



Dear valued customer,

Group Insurance Plan: PRUCare Life
Master Policyholder: PRUDENTIAL ASSURANCE MALAYSIA BERHAD

Thank you for applying to be covered under **PRUCare Life** ("Policy"), a group insurance plan underwritten by us, Prudential Assurance Malaysia Berhad ("Prudential") as the insurer.

We are pleased to inform you that your application is successful, and to signify our acceptance to your application, please find enclosed the Insurance Certificate for your reading and safekeeping. Your insurance coverage starts from the Commencement Date shown in the Insurance Certificate.

We strongly encourage you to take time to read the document thoroughly to understand the various benefits and coverage provided under this policy.

You may also refer the attached Product Disclosure Sheet and Frequently Asked Questions (FAQ) for further information.

Should you require further clarification on this policy, please feel free to e-mail us at customer.mys@prudential.com.my.

Once again, thank you for insuring with our Company and entrusting us with the responsibility to look after your financial needs. We look forward to continuing serving you well into the future.

[Note: This letter is computer-generated and does not require a signature.]

IMPORTANT NOTE:

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).



INSURANCE CERTIFICATE SUMMARY INFORMATION

Insured Member should read the following information in line with the conditions stated in this Insurance Certificate.

1. PROOF OF AGE

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

2. CHANGES OF CONTACT DETAILS

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

3. FREE LOOK PERIOD

The Insured Member may within fifteen (15) days after the delivery of this Insurance Certificate ("Free Look Period"), cancel this Insurance Certificate through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. We shall refund the premiums paid in respect of this Insurance Certificate less any medical expenses which We may have already paid or agreed to pay.

4. PAYMENT OF PREMIUMS

Premiums will be made via withdrawal from Insured Member's Employees Provident Fund ("EPF") Account.

Any premiums paid to Us will be shown in the Insured Member's EPF statement. It is important to keep the EPF statement as proof of payment of premium for any future reference.

The Insurance Certificate that We issued to the Insured Member shall not serve as proof of payment of premium. In the event of non-receipt of premium from the Insured Member's EPF Account, the Insurance Certificate shall be void by treating as if the Insurance Certificate was never issued.

5. SURRENDERING THE INSURANCE CERTIFICATE

The Insured Member may surrender this Insurance Certificate at any time through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. Upon surrender of this Insurance Certificate, We shall pay the Surrender Value of this Insurance Certificate.

6. CUSTOMER SERVICE

We are committed to provide quality service to all Our customers. Please feel free to email Us at customer.mys@prudential.com.my if you have any enquiries on your insurance coverage.

7. CONSUMER AWARENESS

BNMLINK and BNMTLELINK 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 BNMTLELINK 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)

BNMTLELINK

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

8. 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 Insured Member 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

9. 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
Level 13C
P.O. Box 10922
50929 Kuala Lumpur
Tel: 03-2698 8044
Fax: 03-2693 4051

SAMPLE



INSURANCE CERTIFICATE SCHEDULE

Particulars about the Insurance Certificate

Insurance Certificate Number: P00000001
Commencement Date: 15-11-2021

Particulars about the Insured Member

Name: JANE DOE
NRIC Number: 950101-01-XXXX
Age Next Birthday: 27 (Non-Admitted)
Gender: FEMALE

Plan Information

Group Insurance Plan Name	PRUCare Life ("Policy")	
Master Policyholder	PRUDENTIAL ASSURANCE MALAYSIA BERHAD Company No. 198301012262 (107655-U) Address: Level 26, Menara Prudential, Persiaran TRX Barat, 55188 Tun Razak Exchange, Kuala Lumpur, Malaysia	
Master Policy Number	PCL001	
Eligible Members	Members of Employees Provident Fund ("EPF"), who are between age next birthday of 19 and 60	
Benefits	<ul style="list-style-type: none">• Critical Illness Benefit• Dengue Fever Benefit	
Sum Assured	Critical Illness Benefit	RM 200,000
	Dengue Fever Benefit	RM 500
Coverage Period	12 months from the Commencement Date of the Insured Member's Insurance Certificate, which ends on 14-11-2022	

Premium Table

Premium Amount	RM 220.00
Frequency of Premium Payment	Single Premium*
Payment Method	Withdrawal from Insured Member's Employees Provident Fund (EPF) Account

***Note:** Single Premium is the Premium for the Insured Member to be covered for the Coverage Period under this Insurance Certificate. In the event of non-receipt of premium from the Insured Member's EPF Account, the Insurance Certificate shall be void by treating as if the Insurance Certificate was never issued.

