

CreditShield Plus

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SCHEDULES

- Policy Schedule

CreditShield Plus

(Basic Policy)

PART I - DEFINITIONS

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

1. “**Company**” means PRUDENTIAL ASSURANCE MALAYSIA BERHAD.
2. “**Master Policyholder**” means UNITED OVERSEAS BANK (MALAYSIA) BHD.
3. “**Master Policy**” means this insurance agreement between the Company and the Master Policyholder, which shall include any and all of the following, if any:
 - (a) Application or proposal forms made by the Master Policyholder in respect of this Master Policy.
 - (b) Riders.
 - (c) Addendums.
 - (d) Endorsements or amendments to any of the afore-mentioned signed by the Company.
4. “**Policy**” means and shall include the Master Policy and the Insurance Certificate.
5. “**Master Policy Effective Date**” means the date from which the insurance plan under this Master Policy is operative.
6. “**Entry Date**” means the ‘Insurance Coverage Commencement Date’ as specified on the Insurance Certificate and on which an Eligible Cardmember becomes an Insured Cardmember hereunder.
7. “**Eligible Cardmembers**” means the persons specified in the Policy Schedule, who, having met the eligibility requirements set forth in Part II Section A of this Master Policy, are entitled to elect to participate in the insurance plan under this Master Policy.
8. “**Insurance Certificate**” means the individual insurance certificate issued by the Company to the Insured Cardmember, which is more particularly described in Part V Section B of this Master Policy, and shall also include any and all of the following, if any:
 - (a) Individual applications or proposals for cover by the Insured Cardmember, including any statements from the Physicians and questionnaires for the Insured Cardmember.
 - (b) Riders.

- (c) Addendums.
 - (d) Endorsements or amendments to any of the afore-mentioned signed by the Company.
9. **“Insured Cardmembers”** means Eligible Cardmembers who, in accordance with the provisions of Part II Section B of this Master Policy, are participating in the insurance plan under this Master Policy and in respect of whom Insurance Certificates have been issued.
10. **“Insured Credit Card”** means the credit card(s) that the Insured Cardmember has taken from the Master Policyholder which the Insured Cardmember has applied for insurance under the Insurance Certificate and this Master Policy, and includes the upgraded and replaced credit card(s) referred to Part II Sections D and E of this Master Policy and any supplementary credit card(s).
11. **“Nominee”** means any individual nominated by the Insured Cardmember to receive the Compassionate Benefit.
12. **“Outstanding Credit Card Balance”** means the sum outstanding (including any finance and late payment charges) in the relevant account in which premium is charged against the Insured Credit Card. For any installment / easy payment plan or any other plan or scheme of a similar nature that will be charged to the Insured Credit Card, the amount of such plan or scheme shall not form any part of the Outstanding Credit Card Balance until it is actually charged against the Insured Credit Card and remains outstanding as at the respective monthly billing date of the Insured Credit Card.
13. **“Physician”** means any medical practitioner registered with the Medical Council of the country to render medical or surgery services, but excluding a Physician who is the Insured Cardmember himself or the spouse or a member of the Insured Cardmember’s immediate family or related by blood or marriage or adoption to him.
14. **“Pre-Existing Condition”** means any condition or disabilities that the Insured Cardmember has reasonable knowledge of prior to the Entry Date. The Insured Cardmember may be considered to have reasonable knowledge of a pre-existing condition where the condition or disability is one for which:
- (a) the Insured Cardmember had received or is receiving treatment;
 - (b) medical advice, diagnosis, care or treatment has been recommended;
 - (c) clear and distinct symptoms are or were evident; or
 - (d) its existence would have been apparent to a reasonable person in the circumstances.
15. **“Sum Insured”** means the amount as set forth in Part III Section A of this Master Policy.

16. **“GST”** means
- (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 Goods and Services Tax Act 2014 or any other law and regulations, or rules, rulings or guides from the relevant authority, as amended, modified or revised from time to time under the Act or any other law.

17. A masculine personal pronoun as used herein includes the feminine, whenever the context requires.

PART II - MEMBERSHIP ELIGIBILITY, PARTICIPATION AND TERMINATION

Section A – Eligibility

1. Each Eligible Cardmember shall be eligible for insurance under the Policy subject to the following conditions:
 - (a) the Eligible Cardmember is a natural person who has attained age of eighteen (18) years at next birthday but is not over age of sixty-five (65) years at next birthday;
 - (b) the Eligible Cardmember has successfully applied as a principal cardholder for a credit card or has an existing credit card from the Master Policyholder; and
 - (c) the Eligible Cardmember is not a hospital patient and is in good health at Entry Date.

Section B – Participation

1. Each Eligible Cardmember shall become an Insured Cardmember on the Entry Date, provided that the application for membership in the form and/or manner prescribed by the Company and/or the Master Policyholder has been submitted to the Company, and satisfactory evidence of insurability has been furnished to and coverage confirmed by the Company.
2. The Insured Cardmember must undergo medical examination by any Physician appointed by the Company, if so required by the Company.
3. The Insured Cardmember whose insurance has been terminated and whom the Company's sole and absolute view is eligible to re-apply for membership shall be considered as a new Eligible Cardmember.

Section C – Termination

The insurance coverage of any Insured Cardmember under an Insurance Certificate shall automatically cease on the earliest of the following dates:

- (a) Upon the Insured Cardmember ceasing to be a registered credit cardholder of the Master Policyholder for the Insured Credit Card (subject to Sections D and E under Part II);
- (b) Upon the cancellation of the Insured Credit Card or the Insured Credit Card ceasing to be valid for any other reason (subject to Sections D and E under Part II);
- (c) On the date of the expiration of the period for which the last premium payment is made on account of the Insured Cardmember's insurance;
- (d) Non payment of premium;
- (e) At the end of the anniversary of the Entry Date after the Insured Cardmember has attained the age of sixty-six (66) years at next birthday;
- (f) Upon the date on which the Insured Cardmember dies or when a claim is admitted for Total and Permanent Disability or Critical Illness, whichever is earlier; or

- (g) Upon the Company's receipt of instructions in writing from the Master Policyholder to terminate the insurance in respect of the Insured Cardmember, subject to any time period that may be stated in the instructions.

Section D – Upgrade of Credit Card

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

Section E – Damaged or Lost Credit Card

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

PART III - BENEFIT PROVISIONS

Section A – Sum Insured

1. Each Insured Cardmember shall be insured for a Sum Insured, which shall be the Insured Cardmember's Outstanding Credit Card Balance at the time of the insured event in Sections B, C or D under Part III, subject to a maximum of:
 - (a) RM50,000.00 for each Insured Cardmember having one 'Classic', 'Gold' or equivalent Insured Credit Card;
 - (b) RM100,000.00 for each Insured Cardmember having more than one 'Classic', 'Gold' and/or equivalent Insured Credit Card;
 - (c) RM300,000.00 for each Insured Cardmember having one 'Platinum' or equivalent Insured Credit Card; or
 - (d) RM300,000.00 for each Insured Cardmember having more than one Insured Credit Card, which consists of at least one 'Platinum' or equivalent Insured Credit Card.

2. If the Sum Insured that is payable by the Company is more than the Outstanding Credit Card Balance at the previous monthly billing date that premium was received, the Company shall revise the premium for the increase in Sum Insured. To calculate this revised premium, the increased Sum Insured shall be used for the monthly premium calculation under Part IV Section A Clause 2 below, as if this increased Sum Insured was the Insured Cardmember's Outstanding Credit Card Balance at the Insured Credit Card's previous monthly billing date. The difference between the revised premium and the premium received at the previous monthly billing date shall be deducted from the claim paid by the Company.

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

Section B – Death Benefit

If the Insured Cardmember dies while the coverage under his Insurance Certificate is still in force, the Company shall, subject to the provisions of the Policy, pay the Sum Insured.

