

# GROUP PERSONAL ACCIDENT

**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)).



1800 888 121



[customer@libertyinsurance.com.my](mailto:customer@libertyinsurance.com.my)



[www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)

# GROUP PERSONAL ACCIDENT INSURANCE



## **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.

**WHEREAS** the Insured named in the Schedule hereto has made to **LIBERTY INSURANCE BERHAD (16688-K)** (hereinafter called "the Company" a written Proposal and Declaration which the Insured has agreed shall be deemed to be of a promissory nature and effect and be the basis of this contract and which is deemed to be incorporated herein and has paid or agreed to pay the Premium stated in the aforesaid Schedule as consideration for the indemnity hereinafter contained.

NOW THIS POLICY WITNESSETH that if at any time during the Period of Insurance stated in the Schedule hereto or during any further Period for which the Company may accept payment for the renewal of this Policy the Insured shall sustain any bodily injury caused solely and directly by violent, accidental, external and visible means and being the sole and direct cause of the Insured's death or disablement as hereinafter defined, THEN the Company will pay the Insured, or in the event of death of the Insured to his 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, as the case may be, the sum of money set forth in the Schedule.

THIS POLICY COVER AGAINST LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL OTHER CAUSES FROM BODILY INJURIES CAUSED BY ACCIDENT. HOWEVER, COVERAGE AS RESPECTS FLYING IS LIMITED TO LOSS OCCURRING WHILE THE INSURED IS RIDING SOLELY AS A PASSENGER, NOT AS AN OPERATOR OR CREW MEMBER, IN BOARDING OR ALIGHTING FROM: -

- (a) A CERTIFIED PASSENGER AIRCRAFT PROVIDED BY A COMMERCIAL AIRLINE OF ANY REGULAR SCHEDULED OR NON-SCHEDULED, SPECIAL OR CHARTERED FLIGHT, AND OPERATED BY A PROPERLY CERTIFIED PILOT FLYING BETWEEN DULY ESTABLISHED AND MAINTAINED AIRPORTS; OR
- (b) ANY TRANSPORT TYPE AIRCRAFT OPERATED BY MILITARY AIR TRANSPORT SERVICE (MATS) OF THE UNITED STATES OF AMERICA OR BY THE SIMILAR AIR TRANSPORT SERVICE OF ANY DULY CONSTITUTED GOVERNMENT AUTHORITY OF THE RECOGNIZED GOVERNMENT OF ANY NATION ANYWHERE IN THE WORLD.

# GROUP PERSONAL ACCIDENT INSURANCE



## PART I – THE CONTRACT

This contract is made in consideration of the application and the payment of premium as stated in the Policy Schedule. This Policy, the application for it, and any attached Endorsement/document constitute the entire Contract. All statements and answers made by the Insured Person in the Application, and in any questionnaire shall, in the absence of fraud, be deemed representations and not warranties.

All Period of Insurance shall begin and end at 12.01 a.m. standard Malaysian time.

## PART II – DEFINITIONS

### ACCIDENT

shall mean an event that is sudden, unforeseen and fortuitous event which results in the Insured Person suffering Death, Disablement or Injury which occurs independently of all other causes. The event excludes injuries that are directly or indirectly caused by disease; sickness; defects or impairment from birth, genetic, mental or health related condition; or which have resulted before the inception of the coverage; or are the result of viral or bacterial attacks including but not limited to subtype H5N1 of the Avian Influenza A; or are inflicted whilst under the influence of drugs, coercion or duress.

### ACTIVITIES OF DAILY LIVING

as stated on this Policy shall have the following meanings:

- (a) Transfer: Getting in and out of a chair without requiring physical assistance.
- (b) Mobility: The ability to move from room to room without requiring any physical assistance.
- (c) Continence: The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) Bathing/Washing: The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating: All efforts to eat food after it is prepared.

### CHILD

shall mean a legal child (whether biological, step or adopted) who is between the ages of One (1) year and under 18 years, who has never been married and is financially wholly dependent on the Insured Person. The upper age limit is extended to 23 years if such children are registered into recognized educational institutions and are actually studying full-time courses there.

### COMPANY/ WE

Refers to the Liberty General Insurance Berhad.

### COVERED INJURY

means Injury due to an Accident occurring during the Period of Insurance.

### COMPETENT AGE

refers to the age eligibility of the Insured Person to qualify for cover under this Policy, and ranges from below 75 (Seventy- Five) years old and is renewable up to 85 (eighty-five) years old.

### CONGENITAL CONDITIONS

shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth whether known or unknown to the Insured Person. These conditions include all types of hernias, and epilepsy except when caused by a trauma which occurs after the inception date of cover.

# GROUP PERSONAL ACCIDENT INSURANCE



## **DATE OF LOSS/ACCIDENT**

shall mean the date when the Accident or Disability occurs.

## **DISABILITY**

shall mean a Sickness, Disease, Illness, or the entire Injuries arising out of a single or continuous series of causes.

## **HOSPITAL**

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

- i) has facilities for diagnosis and major surgery,
- ii) provides 24-hours a day nursing services by registered and graduate nurses,
- iii) is under the supervision of a Physician, and
- iv) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

## **INJURY**

shall mean bodily injury caused solely by Accident.

## **INSURED PERSON(S)**

shall mean the person named in the Application and includes his/her dependents, if a request for dependent's insurance is similarly received by the Company and whose names appear on the Policy Schedule or whose names are added by Endorsement.

