



Policy Schedule

Part I : PRUGroup Life

Part II : Group Terminal Illness Benefit



Part I : Policy Schedule - PRUGroup Life

PRUGroup Life Master Policy No. : **GT11929**

Name/Address of Master Policyholder : **UNITED OVERSEAS BANK (MALAYSIA) BHD**
Level 13, Menara UOB,
Jalan Raja Laut,
50350 Kuala Lumpur, Malaysia

Effective Date : **1-Nov-2020**

Eligible Members : **Lives that are insured under MortgageCover Policy (Group Insurance Policy No. PMC001) dated 12th April 2011 (“MortgageCover”), with outstanding Mortgage Loan covered under their respective insurance certificate issued under the MortgageCover (“MortgageCover Certificate”) owing to the Master Policyholder, and further meet one or both the requirements below:**

i. who are under six-month automatic loan moratorium, which ended on 30 September 2020 (“Automatic Moratorium”);

ii. whose applications for COVID-19 Relief Assistance Programme to extend the moratorium period on repayment; or

iii. whose applications for B40 Targeted Repayment Assistance to reduce the monthly installments

for the above-mentioned Mortgage Loan beyond 1 October 2020, have been approved by the Master Policyholder.

<u>Benefits</u>	<u>Category</u>	<u>Maximum Expiry Age</u>
(i) Death or Total and Permanent Disability Benefit (TPD) <i>(due to all causes)</i>	: All Eligible Members	Age 70 Next Birthday

Basic Sum Assured

i. Automatic Moratorium	The lower amount of: <ul style="list-style-type: none"> • Interest amount, accrued during the period from the start date of the Automatic Moratorium to the date of insured event or date of diagnosis of the claim under the Insured Member's MortgageCover Certificate; or • Six (6) months of interest amount, accrued during the period from the start date of Automatic Moratorium.
ii COVID-19 Relief Assistance Programme - to extend the moratorium period on repayment	The lower amount of: <ul style="list-style-type: none"> • Interest amount, accrued during the period from the start date of the extended moratorium under the COVID-19 Relief Assistance Programme to the date of insured event or date of diagnosis of the claim under the Insured Member's MortgageCover Certificate; or • Three (3) months of interest amount, accrued during the period from the start date of the extended moratorium under the COVID-19 Relief Assistance Programme.



iii B40 Targeted Repayment Assistance - to reduce the monthly installments	The lower amount of: <ul style="list-style-type: none">• Interest amount, accrued during the period from the start date of the reduced monthly installments under the B40 Targeted Repayment Assistance to the date of insured event or date of diagnosis of the claim under the Insured Member's MortgageCover Certificate; or• Six (6) months of interest amount, accrued during the period from the start date of the reduced monthly installments under the B40 Targeted Repayment Assistance.
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Details of Coverage Period

(i) Death or Total and Permanent Disability Benefit (TPD) **: Complimentary**
(*due to all causes*)

Policy Period : **1-Nov-2020** through **31-Mar-2021**

Premium Due Date : Not Applicable

Currency Basis : Ringgit Malaysia (RM)

Country of Issue : Malaysia

Date of Issue : 21 December 2020



Part II: Policy Schedule - Group Terminal Illness Benefit

Attaching to and forming part of PRUGroup Life Master Policy No. : **GT11929**

Name/Address of Master Policyholder : **UNITED OVERSEAS BANK (MALAYSIA) BHD
Level 13, Menara UOB,
Jalan Raja Laut,
50350 Kuala Lumpur, Malaysia**

Effective Date : **1-Nov-2020**

Eligible Members : **Eligible Members as stated in
Part I : Policy Schedule - PRUGroup Life**

<u>Benefits</u>	<u>Category</u>	<u>Maximum Expiry Age</u>
(i) Group Terminal Illness Benefit (GTI) <i>(Accelerated)</i>	All Eligible Members	Age 70 Next Birthday
	<u>GTI Sum Assured</u> Equivalent to Basic Sum Assured as stated in Part I : Policy Schedule - PRUGroup Life	

Details of Coverage Period

(i) Group Terminal Illness Benefit (GTI)
(Accelerated) : **Complimentary**

Policy Period : **1-Nov-2020** through **31-Mar-2021**

Premium Due Date : Not Applicable

Currency Basis : Ringgit Malaysia (RM)

Country of Issue : Malaysia

Date of Issue : 21 December 2020



PRUGroup Life Provision Schedule

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PRUGroup Life (Basic Policy)

