

**PRODUCT DISCLOSURE SHEET -  
PERSONAL ACCIDENT.**

(Please read this Product Disclosure Sheet before you decide to take out a **SmartCover Personal Accident Plan**. Be sure to also read the general terms and conditions stated in the policy).

Financial Service Provider : **Liberty General Insurance Berhad**  
Name of Product : **SmartCover Personal Accident Plan**  
Date : **01/03/2024**

**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 in the Proposal Form (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 in the Proposal Form (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 in the Proposal Form (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 for injuries, disability or death caused solely by violent, accidental, external and visible events.

**2. What are the covers / benefits provided?**

This policy covers:

- a) Death or Permanent Disablement;
- b) Temporary Total Disablement/ Temporary Partial Disablement;
- c) Medical Expenses (including sinseh/traditional treatment);
- d) Funeral Expenses;
- e) Repatriation Expenses;
- f) Dental or Corrective Cosmetic Surgery;
- g) Travel Allowance;
- h) Rehabilitation Benefit.

Duration for cover is One year. You will need to renew the insurance plan annually.

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)).

**3. How much premium do I have to pay?**

We have three plans available for selection based on the classification of your occupation and the premium is as per detailed below:

Description Of Benefits	For Each Amount Of (RM)	Classification of Occupation and Annual Premiums (RM)		
		Class 1	Class 2	Class3
<b>Death</b>	10,000	5.00	6.50	11.00
<b>Permanent Disablement</b>	10,000	5.00	6.50	11.00
<b>a) Temporary Total Disablement</b> (Limit Per Week)	100	22.00	30.00	45.00
<b>b) Temporary Partial Disablement</b>	50			
<b>c) (Limit Per Week)</b>				
<b>Medical Expenses</b> (Limit Any One Accident)	500	10.00	13.00	15.00
	1,000	15.00	18.00	25.00
	2,000	20.00	26.00	35.00
	3,000	25.00	32.00	48.00
	4,000	30.00	40.00	60.00
	5,000	35.00	45.00	72.00

**Note : Protection from age 18 – 60 years with renewal up to 70 years old.**

**This premium amount is before Service Tax and Stamp Duty.**

However, please take note that the total premium that you will have to pay may vary depending on the underwriting requirements of our company.

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

The fees and charges that you will have to pay are:

Type	Amount
Agent's commission or where there is an intermediary involved	25%
Stamp duty	RM10.00
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?**

Some of the key terms and conditions that you should be aware of are:

- **Duty of disclosure** - You must disclose all the material facts such as your occupation and your personal pursuits, which would affect the risk profile as well as the number of personal accident policies that you have purchased from other insurance companies.
- The **coverage is solely for accidental loss** as printed in the policy.
- **Cash Before Cover** (applicable to Individual Policy) – The premium due must be paid and received by Liberty before cover commences. This insurance is automatically null and void if this condition is not complied with.  
**Premium Warranty** (applicable to Group Policy) – The premium due must be paid to us or our authorized agent within sixty (60) days from the inception date of the cover.  
**Notice of claims**  
 If an accident occurs which gives rise to a claim, you shall notify us within 30 days of the accident.

**6. What are the major exclusions under this policy?**

This policy does not cover:

- War risks;
- Suicide and insanity;
- Self inflicted injury;
- AIDS or any related diseases or tested on an HIV/ AIDS related blood test;
- Provoke murder or assault;
- Hazardous sports.

*(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 and how do I cancel it?**

You may cancel your policy by giving written notice to our 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.

If you have any enquiries, please contact us at:

**Customer Service Executive, Customer Contact Centre  
Liberty General Insurance Berhad**

Formerly known as AmGeneral Insurance Berhad  
 Liberty Insurance Tower,  
 CT9, Pavilion Damansara Heights,  
 3 Jalan Damanlela,  
 Pusat Bandar Damansara,  
 50490 Kuala Lumpur.  
 Tel. No.: 03-2268 3333 or 1-300-888-990  
 E-mail : [customer@libertyinsurance.com.my](mailto:customer@libertyinsurance.com.my)  
 Website : [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)

**10. Other type of Personal Accident Cover available**

Other types of personal accident cover available are as follows:

- FlexiCare Personal Accident Plan
- StarRider Driver & Passengers' Insurance Plan
- Motorist's Companion Insurance Plan
- Motorist's Companion 2 Insurance Plan

**IMPORTANT NOTE:**

**YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU ARE ADVISED TO 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 March, 2024.