Section C – Total and Permanent Disability Benefit

1. If the Insured Cardmember suffers Total and Permanent Disability while the coverage under his Insurance Certificate is still in force and provided such disability has existed continuously for at least six (6) consecutive months or more, the Company shall, subject to the provisions of the Policy, pay the Sum Insured.

2. For the purposes of the Policy, **“Total and Permanent Disability”**:

- (i) while between the ages of eighteen (18) next birthday and sixty (60) next birthday, the Insured Cardmember becomes permanently and completely unable to engage in any occupation and is permanently and completely unable to perform any work for remuneration or profit.
 - (ii) while beyond age of sixty (60) next birthday, the Insured Cardmember 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 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.
3. For the purposes of this Policy, “**permanent**” means beyond the hope of recovery with current medical knowledge and technology, and 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.
4. Such disability, as defined in Clauses 2(i) and 2(ii) hereinabove, must be permanent and must last for a minimum period of six (6) consecutive months.
5. The following disabilities shall also be regarded as Total and Permanent Disability:
- (i) totally and irrecoverably loses sight in both eyes; or
 - (ii) totally and irrecoverably loses by severance one limb each at or above his wrist and ankle, or two limbs at or above his wrist(s) or ankle(s); or
 - (iii) totally and irrecoverably loses sight in one eye and totally and irrecoverably loses by severance one limb at or above the wrist or ankle.

Section D – Critical Illness Benefit

1. If the Insured Cardmember is diagnosed to be suffering from a Critical Illness while the coverage under his Insurance Certificate is still in force, the Company shall, subject to the provisions of the Policy, pay the Sum Insured.

2. For the purposes of the Policy, “**diagnosed**” means a definite diagnosis made by a Physician based on specific evidence of a Critical Illness. If this is not available, it shall be based on radiological, clinical, histological or laboratory evidence that is acceptable to the Company. If there is any doubt about the diagnosis, the Company is entitled to arrange a physical examination of the Insured Cardmember or analysis of the evidence used in arriving at the diagnosis. This is carried out by an independent expert in the field of medicine concerned, whose opinion shall be binding on the parties.
3. For the purposes of the Policy, a “**Critical Illness**” means any one of the following illnesses as has been defined separately below:

(1) **AIDS**

(a) **AIDS Due to Blood Transfusion**

Shall mean the Insured Cardmember being infected by HIV (Human Immuno-deficiency Virus) or AIDS (Acquired Immuno-deficiency Syndrome), provided that:

- (i) the infection is due to blood transfusion received in Malaysia or Singapore after the commencement of the Insured Cardmember’s coverage under his Insurance Certificate;
- (ii) the Insured Cardmember is not a haemophiliac; and
- (iii) the Insured Cardmember is not a member of any high risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.

Notification and proof of incident shall be required via a statement from a statutory Health Authority that the infection is medically acquired.

(b) **Full Blown AIDS**

Shall mean the clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome), which must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory Western Blot test. In addition, the Insured Cardmember must have a CD4 cell count of less than 200 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 months or less (wasting syndrome);
- (ii) Kaposi Sarcoma;
- (iii) Pneumocystic Carinii Pneumonia;
- (iv) Progressive multifocal leukoencephalopathy;
- (v) Active Tuberculosis;
- (vi) Less than 1000 lymphocytes; or

(vii) Malignant Lymphoma.

(2) APLASTIC ANAEMIA

Shall mean chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- (a) Regular blood product transfusion;
- (b) Marrow stimulating agents;
- (c) Immunosuppressive agents; or
- (d) Bone marrow transplantation.

(3) APALLIC SYNDROME

Shall mean universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist and condition must be documented for at least one month.

(4) ALZHEIMER'S DISEASE

Shall mean deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Insured Cardmember. The diagnosis must be clinically confirmed by an appropriate consultant.

(5) BENIGN TUMOUR OF THE BRAIN

Shall mean a life-threatening, non-cancerous tumour in the brain giving rise to characteristic signs of increased intra-cranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. The following are excluded:

- (a) Cysts;
- (b) Granulomas;
- (c) Malformations in or of the arteries or veins of the brain;
- (d) Haematomas;
- (e) Tumors in the pituitary gland, or spine; and
- (f) Tumors of the acoustic nerve.

(6) **BLINDNESS**

Shall mean the total, permanent and irrecoverable loss of the sight of both eyes. Certification by an ophthalmologist is necessary.

(7) **BRAIN SURGERY**

Shall mean the actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. Bur Hole and brain surgery as a result of an accident is excluded.

(8) **CANCER**

Shall mean uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy.

The following conditions are excluded:

- (a) Carcinoma in situ including of the cervix;
- (b) Ductal Carcinoma in situ of the breast;
- (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer;
- (d) All skin cancers except malignant melanoma;
- (e) Stage I Hodgkin's disease; and
- (f) Tumors manifesting as complications of AIDS.

(9) **CARDIOMYOPATHY**

Shall mean the unequivocal diagnosis by a consultant cardiologist of cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable aetiology and resulting in permanent physical impairments to the degree of at least class III of the New York Association Classification of cardiac impairment.

Class III - Marked limitation - Such patients are comfortable at rest but performing less than ordinary activity will lead to symptoms of Congestive Cardiac Failure.

Class IV - Inability to carry out any activity without discomfort. Symptoms of Congestive Cardiac Failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

Cardiomyopathy directly related to alcohol misuse is excluded.

(10) CHRONIC LIVER DISEASE

Shall mean end stage liver failure evidenced by all of the following:

- (a) Permanent jaundice;
- (b) Ascites;
- (c) Encephalopathy; and
- (d) Portal hypertension.

Wernicke's encephalopathy and liver failure secondary to alcohol or drug misuse is excluded.

(11) CHRONIC LUNG DISEASE

Shall mean end stage respiratory failure including chronic interstitial lung disease. The following criteria must be met:

- (a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter. (Forced Expiratory Volume during the first second of a forced exhalation);
- (b) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less; and
- (c) Dyspnoea at rest.

(12) COMA

Shall mean a state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a neurological deficit, lasting more than 30 days. Confirmation by a neurologist must be present.

Coma resulting directly from self-inflicted injury, alcohol or drug misuse is excluded.

(13) CORONARY ARTERY DISEASE

(a) Coronary Artery Disease Requiring Surgery

Shall mean the actual undergoing of coronary artery by-pass surgery by way of thoracotomy to correct or treat coronary artery disease but not including angioplasty, other intra-arterial, keyhole or laser procedures.

(b) **Other Serious Coronary Artery Disease**

Shall mean the narrowing of the lumen of at least three major arteries i.e. Circumflex, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD), by a minimum of 60 percent or more as proven by coronary arteriography. This benefit is payable regardless of whether or not any form of coronary artery surgery has been performed.

(c) **Angioplasty and Other Invasive Treatments for Coronary Artery Disease**

Shall mean the actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries. Intra-arterial investigative procedures are not included.

Medical evidence shall include all of the following:

- (i) Evidence of significant and relevant ECG changes (ST segment depression of two millimeters or more); and
- (ii) Angiographic evidence to confirm the location of stenosis.

(14) **DEAFNESS**

Shall mean total, permanent and irreversible loss of hearing in both ears as a result of disease or accident. Medical evidence in the form of an audiometry and sound-threshold tests must be provided.

(15) **ENCEPHALITIS**

Shall mean severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of 30 days and certified by a consultant neurologist. The permanent deficit must result in an inability to perform at least three 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. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
- (b) Mobility.
The ability to move from room to room without requiring any physical assistance.
- (c) Continence

The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.

- (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) Bathing/Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating
All tasks of getting food into the body once it has been prepared.