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INSURANCE CERTIFICATE

1. The Policy

- 1.1 This Insurance Certificate is issued to the Insured Member according to the terms of the **PRUCare Life** ("Policy") with Master Policy Number as shown in the Insurance Certificate Schedule. It describes the insurance coverage provided by Us to the Insured Member under the Policy, where the Policy is an agreement between the Master Policyholder and Us.
- 1.2 This Insurance Certificate shall not participate in any surplus distribution by Us.

2. Definitions

In this Insurance Certificate, the following words and phrases are defined as below:

- 2.1. **Age** means age next birthday.
- 2.2. **Commencement Date** means the start date of this Insurance Certificate and is the date from which the insurance coverage is effective on the Insured Member. The Commencement Date is shown in the Insurance Certificate Schedule.
- 2.3. **Dengue Fever** means the dengue fever must be diagnosed in Malaysia by a Doctor, and supported by a confirmatory test result from one of the following confirmatory tests:
 - (a) Dengue Virus Antigen Detection (NS1)
 - (b) Dengue IgM (MAC-ELISA)
- 2.4. **Diagnosed or Diagnosis** means a definite diagnosis made by a Doctor based on specific evidence of a Critical Illness or Dengue Fever, whichever is applicable. It shall be based on radiological, clinical, histological or laboratory evidence that We accept. If there is any doubt about the diagnosis, We can arrange a physical examination of the Insured Member 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 Member and Us.
- 2.5. **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 licensing and training in the geographical area of practice. This person cannot be the Master Policyholder, the Insured Member, the Insured Member's or Master Policyholder's husband or wife or a close relative.
- 2.6. **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.
- 2.7. **Insurance Certificate** means this Insurance Certificate that We issue to the Insured Member.
- 2.8. **Insured Member** means the person named in the Insurance Certificate Schedule.
- 2.9. **Master Policyholder** means the party named in the Insurance Certificate Schedule as the Master Policyholder.
- 2.10. **Pre-Existing Conditions** mean disability, illness and/or condition that the Insured Member has reasonable knowledge of before the Commencement Date of the Insured Member's Insurance Certificate. The Insured Member 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 Member 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.
- 2.11. **Policy** means the General Provisions, Basic Provisions, any supplementary policies, schedules, annexures, appendices, endorsements, Insurance Certificate, Master Policy Schedule, Insurance Certificate Schedule,



and any amendments We have signed. The Policy shall be the contract between the Master Policyholder and Us.

2.12. **Surrender Value** means the surrender value of this Insurance Certificate We shall set in line with the Financial Services Act 2013 or any such relevant Act that may replace it in future.

2.13. **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 the laws and regulations, or rules, rulings or guides from the relevant authority.

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

3. Benefits

3.1. Critical Illness Benefit

3.1.1 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed with a Critical Illness while the Insured Member is covered under this Insurance Certificate, We will pay the Sum Assured for Critical Illness Benefit as shown in the Insurance Certificate Schedule of this Insurance Certificate, less any amount that became payable as a result of Our approval for any of the claims for Critical Illness Benefit.

3.1.2 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed with Angioplasty and Other Invasive Treatments for Coronary Artery Disease while the Insured Member is covered under this Insurance Certificate, We will pay only 10% of the Sum Assured for Critical Illness Benefit shown in the Insurance Certificate Schedule of this Insurance Certificate, up to a maximum of RM25,000.

3.1.3 We shall not pay for more than one Critical Illness at any one time, except for the Critical Illness defined in Clause 3.1.6.2 (7) of this Insurance Certificate.