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. **Doctor or Surgeon or Physician** means a registered medical practitioner qualified and licensed 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.
3. **Effective Date** means the date from which this Policy is operative between the Master Policyholder and Us.
4. **Eligible Members** mean the category of persons specified in the Policy Schedule who are entitled to participate in the insurance plan under this Policy subject to the terms of this Policy. A person will not be considered as an "Eligible Member" if his occupation, business or duties falls under Our list of excluded occupation, business or duties related.
5. **Free Look Period** means the 15 days period or such longer period as may be specified by Bank Negara Malaysia after delivery of this Policy (or the Supplementary Policy, if the Supplementary Policy is only delivered after the Date of Issue of the first Policy Schedule) to the Master Policyholder.
6. **Insured Members** mean the persons shown in the Schedule of Assurance, who in line with the provisions of Part II of this Basic Policy, are participating in the insurance plan under this Policy.
7. **Master Policyholder** means the party named in the Policy Schedule as the Master Policyholder.
8. **Policy** means this Basic Policy, any supplementary policies, schedules, annexures, appendices, endorsements, Schedule of Assurance and Policy Schedule attached to it, and any amendments We have signed. This Policy shall be the contract between the Master Policyholder and Us.
9. **Policy Year** means the 12 months period from the Effective Date (and including the Effective Date).
10. **Pre-Existing Conditions** means disabilities, illness and/or condition that the Master Policyholder, the Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy has reasonable knowledge of prior to the date when the Insured Member (or the life covered under the respective Supplementary Policy attached to this Policy, whichever is applicable) is first covered under the benefit or increased amount of benefit. The Master Policyholder, Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one which:-
 - (a) the Master Policyholder, the Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy 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.
11. **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.

- 12. **Transaction Effective Date** means the date from which the insurance coverage is provided by Us to the corresponding Insured Member as stated in the Schedule of Assurance, and shall be a date on or after the Effective Date.
- 13. **Under Employment** means engaged in any full time occupation or work for remuneration or profit under a contract of employment, whether oral or written.
- 14. **We/Us/Our** means Prudential Assurance Malaysia Berhad.



PART II - Individual Participation and Termination

Section A - Participation

1. Any person who becomes an Eligible Member, must submit to Us, via the Master Policyholder, the completed application form in the form as prescribed by Us, for Our consideration. We may impose any additional terms and conditions where We deem fit.
2. In the event that We agree to provide insurance coverage to the said Eligible Member, We shall include the name of the Eligible Member as an Insured Member in the Schedule of Assurance to signify Our acceptance. The insurance coverage of the newly enrolled Insured Member shall commence from his corresponding Transaction Effective Date as stated in the Schedule of Assurance.
3. If a person becomes an Eligible Person again after having his insurance coverage in this Policy terminated, We will regard this person as first covered under this Policy on the date he is covered again, without taking into account the record prior to the earlier termination of insurance coverage.

Section B - Termination

1. The insurance coverage in this Policy (or the Supplementary Policy, whichever is applicable) for any of the Insured Members, shall automatically terminate on the earliest of the following:
 - (i) the date this Policy (or such Supplementary Policy, whichever is applicable) is cancelled, voided or terminated;
 - (ii) the date the insurance coverage of the Insured Member is cancelled, voided or terminated;
 - (iii) the end of the Policy Year if the Insured Member's coverage under this Policy (or the Supplementary Policy, whichever is applicable) is not renewed;
 - (iv) the date on which the Insured Member enters full-time military, naval or air service;
 - (v) the end of the Policy Year when the Insured Member reaches the maximum expiry age of 70 next birthday (or any other age as provided in the Policy Schedule);
 - (vi) the date on which the Insured Member ceased to be an Eligible Member;
 - (vii) the date on which the Insured Member dies; or
 - (viii) the date when there is no amount payable for Death Benefit in respect of the Insured Member.
2. The Master Policyholder may terminate this Policy by writing to Us at any time. If there have been no claims made during the Policy Year and if all premiums required had been paid to Us for the whole of that Policy Year, We shall make a refund of pro-rated premium excluding premium paid for Group Hospital and Surgical Benefit, based on the number of full unexpired months remaining for that Policy Year to the Master Policyholder. As for the refund of premium for Group Hospital and Surgical Benefit (if any), the details shall be provided under the Supplementary Policy of Group Hospital and Surgical Benefit.
3. We may terminate this Policy or any Supplementary Policy:
 - (a) when the total number of Insured Members then eligible for insurance are less than the total number of Insured Members covered on the Effective Date; or
 - (b) when We do not allow for the renewal of this Policy or such Supplementary Policy,

by giving the Master Policyholder 30 days' (or any shorter period as provided under the law) written notice. This Policy (or such Supplementary Policy, whichever is applicable) shall not then be renewed, and so terminated on the last date of the Policy Year.



PART III – Death Benefit

Section A - Payment of Benefit

1. If Death Benefit (due to all causes) is provided in the Policy Schedule and the Insured Member dies while he is covered under this Policy, the Death Benefit payable is the covered Basic Sum Assured for that Insured Member as shown in the Schedule of Assurance, less any amount to be reduced as a result of an earlier admission of claim for accelerated benefits.

