

BERJAYA SOMPO INSURANCE BERHAD (62605-U)

Hospital & Surgical Insurance PRODUCT DISCLOSURE SHEET

(Read this Product Disclosure Sheet before you decide to take out this insurance. Be sure to also read the general terms and conditions.)

1. What is this product about?

This policy provides for hospitalization & surgical expenses incurred due to accident and illnesses covered by the policy.

2. Who can be Insured?

Any Malaysian from age 19 to 60 and is renewable up to 70 years old (depending on type of product). Dependent children (unmarried & unemployed) must be 30 days and under the age of 19 or up to the age of 23 for those registered full time students at a recognised educational institution in Malaysia.

3. What is the Period of Cover and Renewal Option

The Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company. A notice of 30 days will be given should any premium rate be increased.

This Policy is renewable at the option of the Company. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

4. Can I cancel my policy?

You may cancel your policy by giving written notice to the insurance company; and provided that no claims have been made during the current policy year, you are entitled to a refund of premium based on short period rates on the unexpired period of insurance.

5. What are the fees and charges that I have to pay?

If your insurance is taken from an insurance agent, your insurance company will pay 15% (Individual policies) and 10% (Group policies) of the premium to the agent as commission. Stamp Duty of RM10.00 is applicable on each policy.

6. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

7. Understanding Salient Definitions, Terms And Conditions

CONSEQUENCES OF NON-DISCLOSURE

Pursuant to Section 149(4) of the Insurance Act, 1996, you are to disclose in the proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued may be void.

PRE-EXISTING ILLNESSES

Pre-existing Illnesses shall mean disabilities that existed before the Effective date of Insurance that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-

- a) the Insured Person 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.

SPECIFIED ILLNESSES

Specified Illnesses shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- a) Hypertension, diabetes mellitus and Cardiovascular disease.
- b) All tumours, cancer, cysts, nodules, polyps, stones of the urinary system and biliary system.
- c) All ear, nose (including sinuses) and throat condition.
- d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
- e) Endometriosis including disease of the Reproduction System.
- f) Vertebro-spinal disorders (including disc) and knee conditions.

WAITING PERIOD

Shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

UPGRADED ROOM & BOARD CO-PAYMENT

If the Insured Person is hospitalized at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured resides or travels outside Malaysia for more than ninety (90) consecutive days.

OVERSEAS TREATMENT

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in this Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided;

- a) an Insured Person traveling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medically Emergency.
- b) an Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas Treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

REASONABLE AND CUSTOMARY CHARGES shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of issue of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.

8. What are the General Exclusions under this policy?

This Policy does not cover :-

- a) Pre-existing illness.
- b) Specified Illnesses occurring during the first 120 days of continuous cover.
- c) Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
- d) Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- e) Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness(Radial Keratotomy or Lasik) and the use or acquisition of prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- f) Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- g) Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
- h) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- i) Pregnancy, child birth (including surgical delivery), and its related complications, miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- j) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- k) Hospitalization primarily for investigatory purposes, all diagnostic tests including and not limited to Positron Emission Tomography (PET) Scan, Computed Tomography (CT) Scan, Computed Axial Tomography (CAT) Scan, Magnetic Resonance Imaging (MRI), X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for hyperhidrosis, weight reduction or gain.
- l) Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
- m) Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- n) Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- o) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- p) War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- q) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

- r) Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- s) Expenses incurred for sex changes
- t) Investigation and treatment of sleep and snoring disorders, hormone replacement therapy, stem cell treatment and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.

Note: This list is non-exhaustive. Please refer to the sample policy contract for the full list of exclusions under this policy.

9. How Do I make claim?

By notifying us within 30 days of any occurrences and submitting the claim form, medical report, original itemised bills, receipts and other relevant claims documents.

10. Where can I get further information?

Should you require additional information about Hospital & Surgical Insurance, please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my. If you have any enquiries, please contact us at :

Berjaya Sompo Insurance Berhad
18th Floor, Menara BGI, Plaza Berjaya
12 Jalan Imbi, 55100 Kuala Lumpur
Tel : (603) 21413323
Fax: (603) 21443380
Website : www.berjayasompo.com.my

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT OUR COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 01-Jan-2010.