PRUCredit Shield Elite
MASTER POLICY SCHEDULE

Group Insurance Plan Name	**PRU**Credit Shield Elite
Master Policy Number	CSET01
Master Policyholder	UNITED OVERSEAS BANK (MALAYSIA) BHD ("UOB Malaysia") Company No. (199301017069 (271809-K)) Address: Level 16, UOB Plaza 1 KL, 7 Jalan Raja Laut, 50350 Kuala Lumpur, Malaysia
Effective Date	16 July 2023
Eligible Cardmember	The Master Policyholder's principal credit cardholder
Benefits	As shown in the Insurance Certificate
Premium Amount	As shown in the Insurance Certificate
Frequency of Premium Payment	Monthly
Coverage Period	As shown in the Insurance Certificate

The benefit(s) payable under eligible certificate/policy is(are) protected by Perbadanan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's Takaful and Insurance Benefits Protection System ("TIPS") Brochure or contact Prudential Assurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

PRUCredit Shield Elite
PROVISION SCHEDULE

PART I – DEFINITIONS

Unless otherwise required by the context, the following definitions shall apply:

1. **Accident** means a sudden, unintentional, unexpected, unusual and specific event caused or resulted independently of any other cause and directly by violent, external and visible means that happens at an identifiable time and place.

2. **Age** means age next birthday.

3. **Assessment Period** means the period during which We will assess a condition before deciding whether or not the condition qualifies as being permanent. The assessment period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).

4. **Certificate Anniversary** means the anniversary of the Commencement Date shown in the Insurance Certificate issued to the Insured Cardmember.

5. **Certificate Year** means:
   a) the twelve (12) months period from the Commencement Date shown in the Insurance Certificate Schedule (including that Commencement Date); or
   b) the twelve (12) months period immediately after any preceding Certificate Year; whichever is applicable.

6. **Commencement Date** means the start date of the Insurance Certificate and is the date from which the insurance coverage is effective on the Insured Cardmember. The Commencement Date is shown in the Insurance Certificate issued to the Insured Cardmember.

7. **Confined/Confinement to a Hospital** means a continuous confinement of at least six (6) hours in a Hospital and a room-and-board charge made by the Hospital in connection with the confinement.

8. **Coverage Period** means the period of coverage of the Insurance Certificate. The Coverage Period is shown in the Insurance Certificate issued to the Insured Cardmember.

9. **Diagnosed or Diagnosis** means a definite diagnosis made by a Doctor based on specific evidence of the Total and Permanent Disability and Critical Illness. If this is not available, it shall be based on radiological, clinical, histological or laboratory evidence that We accept.

   If there is any doubt about the diagnosis, We are entitled to arrange a physical examination of the Insured Cardmember or analysis of the evidence used in arriving at the diagnosis. This is carried out by an independent expert in the field of medicine concerned. His/her opinion shall be binding on both Insured Cardmember and Us.

10. **Doctor or Surgeon or Physician** means a registered medical practitioner qualified and licensed in Malaysia to practice western medicine. In providing treatment, this person must be practicing within the scope of his/her licensing and training in the geographical area of practice. This person cannot be the Master Policyholder, the Insured Cardmember, the Insured Cardmember's or Master Policyholder's husband or wife or a close relative.

11. **Eligible Cardmember** means the person specified in the Master Policy Schedule, who, having met the eligibility requirements set forth in Part II Section A of this Master Policy, is entitled to elect to participate in the insurance plan under this Master Policy.

12. **Hospital** means an establishment set up and registered as a Hospital for the care and treatment of sick and injured people as paying bed patients, and which:
    a) has facilities for Diagnosis and major surgery;
    b) provides 24-hours nursing services by registered and graduate nurses;
    c) is under the supervision of a Doctor; and
    d) is not mainly a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the elderly, or a similar establishment.

13. **Injury** means a bodily injury sustained by the Insured Cardmember, which solely and independently of all other cause, was caused directly by an Accident.

14. **Insurance Certificate** means the individual insurance certificate issued by Us to the Insured Cardmember, which is more particularly described in Part V Section B of this Master Policy, and shall also include any or all of the following, as may be applicable:

    a) individual applications or proposals for cover by the Insured Cardmember, including any statements from the Physicians and questionnaires for the Insured Cardmember;
    b) Insurance Certificate Information Statement;
    c) Insurance Certificate Schedule;
    d) annexures;
    e) addendums issued by Us; and/or
    f) endorsements or amendments issued by Us.

15. **Insured Cardmember** means Eligible Cardmember who, in accordance with the provisions of Part II Section B of this Master Policy, is participating in the insurance plan under this Master Policy and in respect of whom Insurance Certificate has been issued.

16. **Insured Credit Card** means the credit card(s) that the Insured Cardmember has taken from the Master Policyholder which the Insured Cardmember has applied for insurance under the Insurance Certificate and this Master Policy, and includes the upgraded or downgraded and replaced credit card(s) referred to Part II Section D & E of this Master Policy and any supplementary credit card(s).

17. **Irreversible** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

18. **Malaysian Government Hospital** means a recognized government owned hospital under the purview of the Malaysian Ministry of Health and which charges of service are subject to the Fee Act 1951, Fees (Medical) Order 1982 or any such relevant laws that may replace it in future.

19. **Master Policy** means this insurance agreement between Us and the Master Policyholder, which shall include any or all of the following, as may be applicable:
    a) application or proposal form made by Master Policyholder in respect of this Master Policy;
    b) addendums signed by Us; and/or
    c) endorsements or amendments signed by Us.

20. **Master Policyholder** means the party named in the Master Policy Schedule of this Policy as the Master Policyholder.

21. **Master Policy Effective Date** means the date from which the insurance plan under this Master Policy is operative.

22. **Medically Necessary** means medical service, which is:
    a) consistent with the Diagnosis and customary medical treatment for a disability;
    b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
    c) not for the convenience of the Insured Cardmember or the Doctor, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient);
    d) not of an experimental, investigational or research nature, preventive or screening nature;
    e) for which the charges are fair and reasonable and customary for the disability; and
    f) provide treatment directly related to the covered disability.

    You can refer to the "Non-Medically Necessary Services" list available at Our website or through any other media or electronic means, for examples of medical services that do not satisfy the definition of "Medically Necessary" provided in the Insurance Certificate. The list is not exhaustive and it will be updated from time to time.

23. **Outstanding Balance** means the sum outstanding arising from the Insured Cardmember's principal and supplementary credit card (if any) including any finance, late payment charges, outstanding credit card balance and term loan instalment amount arising from the conversion of credit card balance to a term loan being charged

to the credit card, prior to the occurrence of the Insured Cardmember's death, Total and Permanent Disability, Temporary Total Disability, Diagnosis of Critical Illness, or the first day of hospitalisation in accordance with the provisions under the Insurance Certificate. For clarity, if the sum outstanding from the Insured Cardmember's principal and supplementary credit card (if any) including any finance, late payment charges, outstanding credit card balance and term loan instalment amount arising from the conversion of credit card balance to a term loan being charged to the credit card, are incurred after the occurrence of death, Total and Permanent Disability, Temporary Total Disability, Diagnosis of Critical Illness, or on or after the first day of hospitalisation, it shall not form any part of the Outstanding Balance.