If Death Benefit (due to natural causes) is provided in the Policy Schedule, the Death Benefit payable is the covered Basic Sum Assured for that Insured Member as shown in the Schedule of Assurance, less any amount to be reduced as a result of an earlier admission of claim for accelerated benefits, when:

- (a) the Insured Member dies while he is covered under this Policy;
- (b) his death is directly caused or accelerated by illness, disease, internal malfunction of the body, or medical condition (“Cause of Death”); and
- (c) the Cause of Death should not be an Accident.



PART IV - Total And Permanent Disability Benefit

Section A - Payment of Benefit

1. Total and Permanent Disability Benefit (“TPD”) is an accelerated Benefit.
2. If the TPD Benefit (due to all causes) is provided in the Policy Schedule and the Insured Member suffers from TPD (as defined later in this Basic Policy), and the TPD has been diagnosed by a Doctor while he is covered under this Policy, We shall pay the covered Basic Sum Assured or the maximum amount payable for TPD, whichever is lesser for that Insured Member as shown in the Schedule of Assurance, less any amount to be reduced as a result of an earlier admission of claim for accelerated benefits.

If TPD Benefit (due to natural causes) is provided in the Policy Schedule, the TPD Benefit payable is the covered Basic Sum Assured or the maximum amount payable for TPD, whichever is lesser for that Insured Member as shown in the Schedule of Assurance, less any amount to be reduced as a result of an earlier admission of claim for accelerated benefits, when:

- (a) the Insured Member suffers from TPD while he is covered under this Policy;
 - (b) his TPD is directly caused or accelerated by illness, disease, internal malfunction of the body, or medical condition (“Cause of TPD”); and
 - (c) the Cause of TPD should not be an Accident.
3. Where the benefit payable under the TPD Benefit:
 - (a) is less than or equals to RM1,000,000, We shall pay it in one lump sum;
 - (b) exceeds RM1,000,000, We shall pay:
 - (i) a lump sum payment of RM1,000,000; and
 - (ii) subject to proof of the Insured Member’s continued TPD, We shall pay the balance of the benefit due on the first anniversary of TPD of the Insured Member. However, if We receive the proof that the Insured Member dies before the first anniversary of the TPD, We shall pay the balance of the benefit to the entitled person(s).
 4. Upon approval of claim for TPD Benefit, we will reduce the covered Basic Sum Assured shown in the Schedule of Assurance by the amount payable for the TPD Benefit (before deducting and setting off any sums that the Master Policyholder owes Us).

Section B - Proof of Continuance of Disability

1. After submitting notice of a claim, the Insured Member must undergo any medical examinations carried out by a Doctor appointed by Us as We may require. In order to assess claim, the Insured Member may be subject to more than one medical examination carried out by a Doctor we have appointed.
2. Where the TPD Benefit exceeds RM1,000,000, the payment of the balance of the benefit shall be subject to proof of the Insured Member’s continued disability. If such proof is not furnished or if the Insured Member refuses or fails to have the medical examination when required to do so, the Insured Member shall be deemed to have ceased to be totally and permanently disabled immediately from the date on which We have requested for the proof or medical examination, and any further payment of the said balance shall be forfeited.

Section C - Exclusions

1. We shall not pay a claim for TPD if the TPD of the Insured Member is directly or indirectly caused or accelerated by any of the following:



- (a) attempted suicide or self-inflicted injury whether attempted/inflicted while sane or insane;
- (b) war, invasion, act of foreign hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, terrorist activities or taking part in a riot, strike or civil commotion;
- (c) breaking or trying to break any law, or resisting or trying to resist arrest;
- (d) 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) or any dangerous activities or sports;
- (e) travelling in an aircraft other than as a pilot, crew member or a fare-paying passenger in a licensed passenger-carrying commercial aircraft operating on a scheduled flights over established routes only; or
- (f) any Pre-Existing Conditions.

Section D - Definition

1. Total and Permanent Disability/ TPD means

- (a) the Insured Member becomes permanently and completely unable to engage in any occupation and is permanently and completely unable to perform any work for remuneration or profit, if the Insured Member is Under Employment while he is covered under this Policy;

OR

- (b) the Insured Member shall receive confirmation by a consultant Physician of the loss of independent existence lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least 3 of the following 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.

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.



OR

(c) The Insured Member:

- (i) totally and irrecoverably loses sight in both eyes,
- (ii) totally and irrecoverably loses by severance one limb at or above his wrist and ankle, or two limbs at or above his wrist or ankle, or
- (iii) totally and irrecoverably loses sight in one eye and totally and irrecoverably loses by severance one limb at or above his wrist or ankle;

For all cases under (a) or (b) or (c) above, such disability must be permanent and must last for a minimum period of 6 consecutive months.