3.1.4 Exclusions of Critical Illness Benefit

3.1.4.1 We shall not pay for any Critical Illness Benefit under this Insurance Certificate, where it is:

- (a) a claim for Heart Attack, Coronary Artery By-Pass Surgery, Serious Coronary Artery Disease, Cancer or Angioplasty And Other Invasive Treatments For Coronary Artery Disease and the symptoms of any of these Critical Illness manifest at any time before or within sixty (60) days' waiting period from the Commencement Date of the Insured Member's Insurance Certificate;
- (b) a claim for all other Critical Illnesses that are listed in Clause 3.1.6.2 of this Insurance Certificate and the symptoms of any of these Critical Illness manifest at any time before or within thirty (30) days' waiting period from the Commencement Date of the Insured Member's Insurance Certificate;
- (c) a claim the Insured Member is diagnosed as suffering from a Critical Illness that:
 - (i) arises directly or indirectly from any Pre-Existing Conditions; or
 - (ii) is caused directly or indirectly by the existence AIDS or the presence of any HIV infection. The only exception to this is when the Critical Illness claimed for is itself HIV Infection Due To Blood Transfusion, Full-Blown AIDS or Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection.

3.1.4.2 We shall not pay for any claim for Critical Illness Benefit if the Insured Member dies within thirty (30) days after being diagnosed with the illness or condition giving rise to the claim.

3.1.5 Conditions for Paying Critical Illness Benefit

3.1.5.1 The following conditions shall apply before We pay any claims for Critical Illness Benefit:



- (a) Written notice of any claim for Critical Illness Benefit must be served on Us through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us, or given to Our Head Office as soon as possible within 90 days of the date of the Diagnosis. They shall only be treated as served when We actually received them. 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 for this Critical Illness Benefit, We shall need proof of Diagnosis of a Critical Illness and the relevant claim documents. We shall need to receive these:
 - (i) no more than six (6) months from the date of Diagnosis or date of commencement of the disability, as the case may be; and
 - (ii) at the Insured Member's own expense.
- (c) After submitting notice of a claim, the Insured Member must agree to a medical examination carried out by a Doctor We have appointed. In order to assess the claim, the Insured Member may be subject to more than one medical examination.

3.1.5.2 We can refuse to pay the Critical Illness Benefit if the above conditions are not met.

3.1.6 Definitions

3.1.6.1 **A CRITICAL ILLNESS** shall mean any one of the following illnesses as We have defined in Clause 3.1.6.2 below.

3.1.6.2 Definitions for the list of 43 Critical Illnesses:

(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:

- All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- Chronic Lymphocytic Leukemia less than RAI Stage 3
- All cancers in the presence of HIV
- 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:

- angioplasty;
- other intra-arterial or catheter based techniques;
- keyhole procedures;
- 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, atherectomy, 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 Member does not suffer from hemophilia; and
- (v) The Insured Member 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 Member must have a CD4 cell count of less than two hundred (200)/ μ L 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/ μ L
- (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 Member 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 Member. 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 Member 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 Member has reached the age of twelve (12) years next birthday.

(39) TERMINAL ILLNESS

The conclusive diagnosis of a condition that is expected to result in death of the Insured Member within twelve (12) months. The Insured Member 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.

3.2. Dengue Fever Benefit

3.2.1 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed with Dengue Fever while the Insured Member is covered under this Insurance Certificate, We will pay the Sum Assured for Dengue Fever Benefit as shown in the Insurance Certificate Schedule of this Insurance Certificate.

3.2.2 The Dengue Fever Benefit is limited to one (1) claim per Insured Member only, even when the Insured Member holds more than one insurance certificate under this Policy at any point of time. Therefore, if there is any subsequent claim under this Policy for the Insured Member, the subsequent claim will not be payable. In such case, there will be no amount payable under Dengue Fever Benefit under this Insurance Certificate.

3.2.3 Exclusions of Dengue Fever Benefit

3.2.3.1 We shall not pay any Dengue Fever Benefit if the symptoms of the Dengue Fever are manifested prior to or within 15 days from the Commencement Date of this Insurance Certificate.

3.2.4 Conditions of Paying Dengue Fever Benefit

3.2.4.1 The following conditions shall apply before We pay any claims for Dengue Fever Benefit:

- (a) Written notice of any claim for Dengue Fever Benefit must be served on Us through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us, or given to Our Head Office as soon as possible within 90 days of the date of the Diagnosis. They shall only be treated as served when We actually received them. 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 for Dengue Fever Benefit, We shall need proof of Diagnosis of Dengue Fever and the relevant claim documents. We shall need to receive these:
 - (i) while the Insured Member 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 Member's own expense.
- (c) After submitting notice of a claim, the Insured Member must agree to a medical examination carried out by a Doctor We have appointed. In order to assess the claim, the Insured Member may be subject to more than one medical examination.