24. **Permanent neurological deficit with persisting clinical symptoms** means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Cardmember. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

25. **Policy** means any supplementary policies, schedules, annexures, appendices, addendums, endorsements, Insurance Certificate, Master Policy and any amendments We have signed. The Policy shall be the contract between the Master Policyholder and Us.

26. **Pre-Existing Conditions** mean any disability, illness and/or condition that the Insured Cardmember has reasonable knowledge of before the Commencement Date of the Insured Cardmember's Insurance Certificate. The Insured Cardmember may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one for which:
    a) the Insured Cardmember 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.

27. **Sickness, Disease, Illness** means a state of poor physical health that requires medical treatment.

28. **Taxes** mean:
    a) goods and services tax;
    b) value added tax;
    c) consumption tax; or
    d) any other tax, duty, charge or imposition of a similar nature by whatever name called,

    which may be imposed or charged under law and regulations, or rules, rulings or guides from the relevant authority.

29. **We / Us / Our** means Prudential Assurance Malaysia Berhad, the insurer.

PART II – MEMBERSHIP ELIGIBILITY, PARTICIPATION AND TERMINATION

Section A – Eligibility

1. Each Eligible Cardmember shall be eligible for insurance under the Policy subject to the following conditions:
    a) the Eligible Cardmember is a natural person who has attained Age of 18 years but is not over Age of 65 years;
    b) the Eligible Cardmember is a customer of the Master Policyholder following a transfer of ownership of consumer banking business from Citibank Berhad to the Master Policyholder on 1 November 2022, and as a result of the said transfer of ownership, has been selected to be covered under **PRU**Credit Shield Elite with effect from 16 July 2023.

Section B – Participation

1. Each Eligible Cardmember shall become an Insured Cardmember on the Commencement Date, in the manner prescribed by Us and/or the Master Policyholder, and evidence of insurability has been furnished to and coverage has been confirmed by Us.

2. The Insured Cardmember whose insurance has been terminated and whom, in Our sole and absolute view, is eligible to re-apply for membership shall be considered as a new Eligible Cardmember.

Section C – Termination

1. The coverage under this Policy shall terminate on the earliest of the following dates:

    a) upon the Insured Cardmember ceasing to be a registered credit cardholder of the Master Policyholder for the Insured Credit Card (subject to Sections D and E under Part II);
    b) upon the cancellation of the Insured Credit Card or the Insured Credit Card ceasing to be valid for any other reason (subject to Sections D and E under Part II);
    c) on the date of the expiration of the one (1) month coverage period for which the last monthly premium payment is made on account of the Insured Cardmember's Insurance Certificate;
    d) non payment of premium;
    e) at the end of the anniversary of the Commencement Date after the Insured Cardmember has attained the Age of 66 years;
    f) upon the date on which the Insured Cardmember dies or when a claim is admitted for Total and Permanent Disability or Critical Illness, whichever is earlier;
    g) when We receive written instructions from the Master Policyholder to terminate the insurance in respect of the Insured Cardmember, of which the date of termination will follow the date stated by the Master Policyholder; or
    h) when We receive notice from the Insured Cardmember to cancel his/her Insurance Certificate (subject to Section E under Part V).

Section D – Upgrade or Downgrade of Credit Card

If the Insured Credit Card(s) is upgraded or downgraded to a new credit card(s) by the Master Policyholder, the insurance coverage of the Insured Cardmember under the relevant Insurance Certificate shall continue to be applicable for the newly upgraded or downgraded credit card(s).

Section E – Damaged or Lost Credit Card

If the Insured Credit Card(s) has been replaced with a new credit card(s) by the Master Policyholder for any reason whatsoever (including due to the Insured Credit Card(s) being lost, damaged or stolen), the insurance coverage of the Insured Cardmember under the relevant Insurance Certificate shall continue to be applicable for the newly replaced credit card(s).

PART III – BENEFIT PROVISIONS

Section A – Sum Insured

1. The Sum Insured is the Insured Cardmember's Outstanding Balance, subject to the maximum claim amount of RM100,000.00 for a Principal Classic or Gold Card Member or RM300,000.00 for a Principal Platinum Card Member, irrespective of the number of card enrolments of such Principal Card Member under the **PRU**Credit Shield Elite group insurance plan. In the event where an Insured Cardmember holds both Principal Classic or Gold Card(s) and Principal Platinum Card(s), the Sum Insured shall be the Insured Cardmember's combined Outstanding Balance for his/her Principal Classic or Gold Card(s) and Principal Platinum Card(s) and shall not exceed the maximum claim amount of RM300,000.00 for a Principal Platinum Card.

2. The Master Policyholder will have the sole and absolute discretion to categorize any of its credit cards into 'Classic', 'Gold' or 'Platinum'.

Section B – Death Benefit

1. In the event of death, Death Benefit equivalent to a total of 300% of the Sum Insured shall be payable, of which, an amount equivalent to the Outstanding Balance is payable to the Master Policyholder and the balance is payable to any person(s) entitled through the Insured Cardmember.

2. Conditions for Paying Death Benefit

    a) Written notice of death of the Insured Cardmember, together with the proof of claim, the relevant claim documents and information that We request to evaluate the claim as well as to establish the cause and circumstances of death of the Insured Cardmember (collectively referred to as "Death Claim Notice") must be

given to Our Head Office as soon as possible within six (6) months of the date of death. They shall only be treated as served when We actually received them.

b) If the Death Claim Notice fails to reach Us within the prescribed period, it shall not mean the claim is invalid if it can be shown that it was not reasonably possible to give the Death Claim Notice within the prescribed period and that the Death Claim notice was given as soon as was reasonably possible.

c) We are not liable for any expenses incurred to obtain the Death Claim Notice.

d) We can refuse to pay the Death Benefit under this Policy if the above conditions are not met.

Section C – Total and Permanent Disability Benefit

1. In the event of Total and Permanent Disability, Total and Permanent Disability Benefit equivalent to a total of 300% of the Sum Insured shall be payable, of which, an amount equivalent to the Outstanding Balance is payable to the Master Policyholder and the balance is payable to the Insured Cardmember.

2. For the purposes of the Policy, Total and Permanent Disability means:

   a) while the Insured Cardmember is between the Age of 18 years and 60 years, the Insured Cardmember becomes permanently and completely unable to engage in any occupation and is permanently and completely unable to perform any work for remuneration or profit.

   b) while the Insured Cardmember is above Age of 60 years, the Insured Cardmember shall receive confirmation by a consultant Physician of the loss of independent existence lasting for a minimum period of six (6) months and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

   For the purposes of this Benefit, the word "permanent" or "permanently", shall mean beyond the hope of recovery with current medical knowledge and technology.

   The Activities of Daily Living are:

   (i) Transfer
   Getting in and out of a chair without requiring physical assistance.
   (ii) Mobility
   The ability to move from room to room without requiring any physical assistance.
   (iii) Continence
   The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
   (iv) Dressing
   Putting on and taking off all necessary items of clothing without requiring assistance of another person.
   (v) 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.
   (vi) Eating
   All tasks of getting food into the body once it has been prepared.

