer System means any computer, hardware, software, application, process, code, programme, information technology, communications system or electronic device owned or operated by the Insured or any other party. This includes any similar system and any associated input, output or data storage device or system, networking equipment or back up facility.
4. Computer Network means a group of Computer Systems and other electronic devices or network facilities connected via a form of communications technology, including the internet, intranet and virtual private networks (VPN), allowing the networked computing devices to exchange Data.
5. Data means information used, accessed, processed, transmitted or stored by a Computer System.

SECTION E - CONDITIONS

1. ELIGIBILITY – ENROLMENT

The **Insured Person** must be:

- i) Malaysian citizen; Permanent Resident, or foreign residents/ foreign nationals with valid Work Permit/ Employment Pass or otherwise legally employed in Malaysia.
- ii) Adult between the ages of 18 and 70 years at the date of the Policy inception and is free from physical defects and in normal health.
- iii) Children between the ages of 3 months to 18 years of age (or up to 23 years for full-time students).
- iv) This policy cover an **Insured Person** is renewable up to age 85 years old.
- v) The maximum number of Policy(ies) that can insured by any **Insured Person** is one (1) policy. In the event there is more than one insurance, **We** are liable to pay on one policy only, which ever sum assured is higher.

2. Payment in respect of any premium shall not be deemed to be payment to **Us** unless a printed form of receipt signed by a duly authorised representative of **Our Company** shall have been issued therefore.
3. All notices required to be given by the **You** to **Us** must be in writing addressed to the nearest local Branch or Agency of **Our Company** and no alteration in the terms of this Policy or any endorsement thereon will be held valid unless the same is signed or initialed by an authorised representative of **Our Company**.

4. CANCELLATION

We may cancel this Policy at any time by written notice delivered to **You** or mailed to **Your** last address as shown by the records of **Our Company** stating when thereafter such cancellation shall be effective. In the event of such cancellation, **We** will return the pro rata unearned portion of any premium actually paid by **You**. Such cancellation shall be without prejudice to any claim originating prior thereof. In the event the Policy is cancelled by **You**, the earned premium shall be

computed in accordance with the short rate table used by **Our Company** at any time of cancellation.

SHORT PERIOD RATES

Period of Insurance	Percentage of Annual Premium to be charged
Not exceeding one calendar month-----	25%
Exceeding 1 month but up to 3 months-----	50%
Exceeding 3 months but up to 6 months-----	75%
Exceeding 6 months but up to 9 months-----	90%
Exceeding 9 months-----	100%

5. CHANGE OF OCCUPATION

If an **Insured Person** shall engage in any occupation in which a greater risk may be incurred than in the occupation that is stated in the **Proposal** or subsequent endorsement for this Policy without first notifying **Us** and obtaining written agreement to the amendment of the Policy (subject to the payment of such reasonable additional premium as **We** may require as the consideration for such agreement), then no claim shall be payable in respect of any **Injury** arising out of or in the course of such occupation.

6. CURRENCY AND EXCHANGED RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the **Insured Person** shall be admitted into a **Hospital** and/or receive medical treatment outside Malaysia and render bills in a currency other than Malaysian Ringgit, **We** shall indemnify the **Insured Person** or his/her legal personal representative in Malaysian Ringgit based on the quoted exchanged rate (open market rate if a free market, official rate if not a free market) at the date the **Insured Person** is discharged from **Hospital**.

7. TIME OF NOTICE OF CLAIM

Written notice of **Injury** on which claim may be based must be given to **Us** within 30 days after the **Date of Accident** causing such **Injury** or as soon as possible as the situation permits. In the event of **Accidental** death, immediate notice thereof must be given to **Us**.

8. CLAIMS THROUGH THE NAMED INSURED

All claims hereunder shall be submitted through the named **Insured Person**.

9. FORMS FOR PROOF OF LOSS

We, upon receipt of such notice, will furnish to the **Claimant** such forms, as are usually furnished by **Us** for filing proof of loss.

10. TIME FOR FILING PROOF OF LOSS

Affirmative proof of loss must be furnished to **Us** at our said office within one hundred eighty (180) days after the date of such loss.