For the purpose of the definition of “Total and Permanent Disability/ TPD”, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.



PART V - General

Section A - Premium Payments

1. The Master Policyholder must pay:
 - a) the first premium to Us in advance on the first Effective Date;
 - b) any subsequent premium required to be paid during the Policy Year as and when the premium becomes due, failing which this Policy (or the insurance coverage for the affected Insured Member(s), whichever is applicable) shall automatically terminate on the date the premium becomes due; and
 - c) the premium required for renewal within 30 days from the last date of the Policy Year (“Premium Settlement Period”). In this regard, We will suspend the benefits under this Policy until We receive the premium required. If We do not receive the premium required within the Premium Settlement Period, this Policy shall not be renewed and so terminated on the last date of the Policy Year.
2. We can change the premium rates at any time by giving a 30 days’ (or any period as provided under the law) written notice to the Master Policyholder (or to the Insured Member when required under the law). The change shall take effect on the next Policy Year. The change of premium shall be calculated on the last date of the Policy Year.
3. If there is any overpayment of premiums required under this Policy, the excess monies will be used by Us for future utilization when there is any money due under this Policy.

Notwithstanding, the Master Policyholder may also obtain a refund of the excess monies, if We consent to the Master Policyholder’s request for refund or after this Policy is terminated. In such case, the refund shall be limited to the period of 12 months immediately preceding the date of receipt by Us of evidence that such overpayment has occurred.

4. 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 the Insured Member, whichever applies, shall pay the Taxes at the applicable prevailing rate.

Section B - Free Look Period and Reinstatement of Policy

1. The Master Policyholder may cancel this Policy or such Supplementary Policy within the Free Look Period by sending Us a written notice for cancellation.

When this Policy or such Supplementary Policy is cancelled within the Free Look Period, We shall refund the premiums and any Taxes paid, less any related medical expenses which We may have already paid or agreed to pay.

2. Notwithstanding the termination of this Policy or such Supplementary Policy, the Master Policyholder may apply for reinstatement of the terminated Policy or such Supplementary Policy by using the form We provide, as well as meeting the terms and conditions set out in the application, within 90 days from the date when this Policy or the Supplementary Policy lapsed. We may require the Master Policyholder to pay any amount the Master Policyholder owes Us together with the interest that has incurred.

Upon meeting of the terms and conditions for reinstatement application, We may reinstate the terminated Policy or such Supplementary Policy with modified terms and conditions, including with increased premium rates and premiums. In this regard, We will notify the Master Policyholder on these terms and conditions specifically.

Section C - Renewal Privilege

This Policy is issued for the term of 1 year from the Effective Date. Without affecting Our rights under Part II Section B of this Basic Policy, We may allow the Master Policyholder to renew this Policy or part of this Policy for another year with the same terms and conditions or with revised terms and conditions. Such revisions include



imposing additional exclusions, revising the premium rates and amount payable, and declining to renew insurance coverage of an Insured Member. We will give a 30 days' (or any shorter period as provided under the law) written notice about those revisions to the Master Policyholder.

Section D - The Contract

1. The rights of the Master Policyholder or any Insured Member under this Policy shall not be affected by any provision other than those inside this Policy. 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 both the Master Policyholder and the Insured Member. 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, fulfill or observe its obligations under this Policy.
2. For clarity, except when the amendment is signed by Us, no person is authorized to revise this Policy. For examples, no person is authorised to accept premiums in arrears, to extend any Premium Due Date, 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.
3. The Master Policyholder may only assign, transfer or charge all or any of its rights or obligations under this Policy, after obtaining Our written consent.
4. 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 the 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.

Section E - Data Required

1. The Master Policyholder shall furnish Us with information relating to each Eligible Members to be insured and terminations of insurance coverage for the Insured Member that We may require to administer the insurance coverage. Upon Our request, the Master Policyholder shall provide Us with the record containing the date of birth, gender, occupation, duties, and such other relevant data concerning the Insured Member, which is considered to have an impact on the administration of the insurance coverage and on the determination of future premium rates. The Master Policyholder shall make such information and records available for Our inspection upon Our request.
2. Clerical error in the keeping of such information and records shall not void the insurance coverage and it shall not also allow a terminated insurance coverage to continue. However, upon the discovery of such error, adjustments must be made based on the corrected information and records.
3. For clarity, if this Policy is issued as a result of the Master Policyholder transferring an existing policy covering the Insured Member to Us ("Preceding Policy"), under which the Insured Member was covered



and We recognize this Policy (or Supplementary Policy, whichever is applicable) as a take-over policy (or take-over supplementary policy, whichever is applicable), the Master Policyholder's obligation under Part V Section E Clause 1 of this Policy includes information relating to the claim history and claims data under that Preceding Policy. Upon Our receipt of such information, We shall make the necessary adjustments including but not limited to imposing additional exclusions, revising the premium rates and amount payable of the Insured Member, and voiding or cancelling the insurance coverage of the Insured Member.