   Such disabilities as defined in Clause 2a) and 2b) above must be permanent and must last for a minimum period of six (6) consecutive months.

3. The following disabilities shall also be regarded as Total and Permanent Disability:

   a) totally and irrecoverably loses sight in both eyes;
   b) totally and irrecoverably loses by severance one limb each at or above his/her wrist and ankle, or two limbs at or above his/her wrist(s) or ankle(s); or
   c) totally and irrecoverably loses sight in one eye and totally and irrecoverably loses by severance one limb at or above the wrist or ankle.

4. In addition to provisions in the Policy relating to claims, We shall not pay the Total and Permanent Disability Benefit, or any part of it:

   a) unless the Insured Cardmember has suffered the Total and Permanent Disability for at least six (6) months consecutively; and

b) unless the Insured Cardmember sends Us proof of his/her continued Total and Permanent Disability, when We ask as part of claim assessment.

5. Conditions for Paying Total and Permanent Disability Benefit

a) Written notice of any claim for this Total and Permanent Disability Benefit, together with the proof of claim, the relevant claim documents and information that We request to evaluate the claim as well as to establish the cause and circumstances of the Insured Cardmember's Total and Permanent Disability condition (collectively referred to as "Total and Permanent Disability Claim Notice") must be given to Our Head Office within six (6) months of the date of event giving rise to the claim while the Insured Cardmember is alive.
b) If the Insured Cardmember fails to do so, it shall not mean the claim is invalid if it can be shown that it was not reasonably possible to give that Total and Permanent Disability Claim Notice within the prescribed period and that notice was given as soon as it was reasonably possible.
c) We are not liable for any expenses incurred to obtain the Total and Permanent Disability Claim Notice.
d) After submitting the Total and Permanent Disability Claim Notice, the Insured Cardmember must agree to a medical examination carried out by a Doctor We have appointed.
e) In order to assess claim, the Insured Cardmember may be subject to more than one medical examination carried out by a Doctor We have appointed. If the Insured Cardmember fails to have a medical examination when We ask or We do not receive the proof of the continued Total and Permanent Disability of the Insured Cardmember, the Total and Permanent Disability Benefit shall terminate immediately on the date of Our request.
f) We can refuse to pay Total and Permanent Disability Benefit under this Policy if the above conditions are not met.

Section D – Critical Illness Benefit

1. In the event of Diagnosis of one of the 43 Critical Illnesses, Critical Illness Benefit equivalent to a total of 300% of the Sum Insured shall be payable, of which, an amount equivalent to the Outstanding Balance is payable to the Master Policyholder and the balance is payable to the Insured Cardmember.

2. For Angioplasty and Other Invasive Treatments For Coronary Artery Disease, only 10% of the Critical Illness Benefit shall be payable to the Master Policyholder, subject to a maximum claim of RM25,000.00.

3. For the purposes of the Policy, a **"Critical Illness"** means any one of the following illnesses as has been defined separately below:

(1) STROKE – resulting in permanent neurological deficit with persisting clinical symptoms

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The Diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:
(i) Transient ischemic attacks
(ii) Cerebral symptoms due to migraine
(iii) Traumatic injury to brain tissue or blood vessels
(iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

(2) HEART ATTACK – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

(i) A history of typical chest pain;
(ii) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block
and
(iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
- Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or Physician.

For the above definition, the following are not covered:

- occurrence of an acute coronary syndrome including but not limited to unstable angina.
- a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

(3) KIDNEY FAILURE – requiring dialysis or kidney transplant

End-stage kidney failure presenting as chronic Irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

(4) CANCER – of specified severity and does not cover very early cancers

Any malignant tumour positively Diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

(i) All cancers which are histologically classified as any of the following:
- pre-malignant
- non-invasive
- carcinoma in situ
- having borderline malignancy
- having malignant potential

(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
(v) Chronic Lymphocytic Leukemia less than RAI Stage 3
(vi) All cancers in the presence of HIV
(vii) Any skin cancer other than malignant melanoma.

(5) CORONARY ARTERY BY-PASS SURGERY

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:

(i) angioplasty;
(ii) other intra-arterial or catheter based techniques;
(iii) keyhole procedures;
(iv) laser procedures.

(6) SERIOUS CORONARY ARTERY DISEASE

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

(7) ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under respective Annexure subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of respective Annexure, thereby reducing the amount of the Lump Sum Payment which may be payable.

(8) END-STAGE LIVER FAILURE

End-stage liver failure as evidenced by all of the following:
- Permanent jaundice;
- Ascites (excessive fluid in peritoneal cavity); and,
- Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not covered.

(9) FULMINANT VIRAL HEPATITIS

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

(i) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
(ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
(iii) Rapidly deteriorating liver functions tests; and
(iv) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

(10) COMA – resulting in permanent neurological deficit with persisting clinical symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.

The following is not covered:

(i) Coma resulting directly from alcohol or drug abuse.

(11) BENIGN BRAIN TUMOR – of specified severity

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:
(i) It is life threatening.
(ii) It has caused damage to the brain.
(iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
(iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:
(i) Cysts
(ii) Granulomas
(iii) Malformations in or of the arteries or veins of the brain
(iv) Hematomas
(v) Tumours in the pituitary gland
(vi) Tumours in the spine
(vii) Tumours of the acoustic nerve.

(12) PARALYSIS OF LIMBS

Total, permanent and Irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or Injury. A minimum Assessment Period of six (6) months applies.

(13) BLINDNESS – Permanent and Irreversible

Permanent and Irreversible loss of sight as a result of Accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

(14) DEAFNESS – Permanent and Irreversible

Permanent and Irreversible loss of hearing as a result of Accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

(15) THIRD DEGREE BURNS – of specified severity

Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.

(16) HIV INFECTION DUE TO BLOOD TRANSFUSION

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

(i) The blood transfusion was Medically Necessary or given as part of a medical treatment;
(ii) The blood transfusion was received in Malaysia or Singapore after the commencement of this Policy;
(iii) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
(iv) The Insured Cardmember does not suffer from hemophilia; and
(v) The Insured Cardmember is not a member of any high risk groups including but not limited to intravenous drug users.

(17) FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Insured Cardmember must have a CD4 cell count of less than two hundred (200)/µL and one or more of the following criteria are met:
(i) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
(ii) Kaposi Sarcoma
(iii) Pneumocystis Carinii Pneumonia
(iv) Progressive multifocal leukoencephalopathy
(v) Active Tuberculosis
(vi) Less than one-thousand (1000) Lymphocytes/µL
(vii) Malignant Lymphoma.

(18) END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:
(i) The need for regular oxygen treatment on a permanent basis;
(ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than one (1) liter during the first second;
(iii) Shortness of breath at rest; and
(iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

(19) ENCEPHALITIS – resulting in permanent inability to perform Activities of Daily Living

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is not covered.

(20) MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

- Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from Irreversible end-stage failure of the relevant organ.

Other stem cell transplants are not covered.