## **LOSS OF FINGERS OR TOES**

shall mean the complete severance of the finger or toe through or above the metacarpophalangeal joint or metatarsophalangeal joint.

## **LOSS OF HEARING**

wherever used in this Policy shall mean permanent irrecoverable loss of hearing where:

If a dB = Hearing loss at 500 Hertz

If b dB = Hearing loss at 1000 Hertz

If c dB = Hearing loss at 2000 Hertz

If d dB = Hearing loss at 4000 Hertz  $\frac{1}{6}$  of  $(a+2b+2c+d)$  is more than 80Db

## **LOSS OF LIMB**

shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

## **LOSS OF SIGHT**

shall mean the total, absolute and irrecoverable loss of sight.

## **LOSS OF SPEECH**

shall mean the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds or total loss of vocal cord or damage of the speech center in the brain resulting in Aphasia.

## **LOSS OF USE**

shall mean permanent limitation in function in relation to the limb or organ following an Injury.

# GROUP PERSONAL ACCIDENT INSURANCE



## **PERIOD OF INSURANCE**

shall mean the period for which premium has been paid and where insurance cover is effective. It is the period between the policy inception date (or the date of its last reinstatement pursuant to the provisions of this Policy, whichever is later) and the expiry date as stated in the Policy Schedule.

## **PERMANENT**

shall mean lasting a full period of twelve (12) calendar months from the Date of Loss and at the end of such period being beyond any hope of recovery or improvement.

## **PERMANENT TOTAL DISABLEMENT**

shall mean physical disablement as a result of Injury and commencing within three hundred and sixty-five (365) days from the Date of Loss, an Insured Person is totally, continuously and permanently disabled and prevented from performing three (3) or more Activities of Daily Living as herein defined which would normally be carried out by him/her in his/her daily life had such disablement not occur.

## **PERMANENT AND INCURABLE INSANITY**

Shall mean the Insured Person being diagnosed as permanently and incurably insane according to the usual and customary standards of the registered medical profession. The permanent and incurable insanity must have resulted directly from the accidental injury.

## **DOCTOR or PHYSICIAN or SURGEON**

shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding doctor, physician or surgeon who is the Insured Person himself.

## **PRE-EXISTING ILLNESS**

shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which :-

- a) the Insured Person had received or is receiving treatment;
- b) medical advice, diagnosis, care or treatment has been recommended;
- c) clear and distinct symptoms are or were evident; or
- d) its existence would have been apparent to a reasonable person in the circumstances

## **POLICYHOLDER**

Shall mean a person or a corporate body to whom this Policy has been issued under the Master Policy in respect of cover for persons specifically identified as Insured Persons in the Policy Schedule or subsequent endorsement.

## **SECOND DEGREE BURN**

Shall mean both the epidermis and the underlying dermis are damaged.

## **THIRD DEGREE BURN**

Shall mean a burn resulting in the damage or destruction of the skin to its full depth and damage to the tissues beneath.

## **PART III – BENEFITS**

### **1) ACCIDENTAL DEATH AND DISABLEMENT**

The Company agrees that if during the Period of Insurance, the Insured Person sustains Injury as the result of an Accident which results in death, disablement or loss of use within twelve (12) calendar months from the Date of that Loss, the Company will pay the Insured

# GROUP PERSONAL ACCIDENT INSURANCE



Person or their named nominee(s) as the case may be, the appropriate benefit as stated in the Schedule of Benefits in accordance with the following Compensation Table:

		PERCENTAGE OF PRINCIPALSUM INSURED
1.	Accidental Death	100%
2.	Permanent Total Disablement	150%
3.	Permanent and Incurable Paralysis of all limbs	150%
4.	Permanent and Incurable Insanity	100%
5.	Permanent Total Loss of Sight of Both Eyes	100%
6.	Permanent Total Loss of Sight of One Eye	100%
7.	Loss of or the Permanent Total Loss of Use of Two Limbs	100%
8.	Loss of or the Permanent Total Loss of Use of One Limb	100%
9.	Loss of Speech and Hearing	100%
10.	Permanent Total Loss of Hearing in	
	a) both Ears	75%
	b) one Ear	25%
11.	Loss of Speech	50%
12.	Permanent Total Loss of the Lens of One Eye	50%
13.	Loss of or the Permanent Total Loss of Four Fingers and Thumb of	
	a) Right Hand	70%
	b) Left Hand	50%
14.	Loss of or the Permanent Total Loss of Use of One Thumb	
	a) Both Right Phalanges	30%
	b) One Right Phalanx	15%
	c) Both Left Phalanges	20%
	d) One Left Phalanx	10%
15.	Loss of or the Permanent Total Loss of Use of Four Fingers of	
	a) Right Hand	40%
	b) Left Hand	30%
16.	Loss of or the Permanent Total Loss of Use of Fingers	
	a) Three Right Phalanges	10%
	b) Two Right Phalanges	7.5%
	c) One Right Phalanx	5%
	d) Three Left Phalanges	7.5%
	e) Two Left Phalanges	5%
	f) One Left Phalanx	2%
17.	Loss of or the Permanent Total Loss of Use of Toes	
	a) All of One Foot	15%
	b) Great, Both Phalanges	5%
	c) Great, One Phalanx	3%
18.	Fractured Leg and/or Patella with Established Non-Union	10%
19.	Shortening of Leg by at least 5 cm	7.5%

In the event of permanent partial loss of any member or members specified above a proportionately lower percentage of compensation shall be payable or the Company reserves the right to adopt a percentage in accordance with "Guides to the Evaluation of Permanent Impairment", published by the American Medical Association.