Section F - Misstatement of Age

1. If the Insured Member's age has been misstated, We may revise the premium based on his true age.
2. As a result of the revision of the premium:
 - (a) if there is a short-payment of the premium, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the revised premium. Nonetheless, if We pay the benefit without applying the prorate principle, it will not be deemed as a waiver and it shall not prevent Us from any other or further exercise of any right provided by the law or under this Policy; and
 - (b) if there is an overpayment of premium, it shall be treated in line with this Basic Policy.

Section G - Interpretation

1. This Policy shall be interpreted and governed by the laws of 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 used 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 H - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy 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 Policy.

Section I - 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 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.

Section J - Misrepresentation / Fraud

1. If the Master Policyholder's and/or the Insured Member'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 the Insured Member 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.



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

Section K - Filing of Claims and Proof of Loss

1. Written notice of any claim must be given to us within 3 months from the occurrence of the insured event. Unless the notice period of claim is stated as mandatory requirement in this Policy, if the Master Policyholder fails to do so, it will not affect the claim as long as the notice was given as soon as reasonably possible within 1 year from the date of insured event. Proof of claim and/or loss for the insured event must be given to Us within this same period. We shall need the original bills and receipts for the charges and fees incurred.
2. All certificates, information, medical reports and evidence and information must be provided to Us. The Insured Member must agree to any medical examination(s) by a Doctor We have appointed as and when We may require. In order to assess the claim, the Insured Member may be subject to more than one medical examination.
3. All the above notices, claims, proof, and other documents must be given to Our Head Office at the Master Policyholder's own expense.

Section L - Changes in Occupation, Duties, Nature of Business, and others

The Master Policyholder or the Insured Member must give Us immediate written notice of any change in the Insured Member's occupation and duties that were previously provided to Us. The Master Policyholder must also give Us immediate written notice of any change related to the Master Policyholder's nature of business.

After We receive the notice, We may change the provisions in this Policy, including changing the premium rates, premium payable, and amount of benefits, as well as imposing new exclusion terms. In this regard, We will notify the Master Policyholder about the changes specifically.

The Master Policyholder must also give Us immediate written notice of any benefits or payments received pursuant to the Preceding Policy. Upon Our receipt of such information, We shall make the necessary adjustments including but not limited to imposing additional exclusions, revising the premium rates and amount payable of the Insured Member, and voiding or cancelling the insurance coverage of the Insured Member. In this regard, We will notify the Master Policyholder about the changes specifically.

Section M - Payment of Benefits

Unless Schedule 8 Paragraph 11 of the Financial Services Act 2013 ("FSA") applies, all benefits that are payable shall be paid to the Master Policyholder after deducting and setting off any sums that the Master Policyholder owes Us. Nonetheless, if We pay the benefit without any deduction of monies due under this Policy, it will not be deemed as a waiver and it shall not prevent Us from any other or further exercise of any right provided by the law or under this Policy.

Regardless of anything else We may say in this Policy, We shall follow Schedule 8 Paragraph 11 of the FSA by paying monies due directly to the Insured Member or any person entitled through him, if the Master Policyholder has no insurable interest in the lives of the Insured Member.

Our payment to the Master Policyholder, the Insured Member or any person entitled through him (as the case may be) shall fully discharge Our liability under this Policy.

Section N - Non-participating Policy

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



Section O - 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 business address or any other address the Master Policyholder gives Us in writing. Any notice sent by post shall be treated as received 3 days after it is posted.
2. 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.
3. We may give the Master Policyholder or the Insured Member notice by fax, e-mail, text message, or electronic means. We may also give the Master Policyholder or 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.
4. 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 if they are sent to Us and when We actually received them.

Section P - 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 Member, 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 Member) with immediate effect with or without prior notice to the Master Policyholder and 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.
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 section. This section, and Our ability to claim for any losses that We may incur arising out of the operation of this section, 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 Q - Notice to all Insured Members

(Ombudsman for Financial Services and Customer Services)

1. **Customer Service**
We are committed to providing quality service to all the customers. Please feel free to contact the Customer Service representatives if you have any enquiry on the Policy. You can reach Us regarding your enquiry



or complaint via phone at 03-2771 0228 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 within certain monetary limit 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 inquires on insurance and insurance related matters. JabatanLINK & 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



Group Terminal Illness Benefit (GTI) (Supplementary Policy)

This Supplementary Policy is applicable only if Group Terminal Illness Benefit (“GTI”) is provided in the Schedule of Assurance as one of the benefits covering the Insured Member.