(21) LOSS OF SPEECH

Total, permanent and Irreversible loss of the ability to speak as a result of Injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm Injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

(22) BRAIN SURGERY

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not covered:
(i) Burr hole procedures
(ii) Transphenoidal procedures
(iii) Endoscopic assisted procedures or any other minimally invasive procedures
(iv) Brain surgery as a result of an Accident.

(23) HEART VALVE SURGERY

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

For the above definition, the following are not covered:
(i) Repair via intra-arterial procedure
(ii) Repair via key-hole surgery or any other similar techniques.

(24) LOSS OF INDEPENDENT EXISTENCE

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.

(25) BACTERIAL MENINGITIS – resulting in permanent inability to perform Activities of Daily Living

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.

The Diagnosis must be confirmed by:
(i) an appropriate specialist; and
(ii) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not covered.

(26) MAJOR HEAD TRAUMA – resulting in permanent inability to perform Activities of Daily Living

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

(27) CHRONIC APLASTIC ANEMIA – resulting in permanent Bone Marrow Failure

Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:
(i) Regular blood product transfusion;
(ii) Marrow stimulating agents;
(iii) Immunosuppressive agents; or
(iv) Bone marrow transplantation.

The Diagnosis must be confirmed by a bone marrow biopsy.

(28) MOTOR NEURON DISEASES – permanent neurological deficit with persisting clinical symptoms

A definite Diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

(29) PARKINSON'S DISEASE – resulting in permanent inability to perform Activities of Daily Living

A definite Diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:
(i) Cannot be controlled with medication;
(ii) Shows signs of progressive impairment; and
(iii) Confirmation of the permanent inability of the Insured Cardmember to perform without assistance three (3) or more of the Activities of Daily Living.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.

(30) ALZHEIMER'S DISEASE/SEVERE DEMENTIA

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of Irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured Cardmember. The Diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not covered:
(i) Non organic brain disorders such as neurosis
(ii) Psychiatric illnesses
(iii) Drug or alcohol related brain damage

(31) SURGERY TO AORTA

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:
(i) angioplasty;
(ii) other intra-arterial or catheter based techniques;
(iii) other keyhole procedures;
(iv) laser procedures

(32) MULTIPLE SCLEROSIS

A definite Diagnosis of multiple sclerosis by a neurologist. The Diagnosis must be supported by all of the following:
- Investigations which confirm the Diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

(33) PRIMARY PULMONARY ARTERIAL HYPERTENSION – of specified severity

A definite Diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

(34) MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

(35) CARDIOMYOPATHY – of specified severity

A definite Diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The Diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

(36) SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite Diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist.
For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:
Type III - Focal Segmental glomerulonephritis
Type IV - Diffuse glomerulonephritis
Type V - Membranous glomerulonephritis

(37) OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (HIV) (only if the Insured Cardmember is a Medical Staff as defined below), where it was acquired as a result of an Accident occurring during the course of carrying out normal occupational duties as a Medical Staff with seroconversion to HIV infection occurring within six (6) months from the date of the Accident. Any Accident giving rise to a potential claim must be reported to Us

within thirty (30) days from the date of that Accident, supported by a negative HIV test taken within seven (7) days from the date of that Accident.

"Medical Staff" is defined as a Doctor (general physician or specialist), traditional and complementary medicine practitioner, nurse, paramedic, laboratory technician, dentist, dental nurse, or ambulance worker, who is working in a medical centre, Hospital, dental clinic, or polyclinic ("Workplace"). When the law requires, the Medical Staff and his/her Workplace must be registered with the Ministry of Health in Malaysia.

(38) MUSCULAR DYSTROPHY

The definite Diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:
(i) Clinical presentation of progressive muscle weakness;
(ii) No central / peripheral nerve involvement as evidenced by absence of sensory disturbance; and
(iii) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this Critical Illness before the Insured Cardmember has reached the Age of twelve (12) years.

(39) TERMINAL ILLNESS

The conclusive Diagnosis of a condition that is expected to result in death of the Insured Cardmember within twelve (12) months. The Insured Cardmember must no longer be receiving active treatment other than that for pain relief. The Diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by a Doctor We have appointed.

(40) POLIOMYELITIS

Unequivocal Diagnosis by a consultant neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

(41) APALLIC SYNDROME

Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist and the condition must be documented for at least one (1) month.

(42) CHRONIC RELAPSING PANCREATITIS

Multiple attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The Diagnosis must be made by a gastroenterologist and supported by appropriate investigation results.

Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

(43) PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:
(i) Localised scleroderma (linear scleroderma or morphea);
(ii) Eosinophilic fasciitis; and
(iii) CREST syndrome.

For the purposes of this Benefit, the word "permanent", shall mean expected to last throughout the lifetime of the Insured Cardmember.

4. Conditions for Paying Critical Illness Benefit

a) Written notice of any claim under this benefit on the Insured Cardmember must be given to Our Head Office within ninety (90) days of the date of the Diagnosis. Any failure to do so shall not mean the claim is invalid if it can be shown to Us that it was not reasonably possible to give notice and that the notice has been given to Us as soon as was reasonably possible.
b) Before We pay any claim under this benefit, We shall need proof of Diagnosis of a Critical Illness and the relevant claim documents. We shall need to receive these:
   (i) while the Insured Cardmember is alive;
   (ii) no more than six (6) months from the date of Diagnosis or date of commencement of the disability, as the case may be; and
   (iii) at the Insured Cardmember's own expense.
c) After submitting notice of a claim, the Insured Cardmember must agree to a medical examination carried out by a Doctor We have appointed.
d) In order to assess claim, the Insured Cardmember may be subject to more than one medical examination carried out by a Doctor We have appointed. If the Insured Cardmember fails to have a medical examination when We ask or We do not receive the proof of Diagnosis of the Critical Illness, this benefit shall terminate immediately on the date of Our request.
e) We can refuse to pay Critical Illness Benefit under this Policy if the above conditions are not met.

Section E – Temporary Total Disability Benefit

1. In the event of the Insured Cardmember becoming temporarily and totally disabled continuously for at least fifteen (15) consecutive days, Temporary Total Disability Benefit equivalent to 10% of the Sum Insured shall be payable to the Master Policyholder each month, up to a maximum of twelve (12) months per lifetime, and premium, as and when due, will be waived, up to a maximum of twelve (12) months per lifetime.

2. If the Insured Cardmember recovers from Temporary Total Disability based on Our assessment on the medical certificate issued by a Doctor, no further Temporary Total Disability Benefit will be paid in relation to the same disability and the Insured Cardmember shall resume paying the premium in the next monthly billing date.

3. During the Temporary Total Disability Benefit payout period, if the Insured Cardmember dies, suffers Total and Permanent Disability or Diagnosed with one of the 43 Critical Illnesses described in Part III Section D Clause 3 above or being hospitalised for more than six (6) consecutive days due to Sickness, Disease or Illness or Injury, payment of Temporary Total Disability Benefit shall cease and we will pay the respective benefits pursuant to Part III Section B, C, D or G, after deducting outstanding premium (if any).