Encephalitis as a result of HIV (Human Immuno-deficiency Virus) infection is excluded.

(16) FULMINANT VIRAL HEPATITIS

Shall mean a sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure.

The diagnostic criteria to be met are:

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

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.

(17) HEART ATTACK

Shall mean death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by:

- (a) A history of typical prolonged chest pain;
- (b) New electrocardiographic changes resulting from this occurrence; and
- (c) Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.

Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.

(18) HEART VALVE REPLACEMENT

Shall mean the actual undergoing of open-chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities that have occurred after the date of issue or date of reinstatement of this contract.

Repair, via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.

(19) KIDNEY FAILURE

Shall mean end stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

(20) LOSS OF INDEPENDENT EXISTENCE

Shall mean confirmation by a Consultant Physician of the loss of independent existence lasting for a minimum period of six months and resulting in a permanent inability to perform at least three 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. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

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

(21) LOSS OF SPEECH

Shall mean total and irrecoverable loss of the ability to speak for a continuous period of 12 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist.

All psychiatric related causes are excluded.

(22) MAJOR BURNS

Shall mean third degree burns covering at least 20% of the Insured Cardmember's body surface area as measured by "The Rule of 9" of the Lund and Browder Body Surface Chart.

(23) MAJOR HEAD TRAUMA

Shall mean physical head injury causing significant permanent functional impairment lasting for a minimum period of three months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a consultant neurologist and duly concurred by the Company's Medical Officer and must result in an inability to perform at least three 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.

For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

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

All tasks of getting food into the body once it has been prepared.

(24) MAJOR ORGAN TRANSPLANT

Shall mean the actual undergoing of a transplant as a recipient of one of the following human organs:

- (a) Kidney(s)
- (b) Lung(s)
- (c) Liver
- (d) Heart
- (e) Bone marrow

(25) MEDULLARY CYSTIC DISEASE

Shall mean a progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by renal biopsy.

(26) MENINGITIS

Shall mean bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three 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. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
- (b) Mobility
The ability to move from room to room without requiring any physical assistance.
- (c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) Bathing/Washing

The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.

- (f) Eating
All tasks of getting food into the body once it has been prepared.

The diagnosis is to be confirmed by a consultant neurologist.

(27) MOTOR NEURONE DISEASE

Shall mean motor neurone disease of unknown aetiology is characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis.

Diagnosis must be confirmed by a consultant neurologist.

(28) MULTIPLE SCLEROSIS

Shall mean unequivocal diagnosis by a consulting neurologist confirming the following combination, which has persisted for at least a continuous period of six months:

- (a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits;
- (b) A multiplicity or discrete lesions; and
- (c) A well-documented history of exacerbation and remissions of said symptoms/neurological deficits.

(29) MUSCULAR DYSTROPHY

Shall mean the diagnosis of muscular dystrophy shall require a confirmation by a consultant neurologist of the combination of three out of four of the following conditions:

- (a) Family history of other affected individuals;
- (b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;
- (c) Characteristic electromyogram; and
- (d) Clinical suspicion confirmed by muscle biopsy.

Children are excluded from the definition.

(30) PARALYSIS

Shall mean the complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury persisting for at least six months from the date of trauma or illness.

(31) PARKINSON'S DISEASE

Shall mean unequivocal diagnosis of Parkinson's Disease by a consulting neurologist where the condition:

- (a) Cannot be controlled with medication; and
- (b) Shows signs of progressive impairment;

which must result in the Insured Cardmember's 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:

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

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.

(32) POLIOMYELITIS

Shall mean 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.

(33) PRIMARY PULMONARY ARTERIAL HYPERTENSION

Shall mean primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Insured Cardmember being unable to perform his/her usual occupation.

(34) STROKE

Shall mean a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than six months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist.

Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

(35) SURGERY TO AORTA

Shall mean the actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

(36) SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) LUPUS NEPHRITIS

Shall mean a multisystem, multifactorial, autoimmune disorder which affects mostly females in their childbearing years and is characterized by the development of auto-antibodies, directed against various self-antigens.

In respect of this contract, SLE will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class IV Lupus Nephritis, established by renal biopsy). Other forms, discoid lupus, and those forms with only haematological and joint involvement will be specifically excluded.

The World Health Organisation (WHO) Lupus Nephritis Classification:

Class I (minimal change)	-	Negative, normal urine
Class II (Mesangial)	-	Moderate proteinuria, active sediment
Class III (Focal Segmental)	-	Proteinuria, active sediment

Class IV (Diffuse)	-	Acute nephritis with active sediment and/or nephritic Syndrome
Class V (Membranous)	-	Nephrotic Syndrome or severe proteinuria.

Section E – Temporary Total Disability Benefit

1. If the Insured Cardmember suffers Temporary Total Disability while the coverage under his Insurance Certificate is still in force, the Company shall, subject to the provisions of the Policy, pay a monthly payment equivalent to 5% of the Outstanding Credit Card Balance as at the date the Insured Cardmember first suffers the condition causing the Temporary Total Disability, but subject to a maximum monthly payment amount of:
 - (a) RM5,000.00 for each Insured Cardmember having one ‘Classic’ or ‘Gold’ Insured Credit Card or equivalent Insured Credit Card;
 - (b) RM5,000.00 for each Insured Cardmember having more than one ‘Classic’, ‘Gold’ Insured Credit Card and/or equivalent Insured Credit Card;
 - (c) RM15,000.00 for each Insured Cardmember having one ‘Platinum’ Insured Credit Card or equivalent Insured Credit Card; or
 - (d) RM15,000.00 for each Insured Cardmember having more than one Insured Credit Card, which consists of at least one ‘Platinum’ Insured Credit Card or equivalent Insured Credit Card.

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

2. The monthly payments for this benefit shall remain payable for so long as the Insured Cardmember continues to suffer Temporary Total Disability, but always to a maximum number of twenty (20) monthly payments per lifetime of the Insured Cardmember, and/or a maximum accumulated amount of:
 - (a) RM50,000.00 per policy year for each Insured Cardmember having one ‘Classic’, ‘Gold’ or equivalent Insured Credit Card;
 - (b) RM50,000.00 per policy year for each Insured Cardmember having more than one ‘Classic’, ‘Gold’ and/or equivalent Insured Credit Card;
 - (c) RM150,000.00 per policy year for each Insured Cardmember having one ‘Platinum’ or equivalent Insured Credit Card; or
 - (d) RM150,000.00 per policy year for each Insured Cardmember having more than one Insured Credit Card, which consists of at least one ‘Platinum’ or equivalent Insured Credit Card.
3. For so long as the Insured Cardmember is suffering Temporary Total Disability and the insurance coverage of the affected Insured Cardmember under an Insurance Certificate is still in force, the premiums for the Insured Cardmember’s continued coverage, as and when due, shall be waived, but subject to a maximum of twenty (20) months per lifetime of the Insured Cardmember.

4. Notwithstanding anything else in the Policy, any payment under this Benefit shall reduce the maximum Sum Insured (as stated above in Section A under Part III) for the affected Insured Cardmember.
5. If at the time of the Temporary Total Disability the Outstanding Credit Card Balance is more than the Outstanding Credit Card Balance at the previous monthly billing date that premium was received, the Company shall revise the premium for the increase in Outstanding Credit Card Balance. To calculate this revised premium, the increased Outstanding Credit Card Balance shall be used for the monthly premium calculation under Part IV Section A Clause 2 below, as if this increased Outstanding Credit Card Balance was the Insured Cardmember's Outstanding Credit Card Balance at the Insured Credit Card's previous monthly billing date. The difference between the revised premium and the premium received at the previous monthly billing date shall be deducted from the claim paid by the Company.
6. For the purposes of the Policy:
 - (a) **“Temporary Total Disability”** means a total temporary Disability on the Insured Cardmember and the Insured Cardmember during this period of Disability is totally disabled and completely unable to engage in or attend to any occupation or employment for monetary reward for a continuous period of thirty (30) consecutive days. The said Disability must last for a continuous period of at least thirty (30) days;
 - (b) **“Disability”** means a Disease, Illness or all of the Injuries arising out of a single or continuous series of causes;
 - (c) **“Disease”** or **“Illness”** means a physical condition marked by a pathological deviation from the normal healthy state;
 - (d) **“Injury”** means a bodily injury sustained by the Insured Cardmember, which solely and independently of all other cause, was caused directly by an Accident;
 - (e) **“Accident”** means a sudden, unintentional, unexpected, unusual and specific event that happens at an identifiable time and place.

