
**ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD 200601015674
(735426-V)**

**Menara Allianz Sentral, 203 Jalan Tun Sambanthan, Kuala Lumpur Sentral,
50470 Kuala Lumpur**

**GROUP PERSONAL ACCIDENT INSURANCE
FOR: MYSIGNAL MARKETING SDN BHD**

POLICY NO.:

WHEREAS the **Policyholder** described in the **Schedule**, by a proposal and declaration which shall be the basis of the contract and is deemed to be incorporated herein, has applied to **Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426V)** (hereinafter called the "**Company**") for the insurance hereinafter contained and the **Policyholder** or **Insured Person**, as the case may be has paid or has agreed to pay to the **Company** the premium stated in the **Schedule** or the **Endorsement** as consideration for the insurance for the period stated therein.

NOW THIS POLICY OF INSURANCE WITNESSETH that if during the **Period of Insurance** any of the **Insured Person** shall sustain bodily injury caused by an **Accident** which shall solely and independently of any other cause result in such **Insured Person's** death or disablement as hereinafter defined, the **Company** will, subject to the terms, exclusion, provisos and conditions of and endorsed on this **Policy**, pay to the **Insured Person** the sum or sums of money specified in the **Schedule** in accordance with the benefits herein.

Issued at Kuala Lumpur on

Signed for and on behalf of

ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD

PART 1 – BENEFITS

The following benefits are payable up to the **Sum Insured** as stated in the **Schedule** according to the plan selected by the **Insured Person** and subject to the terms and conditions of this **Policy**.

A. DEATH OR PERMANENT DISABLEMENT

In the event of an **Accident** during the **Period of Insurance** causing an **Injury** resulting in death or **Permanent Disablement** to the **Insured Person** occurring within twelve (12) calendar months from the **Date of Accident**, the **Company** shall pay the death or **Permanent Disablement** benefit, as the case may be, according to the percentage of the **Sum Insured** as stated in the Scale of Benefits below.

Scale of Benefits	Percentage (%) of Sum Insured
Death	100%
Permanent Disablement	
Loss of two limbs	100%
Loss of both hands or of all fingers and both thumbs	100%
Loss of sight of both eyes	100%
Total paralysis from neck down	100%
Injury resulting in the Insured Person being permanently bedridden	100%
Loss of arm at shoulder	100%
Loss of arm between shoulder and elbow	100%
Loss of arm at elbow	100%
Loss of arm between elbow and wrist	100%
Loss of hand at wrist	100%
Loss of leg	
- at hip	100%
- between knee and hip	100%
- below knee	100%
Eye : Loss of	
- whole eye	100%
- all sight in one eye	100%
- sight of except perception of light	50%
Loss of four fingers (except thumb) and thumb of one hand	50%
Loss of four fingers (except thumb)	40%
Loss of thumb	
- both phalanges	30%
- one phalanx	15%
Loss of index finger	
- three phalanges	15%
- two phalanges	10%
- one phalanx	5%
Loss of middle finger	
- three phalanges	8%
- two phalanges	5%
- one phalanx	3%
Loss of ring finger	
- three phalanges	6%

	- two phalanges	5%
	- one phalanx	3%
Loss of little finger	- three phalanges	5%
	- two phalanges	4%
	- one phalanx	3%
Loss of metacarpals	- first or second (additional)	4%
	- third, fourth or fifth (additional)	3%
Loss of toes	- All (of one foot)	20%
	- great, both phalanges	8%
	- great, one phalanx	3%
	- other than great, if more than one toe	2%
Permanent loss of hearing in both ears and speech		100%
Loss of hearing	- both ears	75%
	- one ear	15%
*Loss of speech	-	50%
Shortening of arm	- more than 1" (inch) up to 2" (inches)	2.5%
	- more than 2" (inches) up to 4" (inches)	5%
	- more than 4" (inches)	12.5%
Shortening of leg	- more than 1" up to 2" (inches)	5%
	- more than 2" (inches) up to 4" (inches)	10%
	- more than 4" (inches)	25%

Where the **Injury** is not specified, the **Company** reserves the right to adopt an appropriate percentage of **the Sum Insured** for the disablement which, in its opinion, is not inconsistent with the provisions of the Scale of Benefits above.

Permanent Total Loss of Use of Member shall be treated as loss of member.