4. For the purposes of the Policy, Temporary Total Disability means a total temporary disability on the Insured Cardmember and the Insured Cardmember during this period of disability is totally disabled and completely unable to engage in or attend to any occupation or employment for monetary reward for a continuous period of fifteen (15) consecutive days. The said disability must last for a continuous period of at least fifteen (15) days.

5. Conditions for Paying Temporary Total Disability Benefit

   a) Written notice of any claim for Temporary Total Disability Benefit, together with proof of claim, such as all relevant written reports from the Doctor giving details of Temporary Total Disability and of any operation performed or likely to be performed, together with all original medical or treatment bills related to the claim, original invoices or receipts (collectively referred to as "Temporary Total Disability Claim Notice") must be given to Our Head Office within six (6) months of the date of the Accident giving rise to the claim while the Insured Cardmember is alive.
   b) We are not liable for any expenses incurred to obtain the Temporary Total Disability Claim Notice.
   c) The Insured Cardmember must co-operate fully with Us by giving Us permission to gather relevant information from any Doctor, any Hospital or other source to process the claim quickly.
   d) After submitting the Temporary Total Disability Claim Notice, the Insured Cardmember must agree to a medical examination carried out by a Doctor We have appointed.
   e) In order to assess claim, the Insured Cardmember may be subject to more than one medical examination carried out by a Doctor We have appointed. If the Insured Cardmember fails to have a medical examination when We ask or We do not receive the proof of the Temporary Total Disability, this benefit shall terminate immediately on the date of Our request.
   f) We can refuse to pay Temporary Total Disability Benefit under this Policy if the above conditions are not met.

Section F – Compassionate Benefit

1. In the event of death of the Insured Cardmember, Compassionate Benefit equivalent to 20% of the Sum Insured prior to the occurrence of death shall be payable to the person(s) entitled through the Insured Cardmember, on top of the Death Benefit as described in Part III Section B above, up to the maximum limit of RM3,000.00 per life. However, We are not liable to pay any Compassionate Benefit that is below RM20.00 for each Insured Cardmember.

Section G – Hospitalisation Benefit

1. In the event of the Insured Cardmember's hospitalisation, which is Medically Necessary, for more than six (6) consecutive days due to Sickness, Disease or Illness or Injury, We shall pay Hospitalisation Benefit equivalent to 100% of Sum Insured to the Master Policyholder.

   In each Certificate Year, there shall only be one claim on Hospitalisation Benefit per certificate subject to a maximum of RM30,000.00 per Insured Cardmember.

2. Conditions for Paying Hospitalisation Benefit

   a) Written notice of any claim must be given to Us within thirty (30) days from the commencement of the Insured Cardmember's Confinement to a Hospital. If the Insured Cardmember fails to do so, it shall not affect the claim as long as the notice was given as soon as was reasonably possible. Claims are not deemed complete and eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by Us. Any variation or waiver of the foregoing shall be at Our sole discretion.
   b) Proof of the Confinement to a Hospital must be given to Us within ninety (90) days after discharge from the Hospital. We shall need the original bills and receipts for the charges and fees due to the Confinement to a Hospital. We shall also need a Physician's report with information of Diagnosis, scans and tests done, the date of disability, date of discharge from the Hospital, conclusion and summary of treatment provided and follow ups.
   c) Further, in order to prove that the Insured Cardmember has been Confined to a Malaysian Government Hospital, the Insured Cardmember must provide Us with an official statement of account or a receipt from the Malaysian Government Hospital within six (6) months from the date of the discharge.
   d) We can refuse to pay Hospitalisation Benefit under this Policy if the above conditions are not met.

Section H – No Claim Bonus

1. At the end of every Certificate Year, 10% of total premiums paid in a particular Certificate Year shall be payable to the Insured Cardmember, provided the Insurance Certificate remains in force and if there is no claim incurred during the particular Certificate Year.

2. Payment of the No Claim Bonus under the Insurance Certificate will be paid into the Insured Credit Card. If the Insured Cardmember ceased to be a registered credit cardholder of the Master Policyholder, the No Claim Bonus will be paid into any banking account owned by the Insured Cardmember with the Master Policyholder. If the Insured Cardmember does not own any banking account with the Master Policyholder, payment of the No Claim Bonus will be made to the Insured Cardmember by any other method We allow, if We feel the circumstances are appropriate after considering the market development on such method.

3. If We have paid the Insured Cardmember any claim(s) under this No Claim Bonus and the Insured Cardmember later submits claim(s) under the Insurance Certificate (except No Claim Bonus) for Benefit(s) payable under the immediate preceding Certificate Year, We shall treat the amount paid under No Claim Bonus as a debt owing to Us and be entitled to use any amount the Insured Cardmember owes Us to set off against any amount We owe the Insured Cardmember. If the No Claim Bonus that has been paid to the Insured Cardmember is more than any amount we owe the Insured Cardmember, such amount owed to the Insured Cardmember shall not be payable by Us.

Section I – Special Provisions (Take Over Clauses)

1. We shall pay the Death Benefit under the Insurance Certificate if the death of the Insured Cardmember is directly or indirectly caused by or in connection with the Insured Cardmember's suicide.

2. We shall pay the Total and Permanent Disability Benefit under the Insurance Certificate if the disability of the Insured Cardmember is directly or indirectly caused by any Pre-Existing Conditions as defined in Part I of this Policy.

3. We shall pay the Critical Illness Benefit under the Insurance Certificate in the following circumstances:

   a) symptoms of illness that occur prior to the Commencement Date of the Insurance Certificate;
   b) Cancer, Heart Attack, Coronary Artery By-Pass Surgery, Serious Coronary Artery Disease, and Angioplasty And Other Invasive Treatments For Coronary Artery Disease that occur prior to the Commencement Date of the Insurance Certificate; and
   c) illness arises directly or indirectly from any Pre-Existing Conditions as defined in Part I of this Policy.

4. We shall pay the Temporary Total Disability Benefit under the Insurance Certificate in the circumstance of physical or mental defect or infirmity caused by any Pre-Existing Conditions as defined in Part I of this Policy.

5. We shall pay the Compassionate Benefit under the Insurance Certificate if the death of the Insured Cardmember is directly or indirectly caused by or in connection with the Insured Cardmember's suicide.

6. We shall pay the Hospitalisation Benefit under the Insurance Certificate in the following circumstances:

   a) Pre-Existing Conditions as defined in Part I of this Policy;
   b) The following specified illnesses occurring during the first one hundred and twenty (120) days from the Commencement Date of the Insurance Certificate:
      1. hypertension, diabetes mellitus and cardiovascular disease;
      2. growths of any kind including tumours, cancers, cysts, nodules, polyps;
      3. stones of the urinary system and biliary system;
      4. any disease of the ear, nose (including sinuses) or throat;
      5. hernias, haemorrhoids, fistulae, hydrocele or varicocele;
      6. any disease of the reproductive system including endometriosis; or
      7. any disorders of the spine (including a slipped disc) and knee conditions; and
   c) any medical or physical conditions and its signs or symptoms occurring within the first thirty (30) days from the Commencement Date of the Insurance Certificate, including traumatic bodily injury caused by an Accident.