If the Insured Person is left-handed the percentage relating to the right arm or right hand shall apply to the left arm or left hand respectively and the percentages relating to the left arm or left hand apply to the right arm or right hand respectively.

When more than one infirmity arises from one Accident the percentage are added together but cannot exceed 150% of the Permanent Disablement Indemnity stated in the Schedule of Benefits.

# GROUP PERSONAL ACCIDENT INSURANCE



## 2) MAJOR BURNS/ SECOND DEGREE BURNS/ THIRD DEGREE BURNS

When, as the result of a covered Accident occurring during the Period of Insurance, an Insured Person suffers from burns set out in the Compensation Table provided below, The Company will pay up to the amount specified in the Schedule of Benefit subject to the applicable percentage of payable sum insured as set out in the said Compensation Table.

COMPENSATION TABLE		
AREA	BURNS (DAMAGE AS A % OF TOTAL BODY SURFACE AREA)	% OF SUM INSURED
Head	Equals to or greater than 2% but less than 5%	50%
	Equals to or greater than 5% but less than 8%	75%
	Equals to or greater than 8%	100%
Body	Equals to or greater than 10% but less than 15%	50%
	Equals to or greater than 15% but less than 20%	75%
	Equals to or greater than 20%	100%

When more than one infirmity arises from one Accident, the percentages are added together but cannot exceed 100% of the Accidental Burns Indemnity specified in the Schedule of Benefit.

## 3) WEEKLY INDEMNITY

Indemnity will not be paid under this part if the accident results in any loss for which provisions is made in Part I or Part II, except therein provided.

- (a) TEMPORARY TOTAL DISABLEMENT: When by reason of injury and commencing within ninety (90) days after the occurrence of the accident the Insured Member is wholly and continuously disabled and prevented from performing each and every duty pertaining to his occupation, the Company will pay periodically the Weekly Indemnity stated in the schedule for the period of the Insured Member shall be disabled, commencing immediately following the elimination period (if any) stated in the Schedule as the result of any one accident.
- (b) TEMPORARY PARTIAL DISABLEMENT: That is, if such injuries shall from the date accident or immediately following a period of total disability covered under Part (a) continuously disabled and prevented the Insured Member from attending to a substantial part of his usual business or occupation, the Company will pay for the period of such continuous partial disability at the rate of fifty (50%) percent of the compensation payable in respect of Temporary Total Disablement, the aggregate maximum period payable is up to 104 weeks.

## 4) MEDICAL REIMBURSEMENT

When by reason of injury, the Insured Member shall require treatment by a legally qualified physician, surgeon, confinement in a hospital or the employment of licensed or graduate nurse, the Company will pay the actual expenses incurred within fifty two (52) weeks from the date of the accident for such treatment, hospital charges and nurses fees, which is in excess of the deductible amount (if any) stated in the Schedule, but not to exceed the aggregate amount payable stated in the Schedule as the result of any accident.

Sinseh or Traditional Treatments- the Company will reimburse the costs of Sinseh or Traditional Treatments including medicine subject to a maximum of RM100 per visit but not exceeding RM500 per accident.

### MEDICAL REPORT FEE – up to RM100.00

If the Insured Person suffers an accidental Bodily Injury incurring Medical Expenses and as a result requires medical report(s) as evidence of treatment or further medical investigation, we will reimburse the cost of medical report up to RM100.

## PART IV - GENERAL PROVISIONS

# GROUP PERSONAL ACCIDENT INSURANCE



1. The premium due hereunder shall be payable on its due date of payment. No claim shall be admissible whilst the premiums are in arrears.
2. Any fraud, misstatement or concealment in respect of this insurance or any claim hereunder shall render this Policy null and void and any benefit due hereunder shall be or become forfeited.

## PART V - DEFINITIONS

- (a) **ENTRY AGE** shall mean Employees/Members who are below 75 (Seventy-Five) years old and is renewable up to age 85 (Eighty-Five) years old.
- (b) **BEREAVEMENT BENEFIT** shall mean upon death of an Insured Employees/Member, an amount as specified in the Policy Schedule shall be payable to the estate of the respective Insured Member upon receipt of the proof of such death.
- (c) **EMPLOYER / EMPLOYEE CLAUSE** - It is hereby agreed that the Company shall be entitled to treat the Insured Person the employer as the absolute owner of this policy and shall not be bound to recognize any equitable or other claim to or interest in the policy and the receipt of the Insured Member's legal representative alone shall be an effectual discharge.
- (d) **ADDITION / DELETION CLAUSE** - It is hereby declared and agreed that any additional employees will be automatically covered by this policy from the first day of employment provided notification is received by the Company within sixty (60) days of the date the employee first reports for work.

It is further noted and agreed that the Insured Person shall notify the Company the name, effective date of employment and the individual Sum Insured and shall pay to the Company any additional premium so incurred upon endorsement to the policy. Refund will be accorded for any employees who have left the employment are deleted from cover and this will be adjusted upon notification to the Company.