*Loss of Speech shall mean total permanent inability to communicate verbally.

The aggregate of all percentages payable under the death or **Permanent Disablement** benefit for the entire **Period of Insurance** shall not exceed one hundred percent (100%) of the **Sum Insured**.

Losses lesser than one hundred percent (100%), if having been paid shall reduce the Sum Insured by that amount from the **Date of Accident** until the expiry of the **Period of Insurance**.

In the event a total of one hundred percent (100%) of the **Sum Insured** has been paid during the **Period of Insurance**, all insurance under the coverage of the **Insured Person** shall immediately cease to be in force and upon payment of the **Sum Insured**, the **Company's** obligation under the relevant **Schedule** shall be fully discharged.

B. DOUBLE INDEMNITY ON PUBLIC CONVEYANCE

In the event that the benefit payable under this **Policy** for:

- (a) Death; or
- (b) Total paralysis from neck down; or
- (c) Permanent total loss of use of two (2) limbs (or two (2) or more limbs);

arises due to an **Accident** that occurred whilst travelling as a fare-paying passenger on any mode of **Public Transport Services**, the benefit shall be doubled.

C. HOSPITAL INCOME

In the event the **Insured Person** requires **Hospitalisation** as a result of an **Accident**, the **Company** will pay the **Insured Person** a daily benefit as specified in the **Schedule** for the period of **Hospitalisation**, up to a maximum of thirty (30) days. This benefit is triggered only if the **Insured Person** is hospitalised for more than twelve (12) hours due to an **Accident**.

Daily compensation is payable only if the **Insured Person** is hospitalised within twenty-one (21) days of the **Date of Accident**. Successive periods of **Hospitalisation** due to the same cause, shall be considered as one **Accident**.

D. NURSING CARE

In the event an **Accident** during the **Period of Insurance** results in an **Injury** and the **Insured Person** requires nursing care following the **Insured Person's** discharge from the hospital, the **Company** will reimburse the cost of the nursing care up to the amount specified in the **Schedule** and up to a maximum of sixty (60) days provided that:

- (a) the **Insured Person** was hospitalised for a minimum of three (3) consecutive days;
- (b) the nursing care is provided within seven (7) days from the date of the **Insured Person's** discharge from the hospital; and
- (c) the nursing care is deemed medically necessary by the **Insured Person's** treating **Medical Practitioner**.

E. LIFESTYLE MODIFICATION EXPENSES

In the event fifty percent (50%) or more of the **Principal Sum Insured** is payable under Benefit A (**Permanent Disablement**) according to the percentage of the **Principal Sum Insured** as stated in Table 1 – Scale of Benefits of this **Policy**, the **Company** will reimburse the costs of modification including associated expenses to the **Insured Person's** home and/or **Motor Vehicle** up to the amount specified in the **Schedule** provided that the said modifications are

required and essential for the purpose of enabling the **Insured Person** to cope with the disability suffered and to aid the **Insured Person's** mobility.

This benefit payable is subject to the following:

- (a) The **Insured Person** must provide to the **Company** the original receipts for the expenses incurred for the modification and photographs of the home and/or **Motor Vehicle** before and after the modification; and
- (b) the said modifications shall commence within one hundred and eighty (180) days following the attending **Medical Practitioner's** confirmation of such **Permanent Disablement**.

For the avoidance of doubt, no reimbursement is payable if the said modifications were already pre-planned or ongoing prior to the **Date of Loss/Accident**.

F. REHABILITATION EXPENSES

In the event an **Accident** during the **Period of Insurance** results in an **Injury** and the **Insured Person** requires rehabilitation following the **Insured Person's** discharge from the hospital, the **Company** will reimburse the costs of consultation and medical treatments with a **Medical Practitioner**, therapist or alternative medical practitioner for rehabilitation expenses up to the amount specified in the **Schedule**.

For the purpose of this **Policy**, rehabilitation expenses include:

- (a) physical therapy, occupational therapy, speech therapy, respiratory therapy, cognitive rehabilitation; and/or
- (b) post-traumatic counselling for:
 - (i) the **Insured Person**; and/or
 - (ii) one (1) family member or one (1) companion of the **Insured Person**, provided always that the **Company** will only reimburse the costs for up to two (2) counselling sessions for these individuals.