Section J – Exclusions

1. We shall not pay the Total and Permanent Disability Benefit if the disability of the Insured Cardmember is directly or indirectly caused by:

   a) any attempted suicide or self-inflicted injury whether attempted/inflicted while sane or insane;
   b) any traveling in an aircraft other than as a pilot or a member of a crew or a fare paying passenger in a commercial aircraft licensed for passenger service on scheduled flights over established routes only; or
   c) any participation in any aerial sporting activities such as hang-gliding, ballooning, parachuting, sky-diving, bungee jumping and other such similar activities.

2. We shall not pay the Critical Illness Benefit in the following circumstance:

   a) illness that is directly or indirectly caused by the existence of AIDS or the presence of any HIV infection, except for "HIV Infection Due To Blood Transfusion", "Full-Blown AIDS", "Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection".

3. We shall not pay the Temporary Total Disability Benefit in the following circumstances:

   a) war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, taking part in riot, strike or civil commotion;
   b) breaking or trying to break any law or to resist arrest;
   c) attempted suicide or self-inflicted injuries while sane or insane;
   d) pregnancy, childbirth, miscarriage or any related complications;
   e) engaging in or taking part in professional sports, scuba diving, racing of any kind, aerial flights (including bungee jumping, hang-gliding, ballooning, parachuting and sky-diving) other than as a crew member of or as a fare-paying passenger on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route or any hazardous activities or sports, unless agreed to by special endorsement;
   f) narcotic or drug unless taken as prescribed by a qualified registered medical practitioner; or
   g) alcoholic intoxication.

4. We shall not pay the Hospitalisation Benefit in the following circumstances:

   a) elective cosmetic or plastic surgery except re-constructive surgery necessary to restore function, hyperhidrosis, circumcision, eye examination for nearsightedness, farsightedness or astigmatism, visual aids and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as but not limited to artificial limbs, hearing aids, cochlear apparatus, external or temporary pacemakers and prescriptions thereof;
   b) dental conditions including dental treatment or oral surgery except as necessitated by Accident to restore function of sound natural teeth occurring while the certificate is in force;
   c) private nursing, rest cures or sanitaria care;
   d) drug abuse, addictive disorders from any kind of substance or alcohol use or misuse, under influence of alcohol, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases;
   e) any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions;
   f) pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility and its complications. Erectile dysfunction and tests or treatment related to impotence or sterilization;
   g) primarily for investigatory purposes, Diagnosis, X-ray examination, stem cell therapy, general physical or medical examinations, not incidental to treatment or Diagnosis of a covered disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain or bariatric surgery;
   h) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane;
   i) war or any act of war, declared or undeclared, criminal or terrorist activities, act of foreign enemies, active duty in any armed forces, direct participation in strikes, riots, civil commotion, insurrection, revolution or any war-like operations;
   j) ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
   k) expenses incurred for donation of any body parts or organ by an Insured Cardmember and acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;
   l) investigation and treatment of sleep apnoea and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, hyperbaric oxygen therapy, herbalist treatment, massage or aroma therapy or other alternative treatment;
   m) psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
   n) costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical item;
   o) sickness or Injury arising from violation of any law, participating in racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities;
   p) private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes;
   q) expenses incurred for sex changes;
   r) experimental treatment, including medication and/or unconventional medical technology/procedure, which has not been proven to be effective, based on established medical practice, or which has not been approved by a recognized body in Malaysia; or
   s) care or treatment that do not lead to a recovery, conservation of the Insured Cardmember's condition or restoration to his/her previous state of health.

Section K – Payments and Claims

1. The Master Policyholder, Insured Cardmember or the person(s) entitled through the Insured Cardmember's receipt of the benefits under this Policy shall be a full and valid discharge of all Our liabilities in respect of such benefits.

2. In order for any benefit under this Policy to be payable by Us, the Master Policyholder and the Insured Cardmember must keep to all the terms, conditions, provisions and exclusions in the Policy.

PART IV – PREMIUM PROVISIONS

Section A – Premium Payments

1. The total monthly premium that the Insured Cardmember shall pay may vary depending on the Outstanding Balance as at the respective monthly billing dates of the Insured Cardmember's credit card, at the rate of RM0.60 for every RM100.00 (or any part thereof on a pro-rated basis) of the Outstanding Balance.

2. Outstanding premium shall be deducted from the claim (except No Claim Bonus and Compassionate Benefit) paid by Us. Outstanding premium is the difference between the revised premium (calculated based on the increased Outstanding Balance, if the Outstanding Balance that is payable is more than the Outstanding Balance at the previous monthly billing date that premium was received) and the premium received at the previous monthly billing date.

3. We can revise the premium at any time by giving thirty (30) days' written notice to the Master Policyholder and ninety (90) days' (or any period as provided under the law) written notice to the Insured Cardmember. The change to the premium shall apply from the next Certificate Anniversary.

4. Premium rate changes, if any, shall be made effective for:
   a) Insured Cardmembers who participate after the written notice of change of premium rates has been given by Us; and
   b) Existing Insured Cardmembers who continue to participate, at the next Certificate Anniversary after the written notice of change of premium rates as mentioned in Part IV Section A Clause 3 above has been given by Us.

Section B – Free Cover Period

1. We offer complimentary coverage from the Commencement Date until the day before the billing date of the second monthly bill of the Insured Credit Card issued after the Commencement Date. The Insured Cardmember's monthly premium will be charged in the second and subsequent monthly bills of the Insured Credit Card.

PART V – GENERAL PROVISIONS

Section A – The Contract

1. The rights of the Master Policyholder or any Insured Cardmember or any beneficiary under this Policy shall not be affected by any provision other than those contained in this Policy.

2. The Master Policyholder shall have the right to exercise every option, benefit, right or privilege conferred by the provisions in this Policy. Every transaction between the Master Policyholder and Us relating to this Policy shall be valid and binding on the Master Policyholder and the Insured Cardmember. Further, the Master Policyholder shall indemnify and keep Us indemnified against any and all actions, claims, costs (including all legal costs on solicitor and client basis), damages (including any damages or compensation paid by Us on the advice of Our legal advisers to compromise or settle any such claim), demands, expenses, fines, losses, penalties, proceedings, that We may incur or suffer as a result of the Master Policyholder's failure to perform, fulfil or observe its obligations under this Policy and carrying out any instructions from the Insured Cardmember.

3. No person except the authorized personnel from Us is authorized to alter or amend this Policy, to accept premiums in arrears or to extend the period for payment of premium, to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted. No changes in this Policy shall be valid unless approved by Us and the Master Policyholder and evidenced by endorsement hereon, or by amendment hereto signed by Us and the Master Policyholder.

4. Neither party may assign, transfer or charge all or any of its rights or obligations under this Policy without the other party's prior written consent.

Section B – Insurance Certificates

1. We shall issue and send to each Insured Cardmember, an individual Insurance Certificate certifying that the person so named has become an Insured Cardmember under the Policy.

2. If there is any difference in meaning between the provisions of the Master Policy and Insurance Certificate, the provisions of Master Policy shall apply.

Section C – Data Required

1. The Master Policyholder shall maintain a record with respect to each Insured Cardmember under the Policy, showing the Insured Cardmember's name, sex, Age or date of birth, the Commencement Date, the Outstanding Balance for each respective billing date, and other pertinent information as may be necessary to carry out the terms of this Policy.

2. Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.

3. The Master Policyholder shall furnish Us with all information and proofs which We may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Master Policyholder by any Insured Cardmember in connection with the insurance, and other records as may have a bearing on the insurance under the Policy, shall be open for inspection by Us at all reasonable times. This Clause 3 is subject to all laws and regulations binding on the Master Policyholder and/or Us.

4. The Master Policyholder warrants and guarantees to Us as follows:

    a) The Master Policyholder has sufficient technical and organizational security measures in place for the purpose of protecting personal data of the Eligible Cardmembers, Insured Cardmembers, and all other persons included under any part of the Policy from any loss, misuse, unauthorised or accidental access or disclosure, alteration or destruction.
    b) That the Master Policyholder's aforementioned technical and organizational security measures shall take into account of the following:
        (i) The nature of the personal data and the harm that would result from such loss, misuse, modification, unauthorised access or disclosure, alteration or destruction.
        (ii) The place or location where such personal data is stored.
        (iii) Any security measures incorporated into equipment storing such personal data.
        (iv) The measures taken to ensure reliability, integrity and competence of the Master Policyholder's personnel having access to such personal data.
        (v) The measures taken for ensuring the secure transfer of such personal data.
    c) The Master Policyholder agrees to implement any additional security measures that We may reasonably request if We do not reasonably believe that the Master Policyholder's technical and organisational security measures are sufficient to protect the said personal data.

Section D – Renewal

1. The Insurance Certificate shall be renewed automatically for another Certificate Year ("Renewed Period") on each Certificate Anniversary, when the provisions of the Insured Cardmember's Insurance Certificate and conditions below are met:
    a) the insurance coverage in the Insured Cardmember's Insurance Certificate remains in force until the day immediately before the Certificate Anniversary of the Renewed Period; and
    b) the Insured Cardmember pays the premium pursuant to his/her Insurance Certificate.

Section E – Cancellation

1. The Insured Cardmember may cancel his/her Insurance Certificate by giving Us notice within one (1) year after his/her Insurance Certificate has been delivered to him/her ("Free Look Period").

2. If the Insured Cardmember cancels his/her Insurance Certificate within the Free Look Period, the premium paid in respect of his/her Insurance Certificate less any medical expenses which We may have already paid or agreed to pay will be refunded, provided there is no claim incurred during the Free Look Period. Upon refund of premium, the Insured Cardmember's Insurance Certificate shall be deemed cancelled and Our liability shall cease.

3. If the Insured Cardmember chooses to cancel his/her Insurance Certificate, within the Free Look Period and there is claim(s) incurred during the Free Look Period, or after the Free Look Period, by giving Us notice, the Insured Cardmember will only be covered under his/her Insurance Certificate until the date of the expiration of the one (1)

month coverage period for which the last monthly premium payment is made on account of the Insured Cardmember's Insurance Certificate. No cash value will be payable and any premium paid will not be refunded.

Section F – Interpretation

1. This Policy shall be interpreted and governed by the laws of Malaysia. The parties shall submit to the exclusive jurisdiction of the Courts in Malaysia.

2. In this Policy, unless We say something else or unless it should in the circumstances be understood differently:

   a) the headings are inserted for convenience only and shall not affect the interpretation of this Policy;
   b) the words including the singular shall include the plural and vice-versa; and
   c) a masculine personal pronoun as used herein includes the feminine, whenever the context requires.

3. If any provision or part of a provision of this Policy is invalid or unenforceable under the law, the validity and enforceability of the remaining provisions are not affected. The affected provision or part of the provision is deemed to be severed.

Section G – Correspondence

1. In all correspondence that We issue to the Insured Cardmember, the following words and phrases mentioned in the correspondence are to be read as follows:

   a) **Policy** means the Insurance Certificate that We issue to the Insured Cardmember;
   b) **Policy Number** means the Account Number / Insurance Certificate Number stated in the Insurance Certificate Schedule; and
   c) **Life Assured** means the Insured Cardmember named in the Insurance Certificate Schedule,

   If We intend the above words and phrases to mean something else other than the above. In such case, We will mention such intention in the correspondence.

   For the avoidance of doubt, this insurance product is a group insurance plan and is not an individual life insurance policy.

Section H – Ownership of Policy

Unless otherwise expressly provided for by an endorsement in this Policy, the Master Policyholder shall be the absolute owner of the Policy. We shall not recognize any equitable or other claim to or interest in the Policy. As such, the Master Policyholder's (or its legal or authorized representative's) receipt of this Policy and/or any benefits under it shall be an effective discharge of all Our obligations and liabilities. The Master Policyholder shall be deemed to be responsible as the principal or agent of the Insured Members covered under this Policy and any Annexure.

Section I – Misstatement

If the age or date of birth relating to the Insured Cardmember shall be found to have been misstated, We shall use the true age when determining the benefits that should have been provided and make an equitable adjustment of premiums or benefits.

Section J – Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy before the expiration of sixty (60) days after the written proof of claim has been submitted to Us in line with the requirements set out in this Policy.

Section K – Arbitration

If there is any disagreement about this Policy, the matter shall be referred to an Arbitrator to be appointed in writing by the Master Policyholder and Us. If both parties cannot agree on one Arbitrator, We shall each appoint an Arbitrator, within one (1) calendar month from being required to do so in writing by the other party. If the two Arbitrators cannot agree on a decision, an Umpire, who shall have been appointed in writing by the Arbitrators before the Arbitration, shall make the final decision. An award by Arbitration shall be a condition precedent to any right of action against Us. If We decide We

are not liable for a claim and it is not taken to Arbitration within twelve (12) months of Our decision, We shall assume the claim has been abandoned.

Section L – Incontestability

Notwithstanding anything stated to the contrary in this Policy, this Policy shall be incontestable, except for non-payment of premium or for fraud, after it has been in force two (2) years during the lifetime of the Insured Cardmember from the Commencement Date of this Policy or date of any reinstatement, whichever is later.

Section M – Non-participating Policy

This Policy shall not participate in any surplus distribution by Us.

Section N – Proof of Age

The Insured Cardmember's Age has not been admitted. Therefore, in the event of claim under this Policy, We require proof of age of Insured Cardmember from the claimant**.**

Section O – Change of Contact Details

In order for Us to keep the Master Policyholder informed of material information, the Master Policyholder must make sure We have the latest Master Policyholder's contact details.

Section P – Introduction of New Laws, Regulations etc, or Amendments

In the event of any introduction of any new laws (statutory or otherwise), regulations, rules, directives, orders and/or any amendments to the existing ones that may disallow any part of the benefits under the Policy or impose any additional charge, cost, expense or payments (including but not limited to any Taxes and/or any other charges, levies, surcharge) on Us (which We otherwise would not have to incur under the Policy or Insurance Certificate as at the Commencement Date of the Insurance Certificate), We may withdraw/terminate the relevant part of the benefit under the Policy or Insurance Certificate or impose such additional charge, cost, expense or payments on the Master Policyholder and/or Insured Cardmember, as the case may be.