# GROUP PERSONAL ACCIDENT INSURANCE



## PART VI - TERMINATION OF COVERAGE

This Policy shall terminate automatically on the earliest of the following dates: -

- a) any premium on this Policy remaining unpaid after the premium due date; or
- b) when this Policy is cancelled by the Policyholder under Clause 20 of Part VIII, termination of coverage will be on the next premium due date following the Company's receipt of such written instruction; or
- c) the date of death of the Insured Person (who is named employee) whichever is later; or
- d) upon admission of liability for a covered claim by the Company; or
- e) when the Policyholder ceases to be an employee of the Master Policyholder, coverage will be terminated on the last day of that calendar month; or
- f) upon the Insured Person (who is named employee) attaining Eighty-Six (86) years of age; or
- g) the date this Policy is terminated under any of the clauses from Clause (a) to (f) of Section VI of this Policy or is cancelled under Clause 27 of Section VII of this Policy.

Coverage for the Insured Person shall terminate simultaneously when this Policy terminates. Termination of this Policy shall be without prejudice to any claim arising subsequent to such termination.

Subject to the provisions of Clause 19 of Part VIII (Policy Provisions), the payment of or acceptance of any premium hereunder subsequent to termination of this Policy shall not create any liability under this Policy nor any liability on the part of the Company to reinstate this Policy; instead, the Company shall refund any such premium.

## PART VII - EXCLUSION

This insurance excludes anyone of the following events or situations. This exclusion shall not be cancelled by any endorsement which does not refer to a specific exclusion, in whole or in part. The Insured shall, if so required, and as a condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the above excepted circumstance or cause: -

1. members of the Armed Forces while on duty or while engaging in or taking part in Naval, Military, or Air Force service or operations of participating in operations of an Offensive nature planned or conducted by the Civil or Military Authorities against bandits, terrorists or other elements;
2. pre-existing conditions;
3. suicide or intentional self-inflicted injuries or any attempted thereof while sane or insane;
4. during air travel (except as a fare paying passenger in any properly licensed private and/or commercial aircraft);
5. any criminal act or resistance to arrest;
6. participation in any illegal activities or violation of a law which carries any penalty of imprisonment;
7. treatment of alcoholism, or drug abuse or any other complications arising therefrom or any drug Accident;
8. pregnancy, miscarriage or childbirth, or any treatment relating to birth control or treatment pertaining to infertility or any other complication arising therefrom;
9. psychosis, mental or nervous disorders or sleep disturbance disorders;
10. cosmetic or plastic surgery or any elective surgery;
11. any form of dental care or surgery unless necessitated by injury caused by an accident to sound and natural teeth;
12. any congenital defect which has manifested or was diagnosed before the policy effective date;
13. routine health checks, any investigation(s) not directly related to admission diagnosis, illness or injury, or any treatment;
14. investigation which is not medically necessary, or convalescence, custodial or rest care;
15. Acquired Immune Deficiency Syndrome (AIDS) or any complications associated with infection by any Human Immune Deficiency Virus (HIV) (for the purpose of this Policy, the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; infection shall be deemed to have occurred where blood or

# GROUP PERSONAL ACCIDENT INSURANCE



- other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus);
16. any injury sustained while serving as a crew member of any aircraft except as a fare-paying passenger in any aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry;
  17. driving or riding in any kind of race involving motorized vehicles;
  18. engaging, practicing or participating in a sport in a professional capacity or when a Insured would or could earn income or remuneration from engaging in such sport;
  19. any pre-existing physical or mental defect or infirmity before policy effective date;
  20. death or injury directly or indirectly occasioned by war, invasion, act of foreign enemy, hostilities or warlike operation (whether war be declared or not) mutiny, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law, or state of siege, of any of the events or causes which determine the proclamation or maintenance of martial law, or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority;
  21. The Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation;
  22. The Company is not liable to make any payments for liability under any coverage sections of this policy or make any payments under any extension for any loss or claim arising in, or where the insured or any beneficiary under the policy is a citizen or instrumentality of the government of, any country/countries against which any laws and/or regulations governing this policy and/or the insurer, its parent company or its ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting the insurer from providing insurance coverage or transacting business with or otherwise offering economic benefits to the insured or any other beneficiary under the policy.

It is further understood and agreed that no benefits or payments will be made to any beneficiary/beneficiaries who is/are declared unable to receive economic benefits under the laws and/or regulations governing this policy and/or the insurer, its parent company or its ultimate holding entity.

## PART VIII – POLICY PROVISIONS

1. **ENTIRE CONTRACT-CHANGES IN POLICY:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance.
2. **TIME OF NOTICE OF CLAIM:** Written notice of injury of which claim may be based must be given to the Company within thirty days after the date of the accident causing such injury. In the event of accidental death, immediate notice thereof must be given to the Company.
3. **ALTERATIONS:** The Company reserves the right to amend the terms and provisions of this Policy and may at any time be amended and changed by written agreement between the Company and the Insured. Any amendment to this Policy shall be binding on all persons whether insured under this Policy prior to, during, or after the effective date of the amendment. No alteration in this Policy shall be valid unless approved by an authorized representative of the Company and such approval be endorsed herein.
4. **EFFECTIVE DATE:** The effective date of this Policy is as stated in the Policy Schedule. The effective date of the Policy will be that stated in the respective Certificates of Insurance.
5. **VALIDATION:** The Company will only issue one Policy to each Insured Person during the Period of Insurance under this Policy. The Insured Person's spouse and/or family members shall not be entitled to any cover benefit under the Policy issued by the Company to the Insured Person under this Policy.
6. **CURRENCY OF PAYMENT:** All amounts payable either to or by the Company shall be payable in the currency stated on the Schedule of Benefits.
7. **AGE LIMITS FOR PERSONS INSURED UNDER THIS POLICY:** Entry age of the Insured Person shall be below the ages of Seventy-Five (75) years old and is renewable up to age 85 (Eighty-Five) years old.
8. **MIS-STATEMENT OF AGE AND SEX:** All ages referred to in this Policy shall be the age of the Insured Person at his last birthday. Where the age or sex of the Insured Person has been misstated, the following rules shall apply:

# GROUP PERSONAL ACCIDENT INSURANCE



- i) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this Policy shall be prorated based on the correct premium to be charged for the year; and/or
  - ii) any excess premium paid as a result thereof, shall be refunded without interest; and/or
  - iii) if it is found that at the correct age the Insured Person is not insurable under this Policy pursuant to the Company's underwriting rules, the Policy shall be void.
9. **EXPOSURE AND DISAPPEARANCE:** When by reason of any accident covered by this Policy the Insured Person is exposed to the elements and as the result of such exposure suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of this Policy. If the body of the Insured Person has not been found within one (1) year after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance in which the Insured Person was riding at the time of the accident and under such circumstances as would otherwise be covered hereunder, it will be presumed that the Insured Person suffered loss of life resulting from bodily injury caused by an accident at the time of such disappearance, sinking or wrecking, unless there is evidence to the contrary.
10. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within fourteen (14) days after the date of loss. The Insured Person hereunder shall produce for the Company's examination pertinent documents at such reasonable times and shall co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the claim. Written notice of claim given by or on behalf of the Named Insured Person to the local Office of the Company, or to any authorized official of the Company providing information sufficient to identify the Insured Person shall be deemed notice to the Company. For convenience a notification format is attached at end of the Policy.
11. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office within ninety (90) days after the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.
12. **LIMITATION OF CLAIMS:** No claim benefits shall be payable under this Policy if presented to the Company beyond a period of one (1) year from the date of loss.
13. **MEDICAL EXAMINATION:** The Company at its own expense shall have the right to require additional proof and request medical examination of the Insured Person when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.
14. **RECEIPTS:** The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the Policy and the receipt of the Insured Person for any compensation payable herein shall in all cases be effectual discharge of liability of the Company.
15. **RIGHTS OF NOMINEE:** Consent of Nominee shall not be a pre-requisite to terminate or to cancel this Policy or to a Change of Nominee or for that matter for any changes in this Policy.
16. **RIGHTS OF OWNERSHIP:** The Insured shall have the right to exercise every option, benefit or privilege conferred by the provisions of the Policy. Every transaction relating to the Policy shall be between the Company and the Insured and shall be valid without notice to or with the consent of the Insured Person.
17. **LEGAL PROCEEDINGS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written 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 one (1) year from the expiration of the time within which the written proof of loss is required by the Policy.
18. **MIS-REPRESENTATION IN APPLICATION:** The benefits shall not be payable and the Policy shall be considered voidable at the option of the Company in the event that (a) there has been a failure to disclose or there has been any misrepresentation of any fact with respect to the Insured or the Insured Person that is material to the insurance provided hereunder which is required to be furnished as evidence of insurability; and/or (b) in all cases of fraud.
19. **REINSTATEMENT:** If any premium is in default beyond the premium due date the Policy may be reinstated with the consent of the Company within ninety (90) days after the due date of the premium in default subject to a written application for reinstatement; or production of evidence of insurability satisfactory to the Company.  
Benefits will not, however, be payable for any injury which occurs during the interval the Policy has lapsed.

# GROUP PERSONAL ACCIDENT INSURANCE



20. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy and the Policy shall invalidate all claims hereunder.
21. **ARBITRATION CLAUSE:**
- a) Any dispute, difference or question which may arise at any time hereafter between the Company and the Insured and/or the Insured Person and/or his/her legal representatives in relation to the true construction of the Policy or the rights or liabilities of parties hereto shall be referred to arbitration.
  - b) The arbitration shall be heard by a single arbitrator to be agreed by the parties hereto within fourteen (14) days of the commencement of the arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act of Malaysia or any statutory modification or reenactment thereof for the time being in force.
22. **LIMITATION OF TIME OF BRINGING ARBITRATION:** If a claim is made under the Policy and is rejected by the Company, the Insured or his/her legal personal representatives shall commence arbitration proceedings in accordance with Clause (21) of Section 9 hereof within six (6) months of such rejection, failing which Company shall be discharged from all liability whatsoever for that claim.
23. **CONFORMITY WITH LAW:** Any provision of this Policy which, on its Effective Date is in conflict with the Law of the country in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirement of such laws.
24. **CHANGE IN COUNTRY OF RESIDENCE:** Cover of the Insured Persons are subject to their residence in Malaysia. Cover does not extend to any the Insured Persons residing outside of Malaysia unless prior extension of cover has been accorded by the Company. It is a condition precedent to liability under this Policy that in the event of change of Country of Residence, the Company must be informed in writing of any change in the Insured Person's Country of Residence. A change in the Country of Residence shall be deemed to mean the Insured Person is living or is intending to live in another country other than Malaysia in excess of twelve (12) consecutive calendar months. Failure to notify the Company of this change will invalidate the Insurance in respect of that the Insured Person with effect from the date he/she leaves Malaysia permanently.
- The Company reserves the right to continue cover on the prevailing terms and conditions or to decline cover under this Policy upon receipt of such information.
25. **TO WHOM INDEMNITY IS PAYABLE:** Indemnity for Accidental Death (Section 3) Item (A), and bereavement, both benefits in respect of the Insured Person is payable to the nominee(s) elected by the Insured Person and in the event of failure of nominee, to the Insured Person's Estate. Indemnity for all other benefits will be paid to the Insured Person. The process of claim including settlement will be handled directly between the Company and the Insured Person whose sole discharge will constitute full and final discharge of the claim lodged.
26. **CANCELLATION:** Except for cancellation due to the Insured Person's cessation of employment or retirement in which event individual cover will terminate from the next renewal date, no other cancellation of cover initiated by the Insured Person will be allowed. There will be no refund of premium for any cancellation.
- Either the Company and/or the Insured may cancel the Master Policy at any time by tendering at least thirty (30) days written notice to the other, by way of A R registered mail to their last known address as indicated in the Company's record. Such cancellation shall not affect the pendance of cover for any the Insured Person and their respective cover will continue for the duration that premium has been paid or has fallen due. Cancellation of the Master Policy does not warrant any refund of premium.
27. **ASSIGNMENT:** No assignment of interest under this Policy shall be binding upon the Company.
28. **RENEWAL:** This policy may be renewed with the consent of the Company from term to term.
29. **PREMIUM WARRANTY ENDORSEMENT:** It is a fundamental and absolute Special Condition of this contract of insurance that the premium due must be paid and received by the insurer within sixty (60) days from the inception date of this Policy/Endorsement/Renewal. If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro-rata premium for the period, they have been on risk. Where the premium payable pursuant to this warranty is received by an authorized agent of the Insurer, the payment shall be deemed to be received by the Insurer for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to receive such premium shall lie on the insurer.