3.2.4.2 We can refuse to pay the Dengue Fever Benefit if the above conditions are not met.

4. Termination

4.1. The insurance coverage in this Insurance Certificate, shall automatically terminate on the earliest of the following:

- (a) the date the insurance coverage of the Insured Member is cancelled, voided or terminated;
- (b) upon payment of Surrender Value under the Insured Member's Insurance Certificate;
- (c) on the last day of the Coverage Period of the Insured Member's Insurance Certificate;
- (d) the date on which the Insured Member dies; or
- (e) when there is no amount payable for any benefits under this Insurance Certificate.



5. Misrepresentation / Fraud

- 5.1. If the Insured Member's answer or statement or information provided before this Insurance Certificate was entered into, varied or renewed is found to be false or misleading, or if the Insured Member has failed to disclose information as required, We have the right to void the insurance coverage of the Insured Member 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 this regard, any refund made shall be paid to the Insured Member.
- 5.2. 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 the insurance coverage of the Insured Member.

6. Changes and Notifications

- 6.1. Notifications
 - 6.1.1 All notices must be in writing and shall be treated as served on the Insured Member if delivered or sent to or left at the Insured Member's latest correspondence address or any other address the Master Policyholder or the Insured Member gives Us in writing. Any notice sent by post shall be treated as received 3 days after it is posted.
 - 6.1.2 We may give the Insured Member notice by fax, e-mail, text message, or electronic means. We may also give the Insured Member 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 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 written notice and served on the next business day after sending.
 - 6.1.3 All requests and/or notices and/or claims must be served on Us in writing through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. They shall only be treated as served when We actually received them.
- 6.2 Changes to the Insurance Certificate
 - 6.2.1 We can change any provisions in this Insurance Certificate by giving the Insured Member 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 Insurance Certificate is managed or administered, with proper regard to the need to treat Master Policyholder (or the Insured Member 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.

7. Surrendering the Insurance Certificate

- 7.1. The Insured Member can surrender this Insurance Certificate at any time through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us.
- 7.2. Upon surrender of this Insurance Certificate, We shall pay the Surrender Value of this Insurance Certificate.

8. Interpretation

- 8.1. This Insurance Certificate shall be interpreted and governed by the laws of Malaysia.
- 8.2. In this Insurance Certificate, 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 Insurance Certificate;
 - (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.



8.3. If any provision or part of a provision of this Insurance Certificate 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.

9. Legal Proceedings

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

10. Arbitration

10.1. If there is any disagreement about this Insurance Certificate, 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 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 12 months of Our decision, We shall assume the claim has been abandoned.

11. Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities

11.1. Regardless of anything to the contrary contained in this Insurance Certificate, (i) if We learn or are notified that the Master Policyholder, the Insured Member, or any other beneficial owner named at the application stage, nominee, beneficiary, individual or entity that is associated with the 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 the Policy, then We may:

- (a) terminate the Policy (or terminate the insurance coverage of the Insured Member) with immediate effect with or without prior notice to the Master Policyholder or the Insured Member, 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.

11.2. We shall not be liable for any losses of whatever nature that the Master Policyholder, Insured Member 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 the Policy.

For the purpose of this clause, "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.

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SUMMARY OF APPLICATION FOR PRUCare Life

Your Pre-Contractual Duty of Disclosure

We need all details asked in this application to decide whether to give you the insurance coverage. You have a duty to take reasonable care to answer the questions correctly and disclose any facts that you know to be relevant to our decision. This duty continues until insurance coverage starts.

1. YOUR PERSONAL DETAILS

NRIC No. of MyKad	950101-01-XXXX
Name as per NRIC:	JANE DOE
Date of Birth:	01/01/1995
Gender:	FEMALE
Smoker:	NO
Residential Address:	NO 1, JALAN PRUDENTIAL
Country of Residence:	MALAYSIA
Residential Status:	MALAYSIAN CITIZEN
Nationality:	MALAYSIAN
Email:	janedoe@email.com
Country Code:	+60
Mobile Phone Number:	01234567XX

2. YOUR INSURANCE COVERAGE DETAILS

Group Insurance Plan : **PRUCare Life**
Master Policyholder : PRUDENTIAL ASSURANCE MALAYSIA BERHAD (PAMB)
Master Policy Number : PCL001
Sum Assured : RM 200,000
Amount of Premium : RM 220.00
Coverage Term : 12 months from the Commencement Date of the Insured Member's Insurance Certificate, which ends of 14-11-2022

3. HEALTH STATEMENT

I declare that:

I **HAVE NEVER BEEN** diagnosed with, given treatment or medical advice for or experienced symptoms for any of the following conditions: High blood pressure, diabetes, stroke, chest pain, heart disease; kidney, liver, lung or endocrine disease; brain or nervous system disease; cancer, tumor, growth; any disability; HIV, AIDS or any other sexually transmitted disease.