Section F – Compassionate Benefit

1. If the Insured Cardmember dies while the coverage under his Insurance Certificate is still in force, the Company shall, subject to the provisions of the Policy, also pay a Compassionate Benefit equivalent to 20% of the Sum Insured subject further to a maximum of RM3,000.00 per life. This Sum Insured is the Insured Cardmember's Outstanding Credit Card Balance at the time of the Insured Cardmember's Death. However, the Company is not liable to pay any Compassionate Benefit that is below RM20.00 for each Insured Cardmember.

Section G – Exclusions

1. If an Insured Cardmember commits suicide, while sane or insane within one (1) year from the Entry Date, the Company shall not pay any Death Benefit and Compassionate Benefit in Section B & F under Part III respectively, but the total premium paid (excluding GST, if any) in respect of such Insured Cardmember shall be refunded by the Company without interest and no more.
2. Total and Permanent Disability Benefit in Section C, shall not be payable in respect of any condition / illness / injury / event which is directly or indirectly caused by or in connection with:
 - (a) any attempted suicide or self-inflicted injury whether attempted or inflicted while sane or insane;
 - (b) any travelling in an aircraft, other than as a pilot, crew member of or as a fare-paying passenger on a commercial aircraft licensed for passenger service on schedule flights over established routes only;
 - (c) any participation in any aerial sporting activities such as hang-gliding, ballooning, parachuting, sky-diving, bungee jumping and other such similar activities; and/or
 - (d) any Pre-Existing Condition which existed prior to the Entry Date of the Insurance Certificate, its revival and/or endorsement, whichever is later.
3. Critical Illness Benefit in Section D, shall not be payable in respect of any Critical Illness:
 - (a) for Heart Attack, Coronary Artery Disease or Cancer, if the symptoms of that Critical Illness manifest at any time before or within sixty (60) days of the Entry Date of the Insurance Certificate, its revival, endorsement and/or Entry Date of the Benefit that provides insurance cover for Critical Illness, whichever is later;
 - (b) for any other Critical Illness if the symptoms of the Critical Illness manifest at any time before or within thirty (30) days of the Entry Date of the Insurance Certificate, its revival, endorsement and/or Entry Date of the Benefit that provides insurance cover for Critical Illness, whichever is later;
 - (c) if it is arises directly or indirectly from any Pre-Existing Condition which existed prior to the Entry Date of the Insurance Certificate, its revival and/or endorsement whichever is later;
 - (d) if it is directly or indirectly caused by the existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) infection. The only exception to this is when the Critical Illness claimed for is itself Full Blown AIDS or AIDS Due To Blood Transfusion; and/or

- (e) if it is a congenital condition or is directly or indirectly caused from a congenital condition occurring or manifesting within the first two (2) years from the date of birth of the Insured Cardmember.
4. Temporary Total Disability Benefit in Section E, shall not be payable in respect of any Disability which is directly or indirectly caused by or in connection with:
- (a) any war, invasion, act of foreign hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in riot, strike or civil commotion;
 - (b) any violation or attempted violation of the law or resistance to arrest;
 - (c) any attempted suicide or self-inflicted injury while sane or insane;
 - (d) any pregnancy, childbirth, miscarriage or any complications thereof;
 - (e) any Pre-Existing Condition which existed prior to the Entry Date of the Insurance Certificate, its revival and/or endorsement, whichever is later;
 - (e) engaging in or taking part in professional sports, scuba diving, racing of any kind, aerial flights (including bungee jumping, hang-gliding, ballooning, parachuting and sky-diving), or any hazardous activities or sports, unless agreed by special endorsement;
 - (f) any travelling in aerial flights, other than as a crew member of or as a fare-paying passenger on a commercial aircraft licensed for passenger service on schedule flights over established routes only;
 - (g) narcotics or drugs, unless taken as prescribed by a qualified Physician; and/or
 - (h) alcoholic intoxication.

Section H – Examination

1. The Company shall have the right to have a Physician of its choice examine the Insured Cardmember before any of the benefits are paid under the Policy and when and so often as the Company may reasonably require during the pendency of claim under the Policy and/or to require the Insured Cardmember to undergo a blood test and/or other tests, as a condition precedent to the liability of the Company to make any payment. A failure or refusal of the Insured Cardmember to be subjected to such examinations or tests shall entitle the Company to decline a claim under the Policy.
2. If an Insured Cardmember dies, the Company is entitled to have a post mortem examination, where it is not forbidden by law. Prior notice must be given to the Company with details of any burial or cremation, and time and place of any inquest.

Section I – Payment of Benefits

1. Payment of benefits (except Compassionate Benefit) under the Policy shall be applied to offset any indebtedness by the Insured Cardmember to the Master Policyholder.

2. Payment of the Compassionate Benefit (if any) shall be made to the estate of the Insured Cardmember or his/her trustee or nominee, as the case may be (“Compassionate Benefit Claimant”).
3. The Company shall pay all the benefits (except Compassionate Benefit) to the Master Policyholder or to any other person as instructed by the Master Policyholder in writing.
4. Payment as provided by this Section shall release the Company of all liabilities under the Policy. The receipt of any benefits by the relevant parties pursuant to the Policy shall be a full and valid discharge of all the Company’s liabilities in respect of such benefits.
5. In order for any benefit under this Policy to be payable by the Company, the Master Policyholder and the Insured Cardmember must keep to all the terms, conditions, provisions and exclusions shown in the Policy.
6. Subject to Section E of Part III, only one (1) benefit per Insurance Certificate is payable, regardless of the number of claims which may be made under the Policy.

PART IV – PREMIUM PROVISIONS

Section A – Premium Payments

1. Monthly premium is payable in respect of each Insured Cardmember on the Entry Date and each month thereafter, either to the Company or at Issuing Office or at its Head Office or to an authorized agent of the Company, based on the Premium Rates as specified in the Policy Schedule.
2. The Premium shall be based on the Insured Cardmember's Outstanding Credit Card Balance at the respective monthly billing dates for the Insured Credit Card(s).
3. Goods and Services Tax (GST) may be imposed or increased, at any time on any of the premiums, charges or other payments due and payable for the Policy at the applicable prevailing rate.

Section B – Thirty (30) Days Free Cover

Unless and until otherwise notified by the Company to the Master Policyholder, the Company shall provide a thirty (30) days free cover for new Insured Cardmembers as of the date of commencement of coverage under the relevant Certificate of Insurance.