11. MEDICAL EXAMINATION

We shall have the right and opportunity to examine the **Insured Person** when as often as it may reasonably require during the pendency of claim hereunder and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

12. AMATEUR SPORTS

It is hereby declared and agreed that this Policy is extended to cover death or disablement arising whilst the **Insured Person**

is engaged in indoor or outdoor sports as an amateur except as stated under Section D – Exclusion under item 2.

13. SCUBA DIVING

It is hereby declared and agreed that this Policy is deemed to cover death or disablement to **Insured Person** whilst engaged in scuba diving as an amateur sports subject to the **Insured Person** is a member of recognized diving club and holds a valid diving license or diving under the guidance of a professional diving instructor.

14. HUNTING

It is hereby declared and agreed that this Policy extends to cover the **Insured Person** against death or disablement whilst engaged in hunting, provided approval/permits/license from the relevant authorities have been obtained and the **Insured Person** holds a valid license to possess and use firearms for hunting purposes only.

15. INSECTS, SNAKE AND ANIMAL BITES

This policy is extended to cover the **Insured Person** as within mentioned directly resulting from Insects Bites, Snake Bites and Animal Bites and Insect bites but excludes the consequence arising from the disease or illness caused by parasite, bacteria, or viruses carried by insects such as mosquitoes and the like, snake or animal.

16. INTOXICATION

This policy is extended to cover Death or Disablement to the **Insured Person** arising from intoxication by alcohol or drugs prescribed by a qualified registered **Medical Practitioner**.

17. DROWNING

It is hereby declared and agreed that this Policy is extended to cover the **Insured Person** against death or disablement as herein defined arising out of or resulting from drowning with or without any sign of external or violent visible **Injury**.

18. FOOD POISONING

It is hereby declared and agreed that the Policy is extended to cover the **Insured Person** against death or disablement arising out of or resulting from accidental food poisoning or other similar misfortune with or without any sign of external or violent visible **Injury**.

19. HIJACKING

It is hereby declared and agreed that this Policy is extended to cover death or disablement arising from hijacking whether on land transit as a ticket holding passenger or whilst travelling in an aircraft as a ticket holding passenger over established air routes in a fully licensed standard type aircraft owned and/or operated by a recognized airline or as a fare-paying passenger on any water-borne vessel used for the carriage and conveyance of passengers.

20. DISAPPEARANCE

If a period of one year has lapsed from the date of reported disappearance to the Police or the relevant authorities, the **Company** having examined all available evidence and having no reason to suppose other than an **Accident** has occurred to the **Insured Person** shall be considered to have resulted in death of the **Insured Person**, the disappearance of the **Insured Person** shall be considered to constitute a claim under this Policy and the Principal Sum Insured shall be payable. Provided that if anytime after the claim shall be made, the **Insured Person** is found to be living, any sums paid by the **Company** in settlement of the claim shall be refunded to the **Company**.

21. NATURAL DISASTERS

It is hereby declared and agreed that this Policy is extended to cover death or disablement caused by earthquake, windstorm, flood, volcanic eruption, lightning, hurricane, cyclone, typhoon and tidal wave/ tsunami.

22. MOTOR CYCLING RISK

It is hereby agreed that this policy extends to cover the Insured whilst motorcycling for private or business purposes, provided always that the **Company** shall not be liable for any claim arising out of racing, pace making or participation of the Insured in any speed contest, reliability or other trials.

23. WOODWORKING RISKS CLAUSE

It is hereby declared and agreed that this Policy extends to cover the Insured whilst engaged in using/operating woodworking machinery.

24. SUFFOCATION THROUGH SMOKE, FUMES OR POISONOUS GAS

It is hereby declared and agreed that the Policy is extended to cover death and disablement to the **Insured Person** arising from accidental suffocation through Smoke, Fumes or Poisonous Gas.

25. STRIKE, RIOT AND CIVIL COMMOTION

This policy is extended to cover the **Insured Person** as within defined directly or indirectly caused by Strike, Riot and Civil Commotion provided that in connection with this extension the **Insured Person** shall sustain bodily injury as defined by the Policy whilst as an innocent bystander and not as a result of active participation directly or indirectly in such strike, riot and civil commotion. This extension shall become null and void if the **Insured Person** himself is actively participating in such strike, riot and civil commotion.