This benefit is payable subject to the following:

- (a) the consultation/therapy sessions are prescribed in writing by the attending **Medical Practitioner** and held in Malaysia; and
- (b) the first (1st) therapy/counselling session with the **Medical Practitioner**, therapist or alternative medical practitioner occurs within ninety (90) days following the **Insured Person's** hospital discharge.

G. FUNERAL EXPENSES

The **Company** will pay the **Insured Person's** legal representative the amount specified in the **Schedule** as funeral expenses in the event of death of the **Insured Person** due to an **Accident**.

H. CREDIT CARD OR LOAN INDEMNITY

In the event the **Insured Person** requires **Hospitalisation** for more than ten (10) consecutive days as a result of an **Accident**, the **Company** will reimburse the amount the **Insured Person** is required to pay for his/her credit card, hire-purchase, mortgage or personal loan held with a licensed financial institution as at the **Date of Loss/Accident** up to the amount specified in the **Schedule** provided that:

- (a) the **Insured Person** is an individual (not a body corporate) and the credit card(s), hire purchase, mortgage or personal loan relating to the amounts payable under this benefit is in the name of the **Insured Person** ; and
- (b) the **Insured Person** or the legal representative making the claim to the **Company** must submit a copy of the latest statement as at the **Date of Loss/Accident** of the **Insured Person's** credit card, hire-purchase, mortgage or personal loan, as the case may be, to the **Company**.

I. SNATCH THEFT OR ATTEMPTED SNATCH THEFT

In the event of **Snatch Theft or Attempted Snatch Theft**, the **Company** will pay the **Insured Person** the amount specified in the **Schedule** as compensation to the **Insured Person** subject to a police report being lodged. The police report is to be made within twenty-four (24) hours of the **Snatch Theft or Attempted Snatch Theft**.

J. SMART DEVICE PROTECTION

In the event of loss or damage to the **Insured Person's Smart Device** as a consequence of:

- (a) forcible and violent breaking-in or out of a premises; or
- (b) **Snatch Theft or Attempted Snatch Theft**; or
- (c) forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked;

the **Company** will compensate the **Insured Person** for such loss or damage less a deduction for any wear, tear or depreciation, up to the amount specified in the **Schedule** provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident.

This benefit is limited to two (2) claims during the **Period of Insurance**.

K. ONLINE PURCHASE PROTECTION

The **Company** will compensate the purchase price incurred by the **Insured Person** up to the amount specified in the **Schedule** for either:

(a) loss of any goods purchased from a **Fake Website/Application** provided that the loss is reported to the police upon the discovery that the website/application is a **Fake Website/Application**;

OR

(b) in the event **Purchased Goods** were not delivered to, lost or not received by the **Insured Person** provided that:

- (i) the **Purchased Goods** were made through a valid website/application;
- (ii) the **Purchased Goods** were not delivered for more than fourteen (14) days from the date of the scheduled delivery;
- (iii) the delivery company has confirmed that the **Purchased Goods** were lost or could not be found and will not make any compensation to the **Insured Person**; and
- (iv) the seller of the **Purchased Goods** refuses to refund, replace or compensate the **Insured Person**.

This benefit is payable for either Benefit K (a) or (b) only and shall not exceed the amount specified in the **Schedule**.

This benefit is limited to two (2) claims during the **Period of Insurance**.

The **Company** will not pay for:

- (1) any financial loss incurred by the **Insured Person** which can be recovered or compensated by the licensed financial institution or other sources as determined by the **Company** in its absolute discretion;
- (2) failure to provide proof of the non-delivery of **Purchased Goods**;

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- (3) non-delivery of **Purchased Goods** due to incorrect address provided by the **Insured Person**;
 - (4) any tax, insurance cost and surcharge in relation to the delivery;
 - (5) any illegal or unlawful act by the **Insured Person** or confiscation, detention, destruction by customs or other authorities;
 - (6) any consequential loss not specified in the **Policy**; and
 - (7) any purchase of goods made through any social media platform.