PART V – GENERAL PROVISIONS

Section A – The Contract

1. All statements made by the Master Policyholder, or by the Insured Cardmember shall, in the absence of fraud, be deemed representations and not warranties. No statement shall be used by the Company to void the Policy or in defence to a claim under it, unless it is made in writing pursuant to an application for the Policy.
2. The rights of the Master Policyholder or any Insured Cardmember or any beneficiary under the Policy shall not be affected by any provision other than those contained in the Policy.
3. No person except the authorized personnel from the Company is authorized to alter or amend the Policy, to accept premiums in arrears or to extend the period for payment of premium, to waive any notice or proof of claim required by the Policy, or to extend the date before which any such notice or proof must be submitted. No changes in this Master Policy shall be valid unless approved by the Company and the Master Policyholder and evidenced by endorsement hereon, or by amendment hereto signed by the Company and the Master Policyholder.
4. Neither party may assign, transfer or charge all or any of its rights or obligations under this Master Policy without the other party's prior written consent.
5. The Company may by giving written notice to the Master Policyholder, vary or amend the provisions in this Master Policy without any need for the Master Policyholder's agreement, if such variation or amendment is necessary or required due to any law or regulation or by any regulatory authority or body.
6. In the event of any introduction of any new laws (statutory or otherwise), regulations, rules, directives, orders and/or any amendments to the existing ones that may disallow any part of the benefits under the Policy or impose any additional charge, cost, expense or payments (including but not limited to any GST and/or any other charges, tax, levies, surcharge) on the Company (which the Company otherwise would not have to incur under the Policy or Insurance Certificate as at the Entry Date of the Insurance Certificate), the Company may withdraw/terminate the relevant part of the benefit under the Policy or Insurance Certificate or impose such additional charge, cost, expense or payments on the Master Policyholder and/or Insured Cardmember, as the case may be.

Section B – Insurance Certificates

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

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

Section C – Data Required

1. The Master Policyholder shall maintain a record with respect to each Insured Cardmember under the Policy, showing the Insured Cardmember's name, sex, age or date of birth, the Entry Date, the Outstanding Credit Card Balance for each respective billing date, and other pertinent information as may be necessary to carry out the terms of this Policy.
2. Clerical error in keeping the records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.
3. The Master Policyholder shall furnish the Company with all information and proofs which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Master Policyholder by any Insured Cardmember in connection with the insurance, and other records as may have a bearing on the insurance under the Policy, shall be open for inspection by the Company at all reasonable times. This Clause 3 is subject to all laws and regulations binding on the Master Policyholder and/or the Company.
4. The Master Policyholder warrants and guarantees to the Company as follows:
 - (a) The Master Policyholder has sufficient technical and organizational security measures in place for the purpose of protecting personal data of the Eligible Cardmembers, Insured Cardmembers, and all other persons included under any part of the Policy from any loss, misuse, unauthorised or accidental access or disclosure, alteration or destruction.
 - (b) That the Master Policyholder's aforementioned technical and organizational security measures shall take into account of the following:
 - (i) The nature of the personal data and the harm that would result from such loss, misuse, modification, unauthorised access or disclosure, alteration or destruction.
 - (ii) The place or location where such personal data is stored.
 - (iii) Any security measures incorporated into equipment storing such personal data.
 - (iv) The measures taken to ensure reliability, integrity and competence of the Master Policyholder's personnel having access to such personal data.

- (v) The measures taken for ensuring the secure transfer of such personal data.
- (c) The Master Policyholder agrees to implement any additional security measures that the Company may reasonably request if the Company does not reasonably believe that the Master Policyholder's technical and organisational security measures are sufficient to protect the said personal data.

Section D – Misstatement

1. If the age or date of birth or other relevant facts relating to an Insured Cardmember shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of the Policy, the true age and facts shall be used in determining whether insurance is in force under the terms of the Policy and the benefits payable therefrom, and an equitable adjustment of premiums shall be made.
2. Where a misstatement of age or other relevant facts has caused an Eligible Cardmember to be insured hereunder when he is otherwise ineligible for insurance, or where such statement has caused an Eligible Cardmember to remain insured when he would otherwise be disqualified for further insurance in accordance with the terms and limitations of the Policy, his insurance shall be void and there shall be a return of premiums paid in respect of the Eligible Cardmember, provided always that, where there is fraud on the part of the Master Policyholder or Insured Cardmember, such premiums paid will not be returned.

Section E – Premium Rates

1. The Company shall have the right to change the Premium Rates as specified in the Policy Schedule at any time, provided written notice of the same is given to the Master Policyholder at least thirty (30) days in advance.
2. Premium Rate changes, if any, shall be made effective for:
 - (a) Insured Cardmembers who participate after the written notice of change of Premium Rates has been given by the Company; and
 - (b) Existing Insured Cardmembers who continue to participate, at the end of the anniversary of the Entry Date after the written notice of change of Premium Rates has been given by the Company.

Section F – Applicable Law

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the law of the country in which this Policy was issued.

Section G - Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of claim has been filed in accordance with the requirements of this Policy.

Section H – Incontestability

Notwithstanding anything to the contrary stated heretofore in the Policy, the Policy shall be incontestable, except for non-payment of premium or for fraud, after it has been in force two (2) years from its Date of Issue or date of any reinstatement whichever is later. The original coverage on any Insured Cardmember and any subsequent amended coverage shall be incontestable, except for nonpayment of premium or for fraud, after such Insured Cardmember's coverage and any such subsequent amended coverage has been in force during his lifetime for two (2) years from the Entry Date.

Section I – Filing Proof of Claim/Loss

1. It shall be a condition precedent to the liability of the Company to make payment of any benefit hereunder that satisfactory proof and/or evidence of loss must be furnished to the Company at its Issuing Office within ninety (90) days after the date of Death, Total and Permanent Disability, diagnosis of the Critical Illness, or Temporary Total Disability. Such proof and/or evidence shall be in the forms and manner specified by the Company and shall be at the Insured Cardmember's and/or Master Policyholder's own expense.
2. For the avoidance of doubt, all the notices, claims, proof, and other documents which are required to be forwarded to the Company must be given to the Company's Head Office or Branch at the Insured Cardmember's and/or Master Policyholder's own expense.

Section J – Policy Termination and Reinstatement

1. This Master Policy may be terminated by the Master Policyholder or the Company by providing thirty (30) days prior written notice of termination to the other party before the date on which such termination shall become effective. In the event of such termination, each Insured Cardmember's coverage shall continue until the next monthly billing date for the Insured Credit Card. Termination shall not affect any claims originating prior to the effective date of such termination.
2. After termination of the Master Policy, the Master Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by the Company.

Section K – Non Participating Policy

This Policy shall not participate in any surplus distribution of the Company.

Section L – Free Look Period

The Insured Cardmember is given a period of fifteen (15) days to review his coverage under policy. If he decides to cancel his coverage under the Policy, he must return the Insurance Certificate to the Company within fifteen (15) days from the date of delivery of the said Insurance Certificate for cancellation. The premium will be refunded less any medical examination expenses incurred in accepting his/her application.

Section M – Notice to all Insured Cardmembers

(Financial Mediation Bureau and Customer Services)

A. Customer Service

The Company is committed to providing quality service to all the customers. Please feel free to contact the Customer Service representatives if the Insured Cardmember has any enquiries on his Policy. The Insured Cardmember can reach the Company regarding his enquiry or complaint via the Customer Service Hotline for UOB customers at 03-2174 4899 or the general Customer Service Hotline at 03-2116 0228, between 8.30am and 5.15pm; every Monday to Friday (except public holidays), or email to customer.mys@prudential.com.my.

B. 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>.

The following organisations are authorised to oversee public enquiries and complaints on insurance related matters. The Insured Cardmember can contact them for assistance at the following address:

The Financial Mediation Bureau

Level 25, Main Block

Menara Takaful Malaysia

No.4, Jalan Sultan Sulaiman

50000 Kuala Lumpur

Tel: 03-2272 2811

Fax: 03-2274 5752

Website: www.fmb.org.my

BNMLINK

(Walk-in Customer Service Centre)

Ground Floor, D Block,

Jalan Dato' Onn,

50480 Kuala Lumpur

BNMTELELINK

Corporate Communications Department

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

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**CREDITSHIELD PLUS POLICY'S ENDORSEMENT
(GROUP INSURANCE POLICY NO. CS003)**

This Endorsement made on the 1st Apr 2016 is a supplement to CreditShield Plus Policy (Group Insurance Policy No. CS003) dated 30th Nov 2015 (hereinafter referred to as "the Policy") between United Overseas Bank (Malaysia) Bhd. (hereinafter referred to as "the Master Policyholder") and Prudential Assurance Malaysia Berhad (hereinafter referred to as "the Company"), and shall be incorporated into and form part of the Policy. 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.