Yes

In the past 5 years, **I HAVE NOT BEEN** hospitalized, or been treated or been advised treatment for more than 7 days nor have I been advised, or do I intend to seek medical advice or investigations for any symptoms or medical conditions.

Yes

I **HAVE NOT HAD** any of my proposals or/and reinstatements/revival applications been declined, deferred or accepted at special rates or terms.

Yes

I **HAVE NEVER HAD** any disease or disorder of the breast, cervix uteri, ovary, uterus or other female organs.

Yes

4. PRODUCT MATERIALS

Overview of **PRUCare Life**. Please read the following Product Materials before you decide to take out the plan. Be sure to also read the general terms and conditions.

- Product Disclosure Sheet
- Master Policy Document
- FAQ

5. YOUR DECLARATIONS

I **am aware** that the product provides coverage upon diagnosis of any 43 Critical Illnesses and pays out RM500 upon diagnosis of Dengue Fever.

Yes



I **am aware** that the product does not provide/pay out the benefits for any pre-existing conditions or within the stated waiting period.

Yes

I **am aware** if I change my mind, I have 15 days from the coverage commencement date to cancel my coverage and I can obtain a refund.

Yes

I **am aware** that if I am unsure, and for more details on exclusions, terms and conditions as well as claims guide, I can refer to the **Product Disclosure Sheet, FAQ, Master Policy & Insurance Certificate**. I may also reach customer service at customer.mys@prudential.com.my for any other enquiries.

Yes

I **give my consent** to Prudential Assurance Malaysia Berhad ("PAMB"), the insurer, to release my personal data to third parties for direct marketing purposes. I can withdraw my consent at any time by letting PAMB know in writing.

Yes

By clicking Proceed, I declare that:

- a) I **acknowledge** I have reviewed the selected plan, the information I provide is accurate and that I have read and fully understood the **Declarations, Product Materials** and **FAQ**, as well as **PAMB's Privacy Policy** and I agree that they are binding on me;
- b) I **instruct** PAMB to credit the monies payable under the Insurance Certificate issued pursuant to this application to Employees Provident Fund ("EPF"), except when EPF specifies that EPF has released control of these monies or when the monies payable are resulted from an approval of claim under that Insurance Certificate. I **agree** that PAMB's liability pertaining to those monies is discharged, once PAMB pays the monies based on EPF's instruction; and
- c) I **authorise** and give my **consent** to PAMB to disclose and to provide information related to this application and the Insurance Certificate issued pursuant to this application (which includes personal data as described under PAMB's Privacy Policy) to EPF, for EPF to perform its roles, responsibilities and powers as intended under EPF Act 1991 ("Consent"). This Consent includes information about another person that I give now and from time to time, which I confirm I am authorised by such person to act on their behalf. I release PAMB from all legal responsibilities and liabilities that may arise from or in connection with this Consent and the disclosure of the information.



A. Declarations

1. I am aware that the following is my pre-contractual duty of disclosure:

All details required in this application are relevant to decision of Prudential Assurance Malaysia Berhad ("PAMB") on whether to accept the risk and any rates and terms to be applied. I have a duty to take reasonable care not to make any misrepresentation to PAMB when completing this application. Such duty of disclosure shall continue until the time a contract of insurance is entered into pursuant to this application. I would also have to take reasonable care to disclose to PAMB any matter which may not be covered in this application that I know to be relevant to PAMB's decision on whether to accept the risk, and the rates and terms to be applied.

If there is any pre-contractual misrepresentation made, the insurance coverage may be avoided, claim denied or reduced, terms of the policy changed, or the policy terminated.