Section Q – Taxes

Taxes may be imposed or increased, at any time on any of the premiums, charges or other payments due and payable for this Policy. If so, the Master Policyholder or Insured Cardmember, whichever applies, shall pay the Taxes at the applicable prevailing rate.

Section R – Misrepresentation / Fraud

1. If the Master Policyholder's and/or Insured Cardmember's answer or statement or information provided before this Policy was entered into, varied or renewed is found to be false or misleading, or if the Master Policyholder and/or Insured Cardmember has failed to disclose information as required, We have the right to void this Policy or exercise any of the rights available to Us in Schedule 9 of the Financial Services Act 2013 or any other law that replaces this Act in the future. In this regard, any refund made shall be paid to the Insured Cardmember.

2. If any information given to support any benefits or claim made is fraudulent or exaggerated, or any false declaration was made in support of such claim, We can terminate this Policy.

Section S – Changes to this Policy

We can change any provisions in this Policy by giving the Master Policyholder notice for any of the following reasons:

a) if in view of any laws, regulations, rules, orders, directives, requirements, standards, guidelines and code of practice by any governmental statutory or regulatory body or association, We think it is necessary to make such changes;
b) to respond to changes in the way this Policy is managed or administered, with proper regard to the need to treat Master Policyholder (or the Insured Cardmember when required under the law) fairly;
c) to respond to changes in technology or general practice in the insurance industry; or

d) to correct errors, if it is reasonable to do so.

Section T – Notices

1. All notices must be in writing and shall be treated as served on the Master Policyholder if delivered or sent to or left at the Master Policyholder's latest business address or any other address the Master Policyholder gives Us in writing. Any notice sent by post shall be treated as a written notice and received three (3) days after it is posted.

2. We may give the Master Policyholder or Insured Cardmember notice by fax, e-mail, text message, or electronic means. We may also give the Master Policyholder or Insured Cardmember notice by any other method, if We feel the circumstances are appropriate after considering the market development on such method. Any notice sent by fax shall be treated as a written notice and served when We get confirmation of the transmission. If notice is sent by e-mail or text message or electronic means or any other method, it shall be treated as a written notice and served on the next business day after sending.

3. All requests and/or notices and/or claims must be served on Us in writing. They shall only be treated as served if personally delivered, or sent by registered post addressed to Our Head Office, or they are sent to Us and We actually received them.

Section U – Policy Termination and Reinstatement

1. This Master Policy may be terminated by the Master Policyholder or Us by providing thirty (30) days' prior written notice of termination to the other party before the date on which such termination shall become effective. Once the termination becomes effective, each Insured Cardmember's coverage shall continue until the next monthly billing date for the Insured Credit Card provided that the Insured Cardmember's coverage has not been terminated earlier under any of the events in Clause 1 Section A above.

2. After termination of the Master Policy, the Master Policyholder may apply for reinstatement which shall be subject to Our consent and to the terms and conditions which We may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by Us.

Section V – Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities

1. Regardless of anything to the contrary contained in this Policy, (i) if We learn or are notified that the Master Policyholder, the Insured Cardmember, or any other beneficial owner named at the application stage, nominee, beneficiary, individual or entity that is associated with this Policy, is named on any Sanctions list, or is threatened with being added to any Sanctions list, or (ii) if We or any bank or other relevant third party could be found to be in breach of Sanctions obligations as a result of taking any action under this Policy, then We may:

    a) terminate this Policy (or terminate the insurance coverage of the Insured Cardmember) with immediate effect with or without prior notice to the Master Policyholder or the Insured Cardmember, and/or
    b) take any other action We may deem appropriate, including but not limited to notifying any relevant government authority, withholding any payments, freezing any monies paid to Us, and transferring any such payments or monies to any relevant government authorities.

2. We shall not be liable for any losses of whatever nature that the Master Policyholder, Insured Cardmember or anyone else may incur as a result of Us taking action under this clause. This clause, and Our ability to claim for any losses that We may incur arising out of the operation of this clause, shall survive any termination of this Policy.

For the purpose of this section, "Sanctions" mean:
restrictive measures imposed on targeted regimes, countries, governments, entities, individuals and industries by international bodies or governments in Malaysia or outside of Malaysia, including but not limited to the Office of Financial Sanctions Implementation HM Treasury, the United Nations, the European Union, the US Treasury Department's Office of Foreign Assets Control, and Ministry of Home Affairs in Malaysia.

Section W – Notice to Master Policyholder
(Ombudsman for Financial Services and Customer Services)

1. **Customer Service**
   We are committed to providing quality service to all Our customers. Please feel free to contact Our Customer Service representatives if you have any enquiries on your policy. If something is amiss, We also need to know about it, in order to resolve it for you. You can reach Us regarding your enquiry or complaint by calling Our dedicated Customer Service Hotline for UOB Malaysia customers at 03-2771 2499 or Our general Customer Service Hotline at 03-2771 0228, which is available during office hours, 8.30am - 5.15pm; Monday to Friday, or email to customer.mys@prudential.com.my.

2. **Consumer Awareness**
   Interested customers can refer to the relevant consumer education booklet used under the Consumer Education Programme or published materials in the insuranceinfo website at http://www.insuranceinfo.com.my.

   BNMLINK and BNMTELELINK provide customer service on general enquiries and public complaints in matters related to the financial sector. Besides that, it also provides information on the regulatory aspects of insurance products and services. BNMLINK and BNMTELELINK can be contacted at the following address:

   BNMLINK
   (Walk-in Customer Service Centre)
   Ground Floor, D Block,
   Jalan Dato' Onn,
   50480 Kuala Lumpur
   Operating hours: 9.00am-5.00pm (Monday-Friday)

   BNMTELELINK
   Jabatan LINK & Pejabat Wilayah
   Bank Negara Malaysia
   P.O. Box 10922
   50929 Kuala Lumpur
   Tel: 1-300-88-5465 (LINK)
   Fax: 03-2174 1515
   E-mail: bnmtelelink@bnm.gov.my

3. **Ombudsman for Financial Services**
   The Ombudsman for Financial Services is set up to offer consumer protection to policyholders, and to resolve disputes over claims settlement between the insurance company and consumers/policyholders. Any policyholder who is not satisfied with the decision of the insurance company may write to the ombudsman at the following addresses:

   Ombudsman for Financial Services
   (formerly known as Financial Mediation Bureau)
   Level 14, Main Block,
   Menara Takaful Malaysia
   No. 4, Jalan Sultan Sulaiman,
   50000 Kuala Lumpur
   Tel: 03-2272 2811
   Fax: 03-2272 1577
   Website: www.ofs.org.my

4. **Jabatan LINK & Pejabat Wilayah**
   Jabatan LINK & Pejabat Wilayah in Bank Negara Malaysia oversees and monitors public complaints and inquiries on insurance and insurance related matters. Jabatan LINK & Pejabat Wilayah can be contacted at the following address:

   Jabatan LINK & Pejabat Wilayah

Bank Negara Malaysia
Tingkat 13C
P.O. Box 10922
50929 Kuala Lumpur
Tel: 03-2698 8044
Fax: 03-2693 4051