It is hereby noted and agreed that the Policy shall be amended as follows:

Section D – Critical Illness Benefit

1. If the Insured Cardmember is diagnosed to be suffering from a Critical Illness while the coverage under his Insurance Certificate is still in force, the Company shall, subject to the provisions of the Policy, pay the Sum Insured.
2. For the purposes of the Policy, "**diagnosed**" means a definite diagnosis made by a Physician based on specific evidence of a Critical Illness. If this is not available, it shall be based on radiological, clinical, histological or laboratory evidence that is acceptable to the Company. If there is any doubt about the diagnosis, the Company is entitled to arrange a physical examination of the Insured Cardmember or analysis of the evidence used in arriving at the diagnosis. This is carried out by an independent expert in the field of medicine concerned, whose opinion shall be binding on the parties.
3. For the purposes of the Policy, a "**Critical Illness**" means any one of the following illnesses as has been defined separately below:

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

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

For the above definition, the following are not covered:

- (i) Transient ischemic attacks
- (ii) Cerebral symptoms due to migraine
- (iii) Traumatic injury to brain tissue or blood vessels
- (iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

(2) HEART ATTACK – of specified severity

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

- (i) A history of typical chest pain;
- (ii) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block

and

- (iii) Elevation of the cardiac biomarkers , inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
- Cardiac Troponin T or Cardiac Troponin I $> / = 0.5$ ng/ml

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

For the above definition, the following are not covered:

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

(3) KIDNEY FAILURE – requiring dialysis or kidney transplant

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

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

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

For the above definition, the following are not covered:

- (i) All cancers which are histologically classified as any of the following:
- pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- (ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (v) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (vi) All cancers in the presence of HIV
- (vii) Any skin cancer other than malignant melanoma.

(5) CORONARY ARTERY BY-PASS SURGERY

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

For the above definition, the following are not covered:

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

(6) SERIOUS CORONARY ARTERY DISEASE

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

(LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

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

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

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under the Insurance Certificate subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of this Insurance Certificate, 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 the policy;
- (iii) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- (iv) The Insured Cardmember does not suffer from hemophilia; and
- (v) The Insured Cardmember is not a member of any high risk groups including but not limited to intravenous drug users.

(17) FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Insured Cardmember must have a CD4 cell count of less than two hundred (200)/ 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 1 liter during the first second;
- (iii) Shortness of breath at rest; and
- (iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

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

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

Encephalitis in the presence of HIV infection is not covered.

(20) MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

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

Other stem cell transplants are not covered.

(21) LOSS OF SPEECH

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

All psychiatric related causes are not covered.

(22) BRAIN SURGERY

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

For the above definition, the following are not covered:

- (i) Burr hole procedures
- (ii) Transphenoidal procedures

- (iii) Endoscopic assisted procedures or any other minimally invasive procedures
- (iv) Brain surgery as a result of an accident.

(23) HEART VALVE SURGERY

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

For the above definition, the following are not covered:

- (i) Repair via intra-arterial procedure
- (ii) Repair via key-hole surgery or any other similar techniques.

(24) LOSS OF INDEPENDENT EXISTENCE

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

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

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

The diagnosis must be confirmed by:

- (i) an appropriate specialist; and
- (ii) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

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

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

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

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

Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:

- (i) Regular blood product transfusion;
- (ii) Marrow stimulating agents;
- (iii) Immunosuppressive agents; or
- (iv) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

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

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

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

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:

- (i) Cannot be controlled with medication;
- (ii) Shows signs of progressive impairment; and
- (iii) Confirmation of the permanent inability of the Insured Cardmember to perform without assistance three (3) or more of the Activities of Daily Living.

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

(30) ALZHEIMER'S DISEASE/SEVERE DEMENTIA

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

From the above definition, the following are not covered:

- (i) Non organic brain disorders such as neurosis
- (ii) Psychiatric illnesses
- (iii) Drug or alcohol related brain damage

(31) SURGERY TO AORTA

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

For the above definition, the following are not covered:

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

(32) MULTIPLE SCLEROSIS

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:

- Investigations which confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

(33) PRIMARY PULMONARY ARTERIAL HYPERTENSION – of specified severity

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

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

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

(34) MEDULLARY CYSTIC DISEASE

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

(35) CARDIOMYOPATHY – of specified severity

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

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

(36) SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

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

WHO Lupus Classification:

Type III - Focal Segmental glomerulonephritis

Type IV - Diffuse glomerulonephritis

Type V - Membranous glomerulonephritis

4. For the purpose of this benefit:

- (a) "Irreversible" means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.
- (b) "Permanent" means expected to last throughout the lifetime of the Insured Cardmember.
- (c) "Permanent neurological deficit with persisting clinical symptoms" means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Insured Cardmember. Symptoms that are covered include numbness, paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- (d) "Assessment Period" means the period during which the insurer will assess a condition before deciding whether or not the condition qualifies as being permanent. The assessment period will be for the minimum period time frame stated in the relevant definition and will not be longer than twelve (12) months (provided all required evidence has been submitted).
- (e) Activities of Daily Living (ADL) are as follows:
 - (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.

Section G – Exclusions

1. If an Insured Cardmember commits suicide, while sane or insane within one (1) year from the Entry Date, the Company shall not pay any Death Benefit and Compassionate Benefit in Section B & F under Part III respectively, but the total premium paid (excluding GST, if any) in respect of such Insured Cardmember shall be refunded by the Company without interest and no more.
2. Total and Permanent Disability Benefit in Section C, shall not be payable in respect of any condition / illness / injury / event which is directly or indirectly caused by or in connection with:
 - (a) any attempted suicide or self-inflicted injury whether attempted or inflicted while sane or insane;
 - (b) any travelling in an aircraft, other than as a pilot, crew member of or as a fare-paying passenger on a commercial aircraft licensed for passenger service on schedule flights over established routes only; and/or
 - (c) any participation in any aerial sporting activities such as hang-gliding, ballooning, parachuting, sky-diving, bungee jumping and other such similar activities.
3. Critical Illness Benefit in Section D, shall not be payable in respect of any Critical Illness:
 - (a) for Heart Attack, Coronary Artery By-Pass Surgery, Serious Coronary Artery Disease or Cancer, if the symptoms of that Critical Illness manifest at any time before or within sixty (60) days of the Entry Date of the Insurance Certificate, its revival, endorsement and/or Entry Date of the Benefit that provides insurance cover for Critical Illness, whichever is later;
 - (b) for any other Critical Illness if the symptoms of the Critical Illness manifest at any time before or within thirty (30) days of the Entry Date of the Insurance Certificate, its revival, endorsement and/or Entry Date of the Benefit that provides insurance cover for Critical Illness, whichever is later;
 - (c) if it arises directly or indirectly from any Pre-Existing Condition which existed prior to the Entry Date of the Insurance Certificate, its revival, endorsement and/or Entry Date of the Benefit that provides insurance cover for Critical Illness, whichever is later;
 - (d) if it is directly or indirectly caused by the existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV) infection. The only exception to this is when the Critical Illness claimed for is itself Full-Blown AIDS or HIV Infection Due To Blood Transfusion; and/or
 - (e) if it is a congenital condition or is directly or indirectly caused from a congenital condition occurring or manifesting within the first two (2) years from the date of birth of the Insured Cardmember.
4. Temporary Total Disability Benefit in Section E, shall not be payable in respect of any Disability which is directly or indirectly caused by or in connection with:
 - (a) any war, invasion, act of foreign hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in riot, strike or civil commotion;
 - (b) any violation or attempted violation of the law or resistance to arrest;

- (c) any attempted suicide or self-inflicted injury while sane or insane;
- (d) any pregnancy, childbirth, miscarriage or any complications thereof;
- (e) any Pre-Existing Condition which existed prior to the Entry Date of the Insurance Certificate, its revival and/or endorsement, whichever is later;
- (f) 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 hazardous activities or sports, unless agreed by special endorsement;
- (g) any travelling in aerial flights, other than as a crew member of or as a fare-paying passenger on a commercial aircraft licensed for passenger service on schedule flights over established routes only;
- (h) narcotics or drugs, unless taken as prescribed by a qualified Physician; and/or
- (i) alcoholic intoxication.