2. I declare that the information given in regard to this application and any information I have given to Prudential Assurance Malaysia Berhad ("PAMB") is true, full and complete and I have not withheld any important information.
3. I have also read PAMB's Privacy Policy displayed at the bottom of its corporate website. I understand that PAMB's Privacy Policy will be updated from time to time. Any update to PAMB's Privacy Policy shall be notified on its corporate website and the latest version of PAMB's Privacy Policy on its corporate website shall take precedence over any privacy policies previously displayed on its corporate website.

I understand and agree that any personal data, including any sensitive personal data ("Personal Data") provided in this application shall be processed in accordance with PAMB's Privacy Policy displayed on its corporate website.

4. I have read the product disclosure sheet, brochures (if any), sales illustrations (if any) and other marketing materials (if any), paying particular attention to those benefits which are guaranteed and those benefits which are not guaranteed (if any) and my duties under the insurance.

SAMPLE



B. PAMB's Privacy Policy

We, Prudential Assurance Malaysia Berhad ("PAMB"), take the privacy and protection of your personal data seriously.

So, we've set out the below information about our processing of your personal data, what rights you have, and how you can get in touch if you want to know more.

When we say "personal data", we mean information about you, such as your name, date of birth and contact details. We collect personal data from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately, if you're unable to provide certain personal data which is necessary for us to provide our products and/or services to you, we will not be able to provide you with those products and/or services.

We may change this Privacy Policy from time to time by updating our Privacy Policy page on our website. We encourage you to check our Privacy Policy from time to time on our website, as the version of our Privacy Policy which is currently displayed on our website takes precedence over all previous versions of our Privacy Policy.

Part A – Personal data we process

- Personal and contact details, such as title, full name, contact details and contact details history;
- Travel document information;
- your date of birth, gender and/or age;
- your nationality, details and copies of identity documents (if relevant to the product or service);
- details of third parties that you provide to us, including without limitation to beneficiaries (including minor beneficiaries), nominees, trustees, assignees, life assured, of our products or services;
- details about your family members (if relevant to the product or service);
- records of your contact with us such as where you get in touch via the phone number of our customer service centre and, if you get in touch with us online using our online services or via our smartphone app, details such as your mobile phone location data, IP address and MAC address;
- products and services you hold with us, as well as those you have been interested in and have held and the associated payment methods used;
- the usage of our products and services, any claims and whether those claims were paid out or not (and details related to this);
- analysis of data relating to marketing made to you, including history of communications and whether you open them or click on links;
- information about your use of products or services held with our Marketing Partners, such as insurance policies or financial services and products;
- information we obtain from third parties, including information about insurance risk, pricing, claims history, instances of suspect fraud and usage history;
- personal data which we obtain from Credit Reference Agencies and Fraud Prevention Agencies, including public (for example, defaults) and shared credit history, financial situation and financial history;
- fraud, debt and theft information, including details of money you owe, suspected instances of fraud or theft, and details of any devices used for fraud;
- criminal records information, including alleged offences;
- information about your health/medical records or if you are a vulnerable customer or if you are applying for medical or life insurance;
- information about your property, such as location, value, number of rooms, property type and building work you've had done (if relevant to the product or service);
- financial details about you, such as your salary and details of other income, details of your savings, details of your expenditure, and payment method(s);
- details about all your existing borrowings and loans (if relevant to the product or service);
- information about your employment status (if relevant to the product or service);
- your residency and/or citizenship status;
- your marital status, family, lifestyle or social circumstances (if relevant to the product or service). For example, the number of dependents you have or if you are a widow or widower;



- information we buy or rent from third parties, including demographic information, details of outstanding finance, marketing lists, publicly available information, and information to help improve the relevance of our products and services;
- insights about you and our customers gained from analysis or profiling of customers;
- third party transactions; such as where a person other than the account holder uses the service, information about that person and the transaction; and
- tax information (if relevant to the product or service). For example, for investment accounts.