Subject to the Transaction Effective Date that is applicable to the Insured Member, the provisions in the Basic Policy and this Supplementary Policy, We agree, in consideration of the payment to Us of the additional premiums applicable to this Supplementary Policy, to provide the following benefits to the Insured Members.

Unless We state otherwise in this Supplementary Policy or unless it should be in the circumstances be understood differently:

- (a) this Supplementary Policy is subject to all the provisions of the Basic Policy; and
- (b) the defined terms used in this Supplementary Policy have the same meaning as provided in the Basic Policy.

1. Benefits

- 1.1 Group Terminal Illness Benefit (“GTI”) is an accelerated benefit providing coverage for Terminal Illness.
- 1.2 While the Insured Member is covered under the Basic Policy and this Supplementary Policy, if the Insured Member is diagnosed by a Doctor to be suffering from a Terminal Illness, subject to the provisions set out in this Supplementary Policy, the GTI payable shall be the covered GTI Sum Assured shown in the Schedule of Assurance that is applicable to the Insured Member (“GTI Sum Assured”), less any amount of benefit that became payable as a result of an earlier admission of claim for accelerated benefits.
- 1.3 We shall reduce the amount for the Death Benefit, Total and Permanent Disability Benefit and any other accelerated benefits payable under the Policy for the Insured Member by the GTI Sum Assured after a claim is approved by Us pursuant to this Supplementary Policy.
- 1.4 The maximum sum payable for all claims made for the Insured Member in the Policy Year under this Supplementary Policy and any other accelerated benefits, shall not exceed the covered Basic Sum Assured for the Insured Member.
- 1.5 Once We have paid the GTI Sum Assured, the insurance coverage in this Supplementary Policy for the Insured Member shall terminate automatically and it shall not be renewed.

2. Exclusions

- 2.1 We shall not pay for a claim under this Supplementary Policy, if:
 - 2.1.1 the Insured Member sought medical advice for signs or symptom of the Terminal Illness manifests at any time before or within the Waiting Period of GTI (as explained later in this Supplementary Policy); or
 - 2.1.2 the Terminal Illness is caused directly or indirectly by:
 - i. any Pre-Existing Conditions;
 - ii. any attempted suicide or self-inflicted injury whether attempted/inflicted while sane or insane;
 - iii. the existence of Acquired Immune Deficiency Syndrome (“AIDS”) or the presence of any Human Immuno-deficiency Virus (“HIV”) infection in the Insured Member; or
 - iv. alcohol, narcotic or drug unless taken as prescribed by a Physician.



Waiting Period of GTI refers to 30 days from the:

- (a) Transaction Effective Date when the Insured Member is first covered under this Supplementary Policy or the increased amount of benefit, as the case may be; or
 - (b) date on which this Supplementary Policy is reinstated;
- whichever is later.

3. Conditions

The following conditions shall apply, in addition to the provisions relating to filing of claims and proof of loss in the Basic Policy:

- 3.1 Before We pay any claim under this Supplementary Policy, We shall need proof of diagnosis of a Terminal Illness and the relevant claim documents. We shall need to receive these:
- (a) while the Insured Member is alive;
 - (b) no more than 3 months from the date of the diagnosis; and
 - (c) at the Insured Member's own expense.

We can refuse any claim if the above conditions are not met.

- 3.2 If the Insured Member fails to have a medical examination when We ask or We do not receive the proof of diagnosis of the Terminal Illness, the insurance coverage in this Supplementary Policy for the Insured Member shall terminate immediately on the date of Our request.

4. Termination

- 4.1 Refer to the provisions relating to termination of insurance coverage in the Basic Policy.
- 4.2 The termination of this Supplementary Policy shall not affect any claim that has arisen before the Supplementary Policy terminates.

5. Take-Over Supplementary Policy

- 5.1 We will cover the Insured Member for the Terminal Illness that is caused directly or indirectly by a Pre-Existing Condition and the Terminal Illness is diagnosed on or after the first Effective Date of this Policy up to the amount payable under the Preceding Policy or the amount payable under this GTI, whichever is lower, provided:
- (a) this Policy is issued as a result of the Master Policyholder transferring an existing policy covering the Insured Member to Us ("Preceding Policy");
 - (b) the Terminal Illness would be payable under the Preceding Policy;
 - (c) a copy of the Preceding Policy was given to Us; and
 - (d) the Policy Schedule of GTI states that this is a Take-Over Supplementary Policy.

6. Definitions

- 6.1 **Terminal Illness** means the Insured Member is suffering from a condition, which in the opinion of a Physician is highly likely to lead to death within 12 months and where the Insured Member must no longer be receiving active treatment other than that for pain relief.
- 6.2 **diagnosed/ diagnosis** means a definite diagnosis made by a Doctor based on specific evidence of a Terminal 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 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 opinion shall be binding on the Master Policyholder, the Insured Member and Us.