It is hereby further agreed that the abovementioned amendments to the Policy shall take effect on the 1st Apr 2016.

CREDITSHIELD PLUS POLICY'S ENDORSEMENT
(GROUP INSURANCE POLICY NO. CS003)

This Endorsement made on the 24th October 2020 is a supplement to CreditShield Plus Policy (Group Insurance Policy No. CS003) dated 30th Nov 2015 (which incorporated the additions, changes and deletions that were previously agreed) ("the Policy") between United Overseas Bank (Malaysia) Bhd. ("the Master Policyholder") and Prudential Assurance Malaysia Berhad ("the Company"), and shall be deemed incorporated into and form part of the Policy. 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.

It is noted and agreed that the Policy shall be amended as follows:

1. **PART I – DEFINITIONS**

To replace the words in Paragraph 1 under this Part to:

1. **"Company" / "we" / "us" / "our"** shall mean PRUDENTIAL ASSURANCE MALAYSIA BERHAD.

To replace the words in Paragraph 13 under this Part to:

13. **"Physician"** means a registered medical practitioner qualified and licensed to practice western medicine. In providing treatment, he must be practicing within the scope of his licensing and training in the geographical area of practice. This person cannot be the Insured Cardmember or the Insured Cardmember's husband or wife or a close relative.

To replace the words in Paragraph 14 under this Part to:

14. **"Pre-Existing Condition"** means disability, illness and/or condition that the Insured Cardmember has reasonable knowledge of before the Entry Date. The Insured Cardmember may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one for which:
 - (a) the Insured Cardmember had received or is receiving treatment;
 - (b) medical advice, diagnosis, care or treatment has been recommended;
 - (c) clear and distinct symptoms are or were evident; or
 - (d) its existence would have been apparent to a reasonable person in the circumstances.

To replace the words in Paragraph 16 under this Part to:

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

2. **PART II – MEMBERSHIP ELIGIBILITY, PARTICIPATION AND TERMINATION**

Section C – Termination

To replace the words under this Section to:

The insurance coverage of any Insured Cardmember under an Insurance Certificate shall terminate on the earliest of the following dates:

- (a) upon the Insured Cardmember ceasing to be a registered credit cardholder with the Master Policyholder for the Insured Credit Card (subject to Sections D and E under Part II);
- (b) upon the cancellation of the Insured Credit Card or the Insured Credit Card ceasing to be valid for any other reason (subject to Sections D and E under Part II);
- (c) on the date of the expiration of the period for which the last premium payment is made on account of the Insured Cardmember's insurance;
- (d) non payment of premium;
- (e) at the end of the anniversary of the Entry Date after the Insured Cardmember has attained the age of 66 years next birthday;
- (f) upon the date on which the Insured Cardmember dies or when a claim is admitted for Total and Permanent Disability or Critical Illness whichever is earlier; or
- (g) when we receive written instructions from the Master Policyholder to terminate the insurance in respect of the Insured Cardmember, of which the date of termination will follow the date stated by the Master Policyholder.

3. **PART III – BENEFIT PROVISIONS**

Section A – Sum Insured

To replace the words under this Section to:

1. Subject to the provisions set out in the Policy, we shall pay the Sum Insured, if the Insured Cardmember dies, suffers from Total and Permanent Disability or being diagnosed with one of the 36 Critical Illnesses. The Sum Insured is the Insured Cardmember's Outstanding Credit Card Balance at the time of the Insured Cardmember's Death, becoming Totally and Permanently Disabled or being diagnosed with one of the 36 Critical Illnesses, subject to a maximum of
 - (a) RM50,000.00 for each Insured Cardmember having one 'Classic', 'Gold' or equivalent Insured Credit Card;
 - (b) RM100,000.00 for each Insured Cardmember having more than one 'Classic', 'Gold' and/or equivalent Insured Credit Cards;
 - (c) RM300,000.00 for each Insured Cardmember having one 'Platinum' or equivalent Insured Credit Card; or
 - (d) RM300,000.00 for each Insured Cardmember having more than one Insured Credit Cards, which consists of at least one 'Platinum' or equivalent Insured Credit Card(s).

We will follow the Master Policyholder's categorisation of its credit cards into 'Classic', 'Gold' or 'Platinum'.

2. If the Sum Insured that is payable by us is more than the Outstanding Credit Card Balance at the previous monthly billing date that premium was received, we shall revise the premium for the increase in Sum Insured. To calculate this revised premium, the increased Sum Insured shall be used for the monthly premium calculation under Part IV Section A Clause 2 below, as if this increased Sum Insured was the Insured Cardmember's Outstanding Credit Card Balance at the Insured Credit Card's previous monthly billing date. The difference between the revised premium and the premium received at the previous monthly billing date shall be deducted from the claim paid by us.

Section C – Total and Permanent Disability

To replace the words in Paragraphs 1 and 2 under this Section to:

1. In addition to provisions in the Policy relating to claims, we shall not pay the Total and Permanent Disability Benefit, or any part of it:
 - (a) unless the Insured Cardmember has suffered the Total and Permanent Disability for at least 6 months consecutively; and
 - (b) unless the Insured Cardmember sends us proof of his continued Total and Permanent Disability, when we ask as part of claim assessment.

2. For the purposes of the Policy, Total and Permanent Disability means:
 - (a) while the Insured Cardmember is between the age of 18 years next birthday and 60 years next birthday, the Insured Cardmember becomes permanently and completely unable to engage in any occupation and is permanently and completely unable to perform any work for remuneration or profit.
 - (b) while the Insured Cardmember is above age of 60 years next birthday, the Insured Cardmember 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 three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

Section E – Temporary Total Disability Benefit

To replace the words in Paragraphs 1 and 2 under this Section to:

1. Subject to the provisions set out in the Policy, if the Insured Cardmember suffers an Injury which results in Temporary Total Disability, we shall pay a monthly payment equivalent to 5% of the Outstanding Credit Card Balance as at the date the Insured Cardmember first suffers the condition causing the Temporary Total Disability, subject to the maximum amount of:
 - (a) RM5,000.00 for each Insured Cardmember having one 'Classic', 'Gold' or equivalent Insured Credit Card;
 - (b) RM5,000.00 for each Insured Cardmember having more than one 'Classic', 'Gold' and/or equivalent Insured Credit Cards;
 - (c) RM15,000.00 for each Insured Cardmember having one 'Platinum' or equivalent Insured Credit Card; or
 - (d) RM15,000.00 for each Insured Cardmember having more than one Insured Credit Cards, which consists of at least one 'Platinum' or equivalent Insured Credit Card(s).

We will follow the Master Policyholder's categorisation of its credit cards into 'Classic', 'Gold' or 'Platinum'.