26. UNPROVOKED MURDER AND ASSAULT

It is hereby declared and agreed that the cover provided under this Policy includes Accidental Death or Permanent Disablement proximately caused as a result of assault or murder or any attempt thereon to the **Insured Person**, excluding death or Bodily Injury sustained where the **Insured Person** was committing or intended to commit such act therein.

27. OVERSEAS RESIDENT

Only Death and Permanent Disablement Benefits will be payable should the **Insured Person** resides outside of Malaysia, Singapore and Brunei for more than ninety (90) consecutive days.

28. IMMEDIATE PAYMENT OF INDEMNITIES

All indemnities provided in this Policy will be paid immediately after receipt of due proof as deemed sufficient by **Us**.

29. TO WHOM COMPENSATION IS PAYABLE

Any compensation payable under this Policy shall be paid to the **Insured Person** and in the event of accidental Death of the **Insured Person** all such compensation shall be payable to his/her nominee as executor according to the direction of the nomination and /or trustee of the trust created over such nomination in accordance with Schedule 10 of the Financial Services Act, 2013 and / or the assignee and the receipt of the **Insured Person** or his / her legal representative, as the case may be, shall be a full discharge of any or all claims attaching to the Policy.

In the event NO Nomination is made and the **Company** is called upon to pay compensation on this policy under Schedule 10 of the Financial Services Act, 2013, the **Company** shall pay at its discretion and any such payment will effectively discharge the **Company** of all subsequent claims and liabilities

30. RIGHTS OF BENEFICIARY

Consent of the Beneficiary shall not be requisite to surrender or assignment of this Policy, or to change of Beneficiary, or to any other changes in this Policy.

31. LIMITATIONS OF TIME FOR BRINGING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within six (6) years from the expiration of the date of occurrence of the event giving rise to the claim.

32. LIMITATIONS CONTROLLED BY STATUTE

If any time limitation of this Policy, with respect to giving notice of claim or furnishing proof of loss, is less than that permitted by the law of the state in which the **Insured Person** resides at the time this Policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

33. ASSIGNMENT

No assignment of interest under this Policy shall be binding upon **Our Company** unless and until the original or a duplicate thereof is filed at **Our Head Office**. **We** do not assume any responsibility for the validity of an assignment. No change of Beneficiary under this Policy shall bind **Us**, unless consent thereto is formally endorsed hereon by an executive/ officer of **Our Company**. No provision of the charter, constitution or by-laws of **Our Company** shall be used in defence of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

34. COMPLIANCE WITH POLICY PROVISIONS

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

35. RENEWAL

We reserve the right not to renew this Policy by issuing a cancellation notice, or this Policy may be renewed with the consent of **Our Company** from term to term, by payment of the premium in advance at **Our Company's** premium rate in force at time of renewals.

36. PREMIUM RATE UPON RENEWAL

Premium rates are not guaranteed. **We** reserve the right to revise the premium at the time of renewal based on the portfolio claims experience. The revision could arise from the deterioration in claims experience or changes in benefits.

These conditions are not exhaustive and the premium rates may be reviewed under other justified circumstances. A thirty (30) days' written notice will be provided to the Policyholder prior to the change.

37. CASH BEFORE COVER ("CBC") CLAUSE

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

38. ARBITRATION

All differences arising out of this Policy shall be referred to Arbitration and, one Arbitrator is to be appointed in writing by each party, within one calendar month after having been required to do so by either of the parties or in case the Arbitrators do not agree, of an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with the Arbitrators and preside at their meetings and

the making of an award shall be a condition precedent to any right of action against **Us**. If **We** disclaim liability to **You** for any claim hereunder and such claim shall not, within twelve calendar months from the date of such disclaimer, have been referred to arbitration under the provisions herein contained, then the claim shall, for all purposes, be deemed to have been abandoned and shall not thereafter, be recoverable hereunder.

39. CONTRIBUTION

If at the time of any claim arising under this Policy there shall be any other insurance whether with this Company or otherwise covering the same risk or any part thereof the **Company** shall not be liable for more than its rate able proportion thereof. Subject always to the Limit of Liability as stated in this Policy.

40. OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Policy, **We** shall be entitled to treat the **Policyholder** as the absolute owner of the Policy. **We** shall not be bound to recognise any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the **Policyholder** (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of **Our Company**. The **Policyholder** shall be deemed to be responsible as Principal or Agent of the **Insured Persons** covered under this Policy.

41. MISSTATEMENT OF AGE

All ages referred in this Policy shall be the age of the **Insured Person's** last birthday. If the correct age of the **Insured Person** is outside the minimum and maximum range as set out herein, this Policy will be cancelled and the premiums paid will be refunded to the **You** without interest.

42. SUFFICIENCY OF NOTICE

Such notice by or on behalf of the **Insured Person** or Beneficiary, as the case may be, given to **Us** or to any authorised agent of **Our Company**, with particulars sufficient to identify the **Insured Person** shall be deemed to be notice to the **Company**. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

43. TERMINATION OF INSURANCE

This Policy shall be automatically terminated on the earliest of the following dates:

- On the premium due date (New / Renewal) when any premium is not paid;
- On the date when the **Insured Person** attains eighty-six (86) years of age;
- the date of the **Accident** resulting in any of the accidental loss of which one hundred percent (100%) of the sum insured of **Accidental Death** or Permanent Disablement of this Policy is paid or payable;
- the date of death of the **Insured Person**;
- the date this Policy is terminated or cancelled under Section E- Conditions No. 4.

44. DUTY OF DISCLOSURE

Applicable for Consumer Insurance Contracts

Where **You** have applied for this Insurance wholly for purposes unrelated to **Your** trade, business or profession, **You** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal form (or when **You** applied for this insurance) i.e. **You** should have answered the questions fully and accurately. Failure to have taken 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 in accordance with the remedies in Schedule 9 of the Financial Services Act 2013. **You** were also required to disclose any other matter that **You** knew 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 in the proposal form (or when **You** applied for this insurance) is inaccurate or has changed.

Applicable for Non-Consumer Insurance Contracts

Where **You** have applied for this Insurance wholly for purposes related to **Your** trade, business or profession, **You** have a duty to disclose any information 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.

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.

45. PORTFOLIO WITHDRAWAL CONDITION

We reserve the right to cancel the portfolio as a whole if **We** decide to discontinue underwriting this insurance product. Cancellation of the portfolio as a whole shall be given by written notice to the **Insured Person** and **We** will run off all policies to expiry of the period of cover within the portfolio.

46. SERVICE TAX IMPACT ON CLAIMS SETTLEMENT

We will pay the **Insured Person's** claim inclusive of the Service Tax on items which are taxable supplies, up to the limit of the Sum Insured.

47. SUBROGATION

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

48. SANCTION LIMITATION AND EXCLUSION

We shall not be liable to pay any benefit under this Policy to the extent that such cover, payment of such claim or such benefit would expose **Us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

IMPORTANCE NOTICE:

- For **Your** own protection, **You** are particularly advised to read **Your** Policy and, if incorrect, to return it for alteration. Also, if **You** have other Insurance in force on the same property, to see that all the Policies describe it in similar terms.
- In the event of any discrepancy, ambiguity and conflict in interpreting any term or condition of the contract, the English version shall prevail and supersede the Bahasa Malaysia version.
- You** are advised to nominate a nominee and ensure that **Your** Nominee is aware of the Personal Accident Policy that **You** have purchased.

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).

AVENUE TO RESOLVE YOUR INSURANCE COMPLAINT

If **You** are not satisfied with **Our** response or decision, **You** may submit **Your** complaint to the avenue below. Kindly check with **Our Company's** Complaints Unit on the proper avenue for dealing with **Your** Complaint.

**a) 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.
Tel. No.: 1 300 88 8990
E-mail : customer@libertyinsurance.com.my
Website : www.libertyinsurance.com.my

**b) BNMLINK (Laman Informasi Nasihat dan Khidmat)
Bank Negara Malaysia**

4th Floor, Podium Bangunan AICB,
No. 10, Jalan Dato' Onn,
50480 Kuala Lumpur.
Tel. No.: 1-300-88-5465 (BNMLINK)
Fax No.: 03-2174 1515
e-Link: bnmlink.bnm.gov.my
E-mail : bnmlink@bnm.gov.my
Website: www.bnm.gov.my

c) 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

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