****END OF SUPPLEMENTARY POLICY****



ENDORSEMENT NO: 01/2020

To be attached and form part of the PRUGroup Life policy no. **GT11929** (“Policy”) between the Master Policyholder and Prudential Assurance Malaysia Berhad. This Endorsement shall be deemed incorporated into the Policy with effect from **1 November 2020**. Save and except for the provisions as set out in this Endorsement, all other contents and terms in the Policy shall remain unchanged.

In the event of any discrepancy between the provisions of the Policy and the provisions of this Endorsement, the provisions of this Endorsement shall prevail for the purposes of interpretation and enforcement.

A. The Basic Policy of “PRUGroup Life” of the Policy shall be amended by:

1. substituting for the words “Schedule of Assurance” in all clauses “Policy Schedule”,
2. substituting for the words “Insured Member as shown in the Schedule of Assurance” in all clauses “Insured Member”,
3. removing Clause 5 under Part I – Definitions,
4. substituting for Clause 6 under Part I – Definitions the following paragraph:

“6. **Insured Members** mean the Eligible Members who in line with the provisions of Part II of this Basic Policy, are participating in the insurance plan under this Policy.”,
5. substituting for Clause 9 under Part I – Definitions the following paragraph:

“9. **Coverage Period** means the period from the Transaction Effective Date to 31 March 2021 (both dates inclusive).
6. substituting for Clause 10 under Part I – Definitions the following paragraph:

“10. **Pre-Existing Conditions** means disabilities, illness and/or condition that the Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy has reasonable knowledge of prior to the date when the Insured Member (or the life covered under the respective Supplementary Policy attached to this Policy, whichever is applicable) is first covered under the benefit or increased amount of benefit. The Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one which:-
(a) the Insured Member and/or the life covered under the respective Supplementary Policy attached to this Policy 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.”,
7. substituting for Clause 12 under Part I – Definitions the following paragraph:

“12. **Transaction Effective Date** means the date from which the insurance coverage is provided by Us to the corresponding Insured Member, and shall be a date on or after the Effective Date.

In this regard, for an Insured Member, who is covered under this Policy because he has met the Automatic Moratorium eligibility requirement for an Eligible Member, his Transaction Effective Date shall be 1 November 2020.



As for an Insured Member, who is covered under this Policy because he has met the Covid-19 Relief Assistance Programme eligibility requirement for an Eligible Member, his Transaction Effective Date shall be the start date of the extended moratorium period stated in the Master Policyholder's approval letter or 1 November 2020, whichever is later.

As for an Insured Member, who is covered under this Policy because he has met the B40 Targeted Repayment Assistance eligibility requirement for an Eligible Member, his Transaction Effective Date shall be the start date of the reduced monthly installments stated in the Master Policyholder's approval letter or 1 November 2020, whichever is later.”,

8. removing Clause 13 under Part I – Definitions,
9. substituting for Clause 1 and Clause 2 of Section A – Participation under Part II – Individual Participation and Termination the following paragraphs:
 - “1. Any person who becomes an Eligible Member, as per the registration with the Master Policyholder. We may impose any additional terms and conditions where We deem fit.
 2. The insurance coverage of the newly enrolled Insured Member shall commence from his corresponding Transaction Effective Date.”,
10. removing Clause 3 of Section A – Participation under Part II – Individual Participation and Termination,
11. substituting for Clause 1 and Clause 2 of Section B – Termination under Part II – Individual Participation and Termination the following paragraph:
 - “1. The insurance coverage in this Policy (or the Supplementary Policy, whichever is applicable) for any of the Insured Members, shall automatically terminate on the earliest of the following:
 - (i) the date this Policy (or such Supplementary Policy, whichever is applicable) is cancelled, voided or terminated;
 - (ii) the date the insurance coverage of the Insured Member is cancelled, voided or terminated;
 - (iii) the end of the Coverage Period if the Insured Member's coverage under this Policy (or the Supplementary Policy, whichever is applicable) is not renewed;
 - (iv) the end of the Coverage Period when the Insured Member reaches the maximum expiry age of 70 next birthday (or any other age as provided in the Policy Schedule);
 - (v) the date on which the Insured Member ceased to be an Eligible Member;
 - (vi) the date on which the Insured Member dies; or
 - (vii) the date when there is no amount payable for Death Benefit in respect of the Insured Member.
 2. The Master Policyholder may terminate this Policy by writing to Us at any time.”,
12. substituting for Clause 3 of Section B – Termination under Part II – Individual Participation and Termination the following paragraph:
 - “3. We may terminate this Policy or any Supplementary Policy by giving the Master Policyholder 30 days' (or any shorter period as provided under the law) written notice. This Policy (or such Supplementary Policy, whichever is applicable) shall not then be renewed, and so terminated on the last date of the Policy Period shown in the Policy Schedule.”,
13. substituting for Clause 4 of Section A – Payment of Benefit under Part IV – Total And Permanent Disability Benefit the following paragraph:
 - “4. Upon approval of claim for TPD Benefit, we will reduce the covered Basic Sum Assured shown in the Policy Schedule by the amount payable for the TPD Benefit of the Insured Member.”,