L. LOSS OF SPORTS EQUIPEMENT

In the event of loss to the **Insured Person's Sports Equipment** as a consequence of:

- (a) forcible and violent breaking-in or out of a premises; or
- (b) **Snatch Theft or Attempted Snatch Theft**; or
- (c) forcible and violent break-in into a vehicle, subject to the vehicle being secured/locked;

the **Company** will compensate the **Insured Person** for such loss less a deduction for any wear, tear or depreciation, up to the amount specified in the **Schedule** provided always a police report is lodged within twenty-four (24) hours of occurrence of the incident.

The **Company** will not pay for:

- (1) loss of hired or leased equipment; and
- (2) sports attire and shoes.

This benefit is limited to two (2) claims during the **Period of Insurance**.

M. HOME CARE

- (a) **We** will pay for loss or damages to **Your Home** contents as a result of fire and/or burglary (forcible entry only) when the house is left vacant while **You** are on a **Journey/Trip** up to the amount specified in the **Schedule**.
- (b) **We** will not pay for:
 - (i) any loss or damage which is a result of wear, tear, depreciation, the process of cleaning, dyeing, repairing or restoring any article, the action of light or

atmospheric conditions, moth, insects, vermin or any other gradually operating cause;

- (ii) any loss or damage occasioned through **Your** wilful act or omission or connivance; and
- (iii) loss or damage insured under any other insurance **Policy**, reimbursed by any other party.

PART 2 – CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

The due observance and fulfillment of the terms and conditions of this **Policy** insofar as they relate to anything to be done or not to be done by the **Insured Person** or his/her legal representative shall be conditions precedent to any liability of the **Company** to make any payment under this **Policy**.

2. NOTICE

Every notice or communication to be given or made under this **Policy** by the **Insured Person** or his/her legal personal representative shall be delivered in writing to the Head Office or any branch office of the **Company**.

3. ELIGIBILITY

The **Insured Person** must be a Malaysian, Malaysian permanent resident, work permit holder, pass holder or is otherwise legally employed in Malaysia or is legally residing in Malaysia, aged from eighteen (18) years up to seventy (70) years, and is a registered member of MySignal Marketing throughout the **Period of Insurance**. Ages referred to in this **Policy** shall be in reference to the age as at the last birthday.

An **Insured Person** who has submitted a claim under the **Permanent Disablement** benefit for one hundred percent (100%) of the **Sum Insured** shall not be eligible for any fresh coverage under this **Policy** even if such claim was only submitted under one (1) coverage where the **Insured Person** has multiple coverage under this **Policy**.

4. CHANGE OF ADDRESS OR PARTICULARS

The **Insured Person** shall give immediate written notice to the **Policyholder** who will thereafter notify the **Company** of any change in his/her name, or residence or business address.

5. ALTERATIONS

The **Company** reserves the right to amend the terms and conditions of this **Policy** and such

alteration to this **Policy** shall only be valid if authorised by the **Company** and endorsed hereon. Any alteration shall take effect from the next renewal of this **Policy**.

6. CLAIMS

(a) Notice of Claims

All claims must be given in writing to the **Company** within thirty (30) days from the **Date of Loss/Accident**.

The **Insured Person** shall produce for the **Company's** examination all relevant documents at such reasonable times and shall co-operate with the **Company** in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the **Insured Person's** claim. Written notice of claim given by or on behalf of the **Insured Person** to the Head Office or any Branch Office of the **Company** in Malaysia or to any authorized agent of the **Company** shall be deemed notice to the **Company**.

The benefit for **Permanent Disablement** is only payable if the **Insured Person** furnishes the **Company** with a copy of the medical report issued by a **Medical Practitioner** confirming the **Permanent Disablement**.

(b) Proof of loss

Written proof of loss, including but not limited to medical reports, original **receipts**, police report and such other proof as required to support the nature of the claim, must be furnished to the **Company** within ninety (90) days from the **Date of Accident**.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

All documents and evidence must be provided at the expense of the **Insured Person** or the person entitled to receive moneys through the **Insured Person**, as the case may be ("Claimant"), in the form and nature required by the **Company**.

7. POLICY RENEWAL

This **Policy** is issued on a one (1) year renewable basis and may be renewed thereafter for subsequent terms of one (1) year subject to the consent of the **Company**.