# GROUP PERSONAL ACCIDENT INSURANCE



## CLAUSES/EXTENSIONS/ENDORSEMENTS/MEMORANDUM ATTACHING TO AND FORMING PART OF POLICY SCHEDULE

---

### **AUTOMATIC ADDITION AND DELETION**

The insurance afforded by this Policy automatically extends to include additions of further employees who by virtue of this employment are entitled to the benefits.

Warranted that employees leaving the employment of the Insured are automatically deleted from the Policy.

Provided, however that the Insured shall submit declaration of all employees and/or resign on expiry of the Policy for adjustment purpose.

### **DISAPPEARANCE**

If after a period of one year has lapsed, the Company having examined all available evidence and having no reason to suppose other than an accident has occurred, the disappearance of the Insured person shall be considered to have resulted from bodily injury and constitute a claim under this Policy, provided that if any time 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.

### **EXPOSURE**

It is hereby declared and agreed that subject to all terms, limitations, conditions and exclusions of this Policy except as specifically provided herein, this Policy covers claims arising out of bodily injury caused by exposure to the element as a result of an accident Insured hereunder provided that in the event of death of the life Insured caused by exposure to the elements that this death is the subject of a properly constituted judicial body of enquiry by which it is found that the life Insured died of exposure as a result of an accident.

### **MOTOR CYCLING INCLUDING RIDING AS A PILLION**

It is hereby declared and agreed that this Policy is extended to include the risk of motor cycling (whether as rider or passenger) provided always that this extension shall not apply to any speed trials, pace-making or racing of any kind. Provided that the Company shall not be liable for accidental death or permanent disablement arising as a result of head injuries sustained by the Death or permanent disablement the life assured is wearing a safety helmet.

### **LOSS NOTIFICATION CLAUSE**

Notwithstanding anything contained herein to the contrary it is agreed that this insurance will not be prejudiced by any inadvertent delays, errors or omission in notifying the Company of any circumstances or events giving rise or likely to give rise to a claim under this Policy.

Limit : 60 days

### **STRIKE, RIOT AND CIVIL COMMOTION CLAUSE – EXCLUDED DIRECT PARTICIPANT**

Notwithstanding anything herein contained to the contrary, it is hereby declared and agreed that in consideration of the payment of an accidental premium this Policy extends to cover death or disablements as within defined directly or indirectly caused by strike, riot or civil commotion except in so far as the Insured himself is actively participating when this extension becomes null and void.

Subject otherwise to the terms, provisions and conditions of the Policy.

### **SPORT ACTIVITIES (AMATEUR) CLAUSE**

It is hereby declared and agreed that notwithstanding anything contained herein to the contrary, the benefits provided by this insurance are payable in the events of death or permanent disablement arising whilst the life assured is engaged in indoor or outdoor sports as an amateur organized by the insured sports club.

### **HIJACKING CLAUSE**

# GROUP PERSONAL ACCIDENT INSURANCE



It is hereby declared and agreed that notwithstanding anything contained herein this Policy is extended to cover accidental death or bodily injury to the life assured sustained as a direct result of unlawful seizure or wrongful exercise of control of an aircraft vessel or public conveyance.

## **HELICOPTER AND UNSCHEDULED FLIGHT CLAUSE**

It is hereby declared and agreed that this Policy is extended to include death or disablement as within defined in the Policy whilst in the Insured person is riding solely as a passenger and not as an operator or crew member in, boarding or alighting from any certificated aircraft and/or helicopter having a current and valid air worthiness certificate, on any regular, schedule and/or non-schedule, special or chartered flight and piloted by a person who then holds a valid current certificate or competency of a rating authorizing him to pilot such aircraft and/or helicopter.

## **AIR TRAVEL AS FARE PAYING PASSENGER**

It is hereby declared and agreed that the Policy is extended to cover death and/disablement whilst the Insured travels as a passenger in an unscheduled but fully licensed passenger carrying aircraft and/or executive jets and/or light aircrafts and/or helicopter.