2. We shall only pay a maximum of 20 monthly payments per lifetime of the Insured Cardmember for this Benefit provided the Insured Cardmember continues to suffer Temporary Total Disability, subject to the maximum accumulated amount of:
 - (a) RM50,000.00 per policy year for each Insured Cardmember having one 'Classic', 'Gold' or equivalent Insured Credit Card;
 - (b) RM50,000.00 per policy year for each Insured Cardmember having more than one 'Classic', 'Gold' and/or equivalent Insured Credit Cards;
 - (c) RM150,000.00 per policy year for each Insured Cardmember having one 'Platinum' or equivalent Insured Credit Card; or
 - (d) RM150,000.00 per policy year for each Insured Cardmember having more than one Insured Credit Cards, which consists of at least one 'Platinum' or equivalent Insured Credit Card(s), as at the time of Insured Cardmember first suffers the Temporary Total Disability.

We will follow the Master Policyholder's categorisation of its credit cards into 'Classic', 'Gold' or 'Platinum'.

To replace the words in Paragraph 4 under this Section to:

4. Any payment under this Benefit shall reduce the maximum Sum Insured (as stated above in Section A under Part III) for the affected Insured Cardmember.

Section G – Exclusions

To replace the words under this Section to:

1. We shall not pay the Death Benefit and Compassionate Benefit shown in Section B & F under Part III respectively for any Death which is directly or indirectly caused by or in connection with suicide within one year after the Entry Date. We will only be liable to refund, without interest, amount of the total premium paid (excluding Taxes, if any) for the Insured Cardmember.

2. Total and Permanent Disability Benefit is not paid for any condition, illness, injury or event which is directly or indirectly caused by or in connection with:
 - (a) any attempted suicide or self-inflicted injury whether attempted or inflicted while sane or insane;
 - (b) travelling in an aircraft; other than as a pilot, member of the crew or fare-paying passenger in a commercial aircraft licensed for passenger service on schedule flights over established routes only;
 - (c) any participation in any aerial sporting activities such as hang-gliding, ballooning, parachuting, sky-diving, bungee jumping and other similar activities; or
 - (d) any Pre-Existing Condition which existed prior to the Entry Date, its revival and/or endorsement, whichever is later.
3. Critical Illness Benefit is not paid for:
 - (a) illness where the symptoms occur prior to or within 30 days after the Entry Date, except for Cancer, Heart Attack, Coronary Artery By-Pass Surgery and Serious Coronary Artery Disease in which 60 days waiting period applies;
 - (b) illness directly or indirectly caused by the existence of AIDS or the presence of any HIV infection, except for "HIV Infection Due to Blood Transfusion" and "Full-Blown AIDS";
 - (c) a congenital condition or is caused directly or indirectly from a congenital condition occurring or manifesting within the first 2 years from the date of birth of the Insured Cardmember; or
 - (d) any Pre-Existing Condition which existed prior to the Entry Date, its revival and/or endorsement, whichever is later.
4. Temporary Total Disability Benefit is not paid for any condition, illness, injury or event which is directly or indirectly caused by or in connection with:
 - (a) war, invasion, act of foreign hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in riot, strike or civil commotion;
 - (b) any violation or attempted violation of the law or resistance to arrest;
 - (c) attempted suicide or self-inflicted injuries while sane or insane;
 - (d) pregnancy, childbirth, miscarriage or any complications thereof;
 - (e) any Pre-Existing Condition which existed prior to the Entry Date, its revival and/or endorsement, whichever is later;
 - (f) 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 hazardous activities or sports, unless agreed by special endorsement;
 - (g) travelling in aerial flights, other than as a crew member of or as a fare-paying passenger on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route;
 - (h) narcotic or drug unless taken as prescribed by a qualified Physician; or
 - (i) alcoholic intoxication.

Section H – Examination

To replace the words under this Section to:

1. As part of claim assessment, we may require:
 - (a) the Insured Cardmember to undergo examinations carried out by a Physician we have appointed;
 - (b) the Insured Cardmember to undergo more than one examination;
 - (c) examinations include blood test or any other tests.
2. If the Insured Cardmember fails to have the examination when we ask, we shall decline the claim.

4. PART IV – PREMIUM PROVISIONS

Section A – Premium Payments

To replace the words in Paragraph 3 under this Section to:

3. Taxes may be imposed or increased, at any time on any of the premiums, charges or other payments due and payable by the Insured Cardmember for the Insurance Certificate. If so, the Insured Cardmember shall pay Taxes at the applicable prevailing rate.

5. **PART V – GENERAL PROVISIONS**

Section A – The Contract

To replace the words in Paragraph 6 under this Section to:

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

Section D – Misstatement

To replace the words in Paragraphs 1 and 2 under this Section to:

1. If the age or date of birth relating to an Insured Cardmember shall be found to have been misstated and if such misstatement affects the scale of benefits or has anything to do with the terms and conditions of the Policy, the true age and facts shall be used in determining the benefits payable, and an equitable adjustment of premiums shall be made.

Section I – Filing Proof of Claim/Loss

To replace the words under this Section to:

1. Written notice of any claim must be given to us within 90 days from the occurrence of the insured event. 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. Proof of claim and/or loss for the insured event, must be given to us within this same period. We shall need the certified true copy of bills and receipts for the charges and fees incurred. All the notices, claims, proof, and other documents which are required to be forwarded to us must be given to our Head Office or Branch at the Insured Cardmember's and/or Master Policyholder's own expense.
2. We shall not pay a claim:
 - (a) unless the Insured Cardmember has given us all documents and information we need;
 - (b) unless we receive the written notice of the claim for the benefit and all the relevant documents and information within 90 days of the event giving rise to the claim. The written notice of the claim can be found on our corporate website or can be obtained from us upon request; and
 - (c) unless the Insured Cardmember has undergone the medical examinations by a Physician we have appointed, when required by us as part of claim assessment. We will pay any costs involved in this examination.

Section M - Notice to all Insured Cardmembers (Financial Mediation Bureau and Customer Services)

To replace the words in Section M in its entirety to:

Section M – Notice to all Insured Cardmembers OMBUDSMAN FOR FINANCIAL SERVICES AND CUSTOMER SERVICES

1. The Company is committed to providing quality service to all the customers. Please feel free to contact the Customer Service representatives if the Insured Cardmember has any enquiries on his Policy. The Insured Cardmember can reach the Company regarding his enquiry or complaint via the Customer Service Hotline for UOB customers at 03-2174 4899 or the general Customer Service Hotline at 03-2771 0228, between 8.30am and 5.15pm; every Monday to Friday (except public holidays), or email to customer.mys@prudential.com.my.
2. 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>. The following organisations are authorised to oversee public enquiries and complaints on insurance related matters. The Insured Cardmember can contact them for assistance at the following address:

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

BNMLINK

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

Jabatan LINK & Pejabat Wilayah

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

BNMTELELINK

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To insert the following after Section M under this Part:

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

1. Regardless of anything to the contrary contained in this Policy, (i) if we learn or are notified that the Master Policyholder, the Insured Cardmember, or any other beneficial owner named at the application stage, nominee, beneficiary, individual or entity that is associated with this Policy, is named on any Sanctions list, or is threatened with being added to any Sanctions list, or (ii) if we or any bank or other relevant third party could be found to be in breach of Sanctions obligations as a result of taking any action under this Policy, then we may:
 - (a) terminate this Policy with immediate effect with or without prior notice to the Master Policyholder and Insured Cardmember, and/or
 - (b) take any other action we may deem appropriate, including but not limited to notifying any relevant government authority, withholding any payments, freezing any monies paid to us, and transferring any such payments or monies to any relevant government authorities.
2. We shall not be liable for any losses of whatever nature that the Master Policyholder, Insured Cardmember, or anyone else may incur as a result of us taking action under this 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.

It is hereby further agreed that the abovementioned amendments to the Policy shall take effect on the 24th October 2020.