8. INSURED PERSON'S COVERAGE

The insurance cover of the **Insured Person** under this **Policy** which is the **Period of Insurance** shall be set out in the **Endorsement** and shall be for a period of one (1) year. The **Insured Person** is limited to one (1) coverage only under this **Policy** during a subsisting **Period of Insurance** and a fresh coverage may only be effected for such **Insured Person** after expiry of a prior **Period of Insurance**, subject to the terms and conditions herein.

9. PREMIUM PAYMENT

The **Policyholder** shall provide the **Company** on a monthly basis the relevant details of the **Insured Person** that is to be covered under this **Policy**. Payment of premium in respect of this **Policy** shall be made by the **Insured Person** in consideration of the coverage to be provided to the **Insured Person** before cover commences.

10. TERMINATION OF INSURANCE

(a) Termination By the Policyholder or Insured Person

If the **Policyholder** gives notice to the **Company** to terminate this **Policy**, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. All subsisting individual coverage of **Insured Persons** shall also cease to be in force as at the date of termination of this **Policy** and the premium paid for such coverage shall not be refunded.

If the **Insured Person** gives notice to the **Company** to terminate his/her individual coverage under this **Policy**, such termination shall become effective on the date after the expiry of the **Period of Insurance** regardless of the date the notice is received or any date specified in such notice and the coverage for the **Insured Person** will expire on the last date of the **Period of Insurance**.

(b) Termination by the Company

In the event the **Company** terminates this **Policy** or any individual coverage under this **Policy**, as the case may be, pursuant to Condition 17 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the **Company** shall give its notice of termination by registered post to the **Policyholder** or **Insured Person**, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

Upon termination of this **Policy**, the individual coverage of the **Insured Person** subsisting at the date of termination of this **Policy** shall cease to be in force as at the date of termination of this **Policy** and the premium paid for such coverage shall not be refunded.

(c) Automatic Termination of Individual Coverage

The individual coverage of the **Insured Person** shall lapse/terminate on the earlier of the following occurrences:

- (i) at mid-night (standard Malaysian time) on the last day of the **Period of Insurance**;
 - (ii) when the **Insured Person** is no longer a registered member of **MySignal Marketing**;
- and

(iii) when the **Insured Person** attains the age of seventy-one (71) years; or

(iv) upon the death of the **Insured Person**.

11. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the **Insured Person** suffers any loss outside Malaysia and in currency other than Malaysian Ringgit, the **Company** shall compensate the **Insured Person** in Malaysian Ringgit, based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the **Date of Accident**.

12. 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 laws of Malaysia and the Malaysian Courts shall have exclusive jurisdiction hereto.

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

13. RECEIPTS

The receipt by the **Insured Person** or his/her legal personal representative of any compensation payable herein under this **Policy** shall in all cases be effectual discharge of liability of the **Company**.

14. TERRITORIAL LIMIT

This **Policy** provides cover on a worldwide basis unless otherwise amended or endorsed.

15. CONSENT TO USE PERSONAL DATA

(a) The **Policyholder** and/or **Insured Person** represents and warrants that if it submits information relating to the **Insured Persons** or other individuals to the **Company**, that it has the authority to provide information relating to such **Insured Persons** or other individuals, that it has informed the **Insured Person** or other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the **Company**, and that the **Policyholder**, **Insured Person** or other individuals agree and consent that the **Company** may collect, use, disclose and process the personal information (whether obtained during the application process or administration of this **Policy**) in accordance with the **Company's** Privacy Notice as published from time to time at allianz.com.my.

(b) **General Data Protection Regulation ("GDPR")**

If any **Insured Person** wishes to exercise their GDPR rights, the **Policyholder** shall inform the **Insured Person** to write to the **Company** at privacy@allianz.com.my in order for the **Company** to assess and comply with the EU Privacy Law – GDPR.

16. DUTY OF DISCLOSURE

(a) Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance wholly for **purposes unrelated to the Policyholder or Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person's** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and all the questions required by the **Company** fully and accurately and also disclose any other matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continued until the time the contract was entered into, varied or renewed.**

(b) Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance for **purposes related to Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person** had a duty to disclose any matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continues until the time the contract was entered into varied or renewed.**

(c) The **Policyholder** and **Insured Person** also have a duty to tell the **Company** immediately if at any time, after this **Policy** contract or coverage under this **Policy**, has been entered into, varied or renewed with the **Company**, any of the information given for this **Policy** or coverage under this **Policy** is inaccurate or has changed.

17. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the **Policyholder** or **Insured Person**, as the case maybe, if any answer, disclosure or representation by the **Policyholder** or **Insured Person** in or to any proposal or declaration or query, has been deliberately or recklessly stated in any respect before this contract of insurance is entered into, varied or renewed, or if the **Policyholder** or **Insured Person** shall have failed to disclose any fact that the **Policyholder** or **Insured Person** knew to be relevant to the **Company's** decision on whether to accept this risk or not and on the rates and the terms to be applied, then, this **Policy** shall be void.

If any claim made by the **Insured Person** shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the **Company** reserves the right to deny or reduce such claim or terminate the **Insured Person's** coverage, as the case may be.

18. APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "**Applicable Tax**") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this **Policy**, the **Company** will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this **Policy** on payment of premiums and default hereof shall apply equally to the Applicable Tax.

19. SANCTION LIMITATION AND EXCLUSION CLAUSE

No insurer/co-insurer shall be deemed to provide cover and no insurer/co-insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer/co-insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

PART 3 – EXCLUSIONS

The **Company** will not pay for claims directly or indirectly caused by or in connection with any of the following:

- (a) War, invasion, act of foreign enemy, criminal or terrorist activities, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, mutiny, popular uprising, strike, riot or civil commotion;
- (b) Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereat;
- (c) Intoxication beyond the legal limit in relation to any driving offence and/or when under the influence of illegal drugs;
- (d) Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);
- (e) Childbirth, miscarriage, pregnancy or any complications thereof, unless solely caused by an **Accident**;

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- (f) Provoked murder or assault;
 - (g) While travelling in an aircraft licensed for passenger service as a member of the crew;
 - (h) While committing or attempting to commit any unlawful act;
 - (i) While participating in any professional sports;
 - (j) Martial arts or boxing, aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) meters in depth, mountaineering involving the use of ropes or mechanical guides;
 - (k) Racing (other than on foot), pace-making, speed or reliability trials;
 - (l) Ionization, radiation or contamination by radioactivity, nuclear weapons material;
 - (m) Riding/driving without a valid driving license (NOTE: this will not apply to individuals with an expired license but is not disqualified from holding or obtaining such driving license under the regulations of the Malaysia Road Transport Department or any other relevant laws); and
 - (n) Liability for any consequence (other than death or any **Injury/Permanent Disablement**) arising from or in connection with, whether direct or indirect, war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, mutiny, popular uprising, strike, riot or civil commotion.

PART 4 – DEFINITIONS

Accident means any sudden or unexpected event, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted **Injury**.

Company means Allianz General Insurance Company (Malaysia) Berhad (Company No. 200601015674 (735426V)).

Date of Accident means the day when any **Injury** and other covered incident(s) occur; is inflicted on; and/or contracted by the **Insured Person**.

Endorsement means a written alteration to the terms, conditions and limitations of this **Policy**.

Fake Website/Application means website/application that is not a legitimate venue designed to entice the visitor to purchase products that are non-existent and will never be delivered.

Home means **Your** usual place of residence in Malaysia.

Injury means bodily injury(ies) suffered anywhere in the world caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear occurring during the **Period of Insurance**.

Insured Person means an individual who is a registered member of the **MySignal Marketing**, as declared by the **Policyholder** and accepted for coverage by the **Company**.

Journey/Trip means the **Journey/Trip** commencing when **You** depart from **Your Home** to the place of embarkation to commence travel to the intended destination(s), and ceases on the earlier of the following:

- (i) **Your** return to **Your Home** in Malaysia;
- (ii) twenty-four (24) hours after **Your** arrival in **Malaysia**; or
- (iii) the expiry of the **Period of Insurance** specified in the **Schedule**.

Medical Practitioner means a registered medical practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training, excluding a **Medical Practitioner** who is the **Insured Person** himself/herself.

Motor Vehicle means a self-propelled vehicle, commonly wheeled, and is used for the transportation of people. The vehicle propulsion is provided by an engine or motor, usually by an internal combustion engine, or an electric motor, or some combination of the two, such as hybrid electric vehicles and plug-in hybrids.

Period of Insurance means the duration for which the **Insured Person** is insured as set out in the **Endorsement**, subject to the terms, conditions and exclusions in this **Policy**.