## **INTOXICATION OF ALCOHOL (EXCLUDE LIABILITY WHEN INSURED MEMBER IS DRIVING WHILE INTOXICATED)**

Notwithstanding anything contained herewith to the contrary it is hereby declared and agreed that this Policy is extended to cover death or disablement sustained whilst under influence of effects of intoxicating liquor/alcohol.

## **WOODWORKING RISKS**

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

## **SNAKE/INSECTS BITES CLAUSE**

It is hereby declared and agreed that the within Policy is extended to cover death and/or bodily injury sustained by the life assured due to snake/insect bite.

## **KIDNAPPING CLAUSE**

It is hereby declared and agreed that this Policy is extended to cover death and permanent disablement directly or indirectly caused by kidnapping.

## **DROWNING, GAS/SMOKE/FUMES INHALATION & FOOD & DRINK CLAUSE**

Accidental bodily injury shall be deemed to include drowning, gas/smokes/fumes inhalation and poisoning caused through any accidental means.

## **HUNTING CLAUSE**

It is hereby declared and agreed that the insurance granted by this Policy shall apply whilst any life insured is engaged in hunting as a amateur. The expression "hunting" appearing in exception 6 of this Policy is deemed to be deleted.

## **UNPROVOKED MURDER AND ASSAULT**

It is hereby declared and agreed that this Policy extends to cover the risk of murder, assault or any attempt thereat but in no event shall this extension be operative if it provoked by the Insured.

## **RUKUN TETANGGA ACTIVITIES**

It is hereby declared and agreed that this Policy extends to include death or bodily injury to the Insured arising from accident whilst on patrol during Rukun Tetangga.

# GROUP PERSONAL ACCIDENT INSURANCE



## **FUNERAL EXPENSES – RM10,000.00**

An amount of RM10,000.00 is payable to the insured's beneficiary upon valid claims due to accidental death only.

## **REPATRIATION EXPENSES – RM5,000.00 EACH**

The company will subject to the terms of this section indemnify the Insured for the repatriation expenses (defined below) during the period of insurance on death due to accident within 12 calendar months subject to the maximum sum insured as stated in the schedule.

Definition:

Repatriation of mortal remains from overseas to hometown as well as from place of demise within Malaysia to hometown within Malaysia.

## **RAPE TRAUMA COMPENSATION BENEFIT – RM1,000.00**

In the event of rape, we will pay a lump sum of RM1,000.00 to assist the insured person in getting the necessary post-trauma counseling and related treatment. A Medical Report from the Attending Physician and a copy of the Police Report lodged will be required to claim this benefit.

## **DENGUE RECUPERATION BENEFIT – RM1,000.00**

If the Insured Person is diagnosed with Dengue Fever and hospitalized thereafter following such hospitalization was granted medical leave by the attending physician to rest at home. The company will pay a lump sum of RM1,000 as a recuperation allowance. This benefit is payable only once per policy year.

## **BEREAVEMENT ALLOWANCE FOR DEATH DUE TO DENGUE – RM10,000.00**

In the event if the Insured Person loss of life as a result of infection of Dengue Viral Fever, the company shall pay the lump sum amount of RM10,000 as a bereavement allowance.

The proof of claim to be submitted to the Company shall include the dengue-specific tests, serology (IgM Elisa test) and death certificate.

## **SNATCH THEFT COMPENSATION BENEFIT – RM500.00**

When, as the result of a Snatch Theft occurring during the Period of Insurance to the Insured Person, we will pay RM500 provided that such incident is reported to the police and any claim must be accompanied by written documentation issued by the police authority.

## **COMA RECUPERATION BENEFIT – RM5,000.00**

If the Insured Person sustains an accidental bodily injury which directly cause or result the Insured Person in coma for a continuous period of seven (7) days or more, requiring regular care and attendance of a physician provided the coma is confirmed by a Physician. The company will pay a lump sum of RM5,000 as a recuperation benefit.

## **REPLACEMENT STAFF/ RECRUITMENT COST – up to RM5,000.00**

If the Insured Person is Accidental Death or suffered from Permanent Disablement, the company will pay to the Policy Holder reasonable cost incurred by recruitment or replacement staff up to RM5,000 as a replacement recruitment expenses. The cost must be incurred within forty-five (45) days of the Accidental Death or Permanent Disablement and be necessary for the continuation of the policyholder's business. This cover is subject to the Policy Holder giving the company a signed Undertaking that any amount paid to the policyholder will be repaid to us, if it is later found that a valid claim did not eventuate.

## **CREDIT CARD INDEMNITY – up to RM5,000**

If the Insured Person sustains an Accidental Death or Permanent Disablement, we will pay for the Insured Person current month's outstanding credit card expenses (less any arrears from the previous month) incurred by the Insured Person up to RM5,000 provided that:

- a) No interest accrued or financial charges are payable under this Benefit;
- b) the Insured Person is not entitled to this covered under any source;
- c) the Insured Person is aged above eighteen (18) years of age.

# GROUP PERSONAL ACCIDENT INSURANCE



## **CORPORATE EVENTS COVER FOR FAMILY**

If the Policy Holder organizes an event for employees including their immediate family members, we will extend cover to the Insured Person's spouse and/or Dependent Children who sustain accidental bodily injury during the first five (5) days of the event for:

a) **Accidental Death & Disablement**

We will pay to the Insured Person's spouse and/or each of the Dependent Child, 10% of the Insured Person's Sum Insured as shown in the Policy Schedule, any one Family, per event, up to a maximum of RM30,000 per family.

b) **Accidental Medical Expenses Reimbursement**

We will reimburse to the Insured Person's spouse and/or each of the Dependent Child Accidental Medical Expenses Reimbursement up to the maximum Sum Insured as shown in the Policy Schedule, any one Family, per event, up to a maximum of RM2,000 per family.