Part B – Where we get your personal data

- We'll collect personal data from the following general sources:
- from you directly, and any information from family members, associates or beneficiaries of products and services;
- information generated about you when you use our products and services;
- from a broker or other intermediary (for example, agents, distributors, business partners) who we work with to provide products or services or quotes to you;
- Prudential Group companies if you already have a product or service with them, have applied for one or have held one previously;
- Cookies, location services, IP addresses when you visit our website or mobile app or when you fill up contact us forms within our website or app;
- Third parties including without limitation to insurers, vendors, financial institutions, medical personnel, industry associations, regulators, trustees, assignees, life assured, nominees of our products and services, courts or public records;
- Questionnaire and contact details when you attend surveys, investor conferences, roadshows or when you update contact us forms on our website;
- from other sources such as Fraud Prevention Agencies, Credit Reference Agencies, other lenders, publicly available directories and information (for example, telephone directory, social media, internet, news articles), debt recovery and/or tracing agents, other organisations to assist in prevention and detection of crime, police and law enforcement agencies; and
- we buy or rent information about you or customers generally from third parties including demographic information, vehicle details, claims history, fraud information, marketing lists, publicly available information and other information to help improve our products and services or our business.

Part B.1 – Cookie Policy [Applicable only if you are accessing our website]

Our website uses cookies to distinguish you from other users of our website. This helps us to provide you with a good experience when you use our website and also allows us to improve our website. A cookie is a small file of letters and numbers that we store on your browser or the hard drive of your computer. Cookies contain information that is stored on your computer's hard drive. You have the ability to accept or decline cookies by modifying the setting in your browser. If you would like to do this, please see the help menu of your browser.

We use the following types of cookies:

- Strictly necessary cookies. These are cookies that are required for the operation of our website. They include, for example, cookies that enable you to log into our secure website;
- Analytical/performance cookies. These allow us to recognise and count the number of visitors to our website and to see how visitors move around our website when they are using it. This helps us to improve the way our website works, for example, by ensuring that users are finding what they are looking for easily; and
- Functionality cookies. These are used to recognise you when you return to our website. This enables us to personalise our content for you, greet you by name and remember your preferences (for example, your choice of language or region).
- By continuing to use our website, you accept to the use of cookies as outlined above.

Part C - How we use your personal data and why



We may use the personal data you provide to us, together with other information, for the following purposes:

- to process your application;
- to administer and process insurance policies, insurance claims and medical, security and underwriting checks;
- to process payment instructions;
- to verify your eligibility for insurance, financial or wealth management products and services;
- to design and provide you with future insurance, financial and related products and services;
- to communicate with you;
- to comply with any regulatory or other legal requirements;
- to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of your application);
- to carry out checks using agencies including but not limited to credit reference agencies and tracing companies;
- to provide customer services;
- to perform automated decision-making or profiling;
- to perform a policy review or needs analysis;
- use of new technologies to conduct research and statistical analysis;
- conferring an interest, benefit or privilege on you as our customer or potential customer where such interest, benefit or privilege may be provided by us or third parties;
- carrying out any activity in relation to or in connection with our duties as an insurer;
- data matching;
- exercising any right of subrogation; and
- to send you information on third party's services and/or products which may be of interest to you.

Who we share your personal data with and why

We may share your personal and your health information with our financial or health business partners and third party service providers (including without limitation insurers, takaful operators, lawyers, bankers, accountants, auditors, investment managers, scheme advisors, financial institutions, trustees (and other stakeholders) and processors of these third party service providers, other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption, IT service and platform providers or other services to us to enable us to operate our business), doctors, medical specialists, hospitals, clinics, our representatives or intermediaries, re-insurance companies and retakaful companies, medical bill review companies, claims investigations companies, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, industry associations and federations, databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information, risk management and regulatory compliance solutions, regulators and government agencies, law enforcement agencies and the courts, Prudential Group, your joint policy or investment holder, professional advisors, researchers, credit reference agencies, debt collection agencies, financial/health institutions and partnerships for any of the purposes set out in this Part C. If you have a joint policy, the other person may receive your personal data too. If appropriate, we may also pass on your personal data to financial crime prevention agencies, any legal, regulatory or government bodies.

We may process your personal data in a country other than the one in which you reside. To the extent we transfer your personal data, we will use appropriate safeguards and comply with the laws of the country to which your personal data is transferred.

We keep your personal data for a set amount of time

Your personal data will be stored either for as long as you (or your joint policyholder) are our customer and for a period of seven years after the end of the customer relationship, or longer if required by law. There may be specific circumstances where it is necessary for us to retain your personal data for longer (such as when a dispute arises).