Permanent Disablement means the conditions which are described under the Scale of Benefits under item A of Part 1 – Benefits.

Policyholder means a person or corporate body as described in the **Schedule** to whom this **Policy** has been issued in respect of cover for the **Insured Person**.

Policy means this policy contract including the **Schedule** and all **Endorsements**.

Public Transport Services means any licensed bus, taxi, e-hailing services or a **Scheduled Carrier** which any member of the public has access to use as a fare-paying passenger.

Purchased Goods means items purchased having the payment transaction through a valid website/application during the **Period of Insurance**.

Schedule means the document which is issued to the **Policyholder** by the **Company** detailing information such as the salient benefits provided under this **Policy**.

Scheduled Carrier means a scheduled aircraft, train or sea vessel where the aircraft, train and sea vessel are listed with the relevant authorities in the countries in which the aircraft, train or sea vessel is registered and holds a certificate, license or similar authorisation for scheduled transportation and in accordance with such authorisation, maintains and publishes schedules and tariffs for passenger service between named airports, train stations and ports at regular and specific times.

Smart Device means an electronic device such as smart phone, tablet, notebook computers or laptops and other similar items.

Snatch Theft Or Attempted Snatch Theft means the act of forcefully stealing or attempt thereof, from an **Insured Person**. For the purpose of this **Policy**, **Snatch Theft or Attempted Snatch Theft** includes coverage for robbery or attempted robbery and snatch grab – a situation where the **Insured Person's** possessions are grabbed, or are attempted to be grabbed, from the **Insured Person**.

Sports Equipment means equipment required for engaging in a sport activity such as rackets, golf club or balls and other similar items.

Sum Insured means the sum insured or the amount of benefit payable as stated in the **Schedule**.

Checklist on the required supporting documents of Claims

Benefits	Documents
Death/Permanent Disablement /Funeral Expenses	<ol style="list-style-type: none">1. Medical report and/or death certificate;2. Post-mortem report;3. Driving license and Police Report, if involved in Motor Vehicle Accident; and4. E-payment Form.
Hospital Income Benefit/ Nursing Care/Rehabilitation Expenses	<ol style="list-style-type: none">1. Original bills/receipts;2. Hospital admission / discharge / discharge note or summary;3. Medical report;4. Driving license and Police Report, if involved in Motor Vehicle Accident; and5. E-payment Form.
Snatch Theft or Attempted Snatch Theft	<ol style="list-style-type: none">1. Police report ; and2. E-payment Form.
Credit Card and Loan Indemnity	<ol style="list-style-type: none">1. Credit card / loan statement;2. Driving license and Police Report, if involved in Motor Vehicle Accident;3. Medical Report;4. Copy of report from relevant institution; and5. E-payment Form.
Lifestyle Modification Expenses	<ol style="list-style-type: none">1. Medical report;2. Driving license and Police Report, if involved in Motor Vehicle Accident;3. Original receipts/bills;4. Photographs before and after modification; and5. E-payment form.

The above list is not exhaustive. The **Company** reserves the right to request for any relevant document(s) as may be applicable and reasonable to support the **Insured Person's/Claimant's** claim at the **Insured Person's/Claimant's** expenses.

IMPORTANT NOTICE

POLICY COVERAGE AND PREMIUM PAYMENT

It is a condition of this **Policy** that the premium due for the coverage under the **Policy** must be paid before cover commences. If this condition is not complied with, then the **Insured Person's** coverage under this **Policy** will be deemed cancelled from inception.






Lodging of Complaints

We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

To provide us with your feedback, you may contact us via the following channels

Write to:

Customer Feedback Center, Allianz Arena, Ground Floor Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

 1 300 22 5542   AllianzMalaysia  customer.service@allianz.com.my  allianz.com.my

Avenues to Seek Redress

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

Ombudsman for Financial Services, Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

 03 2272 2811  03 2272 1577  enquiry@ofs.org.my  www.ofs.org.my

If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

Write to (BNMTELELINK):

Pengarah, LINK & Pejabat BNM, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur.

Walk-in (BNMLINK):

Ground Floor, Block D, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur.

 1 300 88 5465  03 2174 1515  bnmtelelink@bnm.gov.my  www.bnm.gov.my

You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.