## **DEPENDENT CHILD BENEFIT**

If the Insured Person suffers an Accidental Death and is survived by a Dependent Child(ren), we will pay the Insured Person's estate a lump sum of RM5,000 for each surviving dependent child, up to a maximum RM10,000 per family.

## **AMBULANCE COST – up to RM1,000**

If during the Period of Insurance, the Insured Person sustains a Bodily Injury, which necessitates the use of an ambulance, we will reimburse the actual ground ambulance costs incurred by the Insured Person up to RM1,000.

## **GET WELL BENEFIT – RM500**

If during the Period of Insurance and within thirty (30) days following a Bodily Injury, the Insured Person is confined as a resident patient in a Hospital for a minimum of twenty-four (24) hours on the recommendation of a Physician but not for the purpose of convalescent rest, we will pay a lump sum amount of RM500.00 per hospitalization.

Subsequent hospitalization resulting from the same Bodily Injury will not be payable.

## **ADDITIONAL INDEMNITY WHILST TRAVELLING OVERSEAS – RM50,000**

The sum insured payable shall be paid in additional amount of RM50,000 in the event of death due to accident while the insured Person is travelling overseas.

## **AIDS EXCLUSION CLAUSE**

It is hereby understood and agreed that this policy does not cover death, disablement (whether permanent or temporary) or medical expenses attributable directly or indirectly to hiv (human immunodeficiency virus) and/or any hiv related illness including aids (acquired immune deficiency syndrome) and/or any mutant derivations or variations thereof.

## **DATE RECOGNITION CLAUSE (TOTAL EXCLUSION – NON TARIFF CLASSES)**

There is no insurance under this policy in respect of any claim of whatsoever nature which arises directly or indirectly from or consists of the failure or inability of any

- a) electronic circuit, microchip, integrated, circuit, microprocessor, embedded system, hardware, software, firmware, program, computer, data processing equipment, telecommunication equipment or systems, or any similar device
- b) media or systems used in connection with any of the foregoing whether the property of the insured or not, at any time to achieve any or all of the purposes and consequential effects intended by the use of any number, symbol or word to denote a date including without limitation, the failure or inability to recognise capture save retain or restore and/or correctly to manipulate, interpret, transmit, return, calculate or instruction as result of

# GROUP PERSONAL ACCIDENT INSURANCE



- i) recognising using or adopting any date, day of the week or period of time, otherwise than as, or other than, the true or correct date, day of the week or period of time
- ii) the operation of any command or logic which has been programmed or incorporated into anything referred to in (a) and (b) above.

## CONVEYANCE LIMIT

It is hereby declared and agreed that the aggregate limit per conveyance stated herein is limited to RM30,000,000.00.

## DOUBLE INDEMNITY FOR PUBLIC CONVEYANCE (FOR DEATH/TOTAL PARALYSIS/LOSS 2 LIMBS)

The sum insured payable shall be double in the event of death/ total paralysis/ loss of 2 limbs due to accident while the insured Person is riding solely as a fare paying passenger (not as a operator or crew member) in or on, boarding and alighting from any public conveyance licenses to carry passengers, including lifts, Uber and Grab Car, provided always that the additional sum payable under this cover shall not exceed a maximum of RM1 million.

## MOBILITY EXPENSES – Up to RM6,000

If during the Period of Insurance, the Insured Person sustain Bodily Injury which results in a Total Permanent Disablement, we will reimburse the Insured Person the necessary expenses up to RM6,000 incurred for:

- a) Purchasing medical equipment for the purpose of coping with the disablement including but not limited to purchase of a wheel chair; and/or
- b) Alteration to a motor vehicle with the controls suitable adjusted;
- c) Renovation of their home to include lift, necessary ramps, railings or holds

## TERRORIST DEFINITIONS.

Terrorist Act means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorist Act shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism.

War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

## TERRORISM EXTENSION (INCLUDING NUCLEAR/BIOLOGICAL/CHEMICAL/TERRORISM)

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto it is agreed that this Policy is extended to cover Accidental Death or bodily injury arising from terrorism acts including any act of Nuclear, Chemical or Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss, provided however the extension does not cover the Insured Person if they are actively engaged in terrorist activities.

For the purpose of this Clause:

1. Terrorism means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear, Terrorism can include, but not be limited to, the actual use of force or violence and/or the threat of such use.

# GROUP PERSONAL ACCIDENT INSURANCE



Furthermore, the perpetrators of Terrorism can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

2. Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
3. Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
4. Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

# GROUP PERSONAL ACCIDENT INSURANCE



## IMPORTANT NOTICE

1. The **Insured** 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**, advice should immediately be given to **The Company** and the Policy returned for alteration.
2. **Insured** 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

**Liberty Insurance Contact Channels**

Liberty Insurance Hotline: 1800 888 121  
Email: [customer@libertyinsurance.com.my](mailto:customer@libertyinsurance.com.my)  
Website: [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)  
Contact Link: <https://www.libertyinsurance.com.my/contact-us>

b) **Financial Markets Ombudsman Service (FMOS)** (formerly known as Ombudsman for Financial Services)

Company No : 200401025885  
Level 14, Main Block, Menara Takaful Malaysia,  
No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.  
Tel : +603-2272 2811  
Fax : +603-2272 1577

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)).