Part D - Reference checks



For certain products, we may use approved credit reference agencies, tracing companies, financial crime prevention agencies, risk management and regulatory compliance solutions or publicly available information, to help us to check your identity, as well as to prevent fraud and money laundering; this may include checks on your current or previous addresses. Results of these may be recorded for future reference.

These checks may also be carried out for any third parties including without limitation the life assured, nominee, trustee, beneficiary and assignee, that you provide personal data on. Should we ever lose contact with you, we may use these agencies to verify your address to help us get back in touch.

Any transfer of your personal data will always be done securely.

Part E – We may use your personal data to make automated decisions or profile you

We, PAMB, Prudential Group, our Business Partners, and our Marketing Partners may use your personal data to make automated decisions affecting you or to conduct other profiling (for example, marketing profiling).

Part F – Use of your sensitive personal data

For certain products or services, we'll need to process your sensitive personal data, such as information relating to health, genetics, biometric identifiers and sexual orientation. We will only process these types of sensitive personal data after having obtained your express consent for us to do so.

Part G – You're in control

When it comes to how we use your personal data, you have the right to:

- request a copy of your personal data (we have the right to charge a reasonable fee to complete this request);
- request that we correct anything that's wrong or outdated, or complete any incomplete personal data;
- limit or withdraw any part of your consent you have previously given for the processing of your personal data, however such action may prevent us from performing our obligations to you;
- limit or withdraw your consent to us using your personal data for direct marketing or other processing for the purposes set out in Part A; and
- complain to a data protection authority or another independent regulator about how we're using it.

If you currently reside in a EU jurisdiction, additional rights under the General Data Protection Regulation (GDPR) may apply. As such, you may:

- ask us to delete your personal data if it is no longer needed for the purposes set out in Part A or if there is no other legal basis for the processing;
- object to us using your personal data for direct marketing (including related profiling) or other processing based on legitimate interests;
- request to be provided a copy of your personal data in a structured and commonly used format in certain circumstances; and
- limit how we use your personal data or withdraw your consents (including automated decision making) you have given for the processing of your personal data.

If you want to exercise your rights, or would like an explanation about these rights, we've explained how you can get in touch in the Contact Us section.

If you do need to speak to us, please note that for the purpose of this Privacy Policy the data controller¹ of your personal data is PAMB. We may monitor or record calls or any other communication we have with you. This might be for training, for security, or to help us check for quality.

Part H – Acting on someone else's behalf?

When you give us personal data about another person (or persons), you should have been appointed and authorised by such person to act on their behalf. This includes obtaining their consent to:



- our processing of their personal data and sensitive personal data (as we've explained in Parts A - G above); and
- you getting any privacy policies or other related notices on their behalf.

If for any reason you are concerned as to whether you are permitted to provide us with the other person's information, please contact us at the email address below before sending us anything.

Part I – Direct marketing

We will send you information on products and services provided by us, the Prudential Group and carefully selected third parties.

Additionally, before providing your personal data to the third parties in Part C for direct marketing purposes, we may be required by law to obtain your express consent, and in such cases, only after having obtained such express consent, may we do so.

And if you change your mind, and/or you would like to opt-out of receiving direct marketing, it's easy to let us know. Just use one of the options in the Contact us section.

Contact us

If want to exercise your rights in Part G or if you require any other information about any other part of this Privacy Policy, you can contact us in several different ways.

You can contact PAMB's Customer Service Officer by telephone at 603-2771 0228 or by email at customer.mys@prudential.com.my.

Part J – Links to Third Party Websites

This website may contain links to third party websites. PAMB has no control over the content of such third party websites or the way that the operators of these websites deal with your personal data. You should review the privacy policies applicable to these third party websites to understand the ways in which these third parties may deal with your personal data.

Inconsistencies

In the event that there shall be any conflict or inconsistencies between the English and Bahasa Malaysia versions of this Privacy Policy, for the purposes of interpretation and construction, the English language version of this Privacy Policy shall prevail and be given effect to.

Prudential Group means Prudential plc, Prudential Holdings Limited and any other affiliates of Prudential plc. Prudential plc is not affiliated in any manner with Prudential Financial Inc., a company whose principal place of business is in the United States of America, or with the Prudential Assurance Company, a subsidiary of M&G plc, a company incorporated in the United Kingdom.

Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our lawyers.

Marketing Partners means our service providers, intermediaries, trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

¹ Data Controller - Natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data.