14. substituting for Section D – Definition under Part IV – Total And Permanent Disability Benefit with the following paragraph:

“1. Total and Permanent Disability/ TPD means

- (a) while aged eighteen (18) years but below the age of sixty-one (61) years, the Insured Member:
 - (i) becomes permanently and completely unable to engage in any occupation and is permanently and completely unable to perform any work for remuneration or profit;
 - (ii) totally and irrecoverably loses sight in both eyes;
 - (iii) totally and irrecoverably loses by severance one limb each at or above his wrist and ankle, or two limbs at or above his wrist or ankle; or
 - (iv) totally and irrecoverably loses sight in one eye and totally and irrecoverably loses by severance one limb at or above the wrist or ankle;or
- (b) while aged sixty-one (61) years but below the age of seventy (70) years, the Insured Member receives confirmation by a Physician of the loss of independent existence lasting for a minimum period of six (6) consecutive months and resulting in a permanent inability to perform at least three (3) of the following 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.

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.

For all cases under (a) or (b) above, such disability must be permanent and must last for a minimum period of six (6) consecutive months.

For the purpose of the definition of “Total and Permanent Disability”, the word “permanent”, shall mean beyond the hope of recovery with current medical knowledge and technology.

15. removing Section A – Premium Payment under Part V – General in its entirety,

16. removing Section B – Free Look Period and Reinstatement of Policy under Part V – General in its entirety,

17. substituting for Section C – Renewal Privilege under Part V – General the following paragraph:



“Section C – Renewal Privilege

This Policy is not renewable, and so this Policy shall terminate on the last date of the Policy Period shown in the Policy Schedule.”

18. substituting for Clause 1 of Section D – The Contract under Part V – General the following paragraph:

“1. The rights of the Master Policyholder or any Insured Member under this Policy shall not be affected by any provision other than those inside this Policy. 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 both the Master Policyholder and the Insured Member.”,

19. substituting for Clause 1 of Section E – Data Required under Part V – General the following paragraph:

“1. The Master Policyholder shall furnish Us with information relating to each Eligible Members that We may require to administer the insurance coverage. Upon Our request, the Master Policyholder shall provide Us with the record containing the Insured Member’s name, date of birth, gender, and such other relevant data concerning the Insured Member and the Mortgage Loan covered under the Insured Member’s MortgageCover Certificate, as may be necessary to carry out the terms of this Policy. The Master Policyholder shall make such information and records available for Our inspection upon Our request.”,

20. removing Clause 3 of Section E – Data Required under Part V - General,

21. removing Section F – Misstatement of Age under Part V – General in its entirety,

22. inserting after Clause 3 of Section K Filing of Claims and Proof of Loss under Part V – General the following clause:

“4. We will only approve the claim under this Policy when We have approved the same claim under the Insured Member’s MortgageCover Certificate, and the date of insured event or date of diagnosis is a date within and inclusive the Insured Member’s Coverage Period under this Policy. This clause shall prevail and be used, if there is inconsistency between the other provisions set out in this Policy and this clause.”, and

23. removing Section L - Changes in Occupation, Duties, Nature of Business, and others under Part V – General in its entirety.

24. substituting for Section M – Payment of Benefits under Part V – General the following clause:

Payment of any monies under the Policy shall first be applied to offset any indebtedness by the Insured Member to the Master Policyholder. Monies payable in excess of the indebtedness or monies payable when there is no indebtedness to the Master Policyholder shall be payable to the Insured Member if living, otherwise to the person entitled to receive the same.

B. The Supplementary Policy of “Group Terminal Illness Benefit (GTI)” of the Policy shall be amended by:

1. substituting for the words “Schedule of Assurance” in all clauses “Policy Schedule”,

2. inserting after Clause 3.2 the following clause:

“3.3. We will only approve the claim under this Supplementary Policy when We have approved the same claim under the Insured Member’s MortgageCover Certificate, and the date of insured event or date of



diagnosis is a date within and inclusive the Insured Member's Coverage Period under this Policy. This clause shall prevail and be used, if there is inconsistency between the other provisions set out in this Policy and this clause.", and

3. removing Clause 5 – Take-Over Supplementary Policy.