



## PROPOSAL

## FLEXI GROUP PERSONAL ACCIDENT

for  
***Kesatuan Pemandu Pemandu Kementerian Kesihatan Semenanjung  
Malaysia***

by  
***AIG Malaysia Insurance Berhad***

**Quotation No**  
0

**Producer**  
**VKP Associates**

**Quoted by**  
**Helena Tan**

**Date**  
**4-Jul-2018**

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## 1.0 Quotation

Policyholder: Kesatuan Pemandu Pemandu Kementerian Kesihatan Semenanjung Malaysia  
Insured Person: All members of the policyholder  
Nature of Business: Unions and Cooperatives  
Policy Period: 12 months from a date to be advised  
Period of Cover: From the time of enrolling as a member until the policy expiry

### Core Benefits:

Category	No. of Lives	Sum Insured (RM)					
		Kematian akibat Kemalangan		Kehilangan Upaya akibat Kemalangan		Elaun Kemasukan Hospital akibat Kemanlangan(60 hari)	Perbelanjaan Pergerakan akibat Kemalangan (Hilang Upaya Kekal)
		Basis	SI (RM)	Basis	SI (RM)	SI (RM)	SI (RM)
All members	2,800	FIX SI	25,000	FIX SI	25,000	100	3000

\* SI = Sum Insured

### Manfaat Tambahan:

Benefit	Sum Insured (in RM)
Yuran Ambulans akibat Kemalangan (mesti diwadkan sekurang kurangnya 6 jam)	300

\* SI = Sum Insured

### Note:

1) For Fixed SI, the sum insured stated above is on per individual basis.

Scale:	Continental
Maximum Sum Insured per life:	RM 25,000
Excess:	Nil
Conveyance Limit:	Nil
Aggregate Limit:	Nil
Kelayakan Umur:	16 years old
Umur Maksima yang diinsuranskan	75 years old
Basis of declaration:	Headcount

**Premium Computation:**

Premium Tahunan untuk seorang	RM 14.50
Service Tax : per headcount	RM 0.00
Stamp Duty :	RM 10.00

**Subjectivity:**

- 1) Mandatory for all employees
- 2) Nil claims reported, incurred, paid or self paid for the last 3 years
- 3) There is no exposure out of Malaysia for a period greater than 90 consecutive days.
- 4) We have the right to review this the terms of the quote in the event those are material changes from the date of quote. Examples of material change would be claims, increase in sum insured and increase in risk exposure.
- 5) Subject to Year End Declaration
- 6) Minimum premium of RM 1,000

Validity of quote: 30 days

## 2.0 Description of Benefits

Coverage: This policy provides compensation in the event of injuries or death caused by sudden and unforeseen accident. Coverage is provided 24 hours a day.

Benefits	Sum Insured (RM)
<b>1. Coverage for accidental causes includes:</b> (a) Animal or insect bites excluding any bites that result in virus or bacterial transmission such as dengue and malaria (b) Any accidents without external sign of injury (c) Disappearance of 12 months due to an accident involving a common carrier (d) Electrocution (e) Food poisoning (f) Motor cycling (g) Natural disasters such as earthquakes and tsunami (h) Nuclear, biological and chemical material (i) Strike, riot and civil commotion (j) Terrorism	As per Benefit table

### **Core Benefits:**

#### **Accidental death:**

- (a) Pays for accidental death.
- (b) The disability must occur within 1 year from the date of accident.

#### **Permanent disablement:**

- (a) Pays for accidental disablement stated in item 2 to 19 up to the percentage stated in the compensation scale.
- (b) The disability must occur within 1 year from the date of accident.

#### **Permanent total disablement:**

- (a) Pays in the event that you cannot perform 3 of the following activities without assistance:  
getting in and out of a chair, moving from room to room, controlling bowel and bladder functions, putting on and taking off clothing, bathing and eating.
- (b) The disability must occur within 1 year from the date of accident.
- (c) Assessment for this benefit will be made 6 months from the date of accident. Permanent shall mean a disability which lasts for a full period of 180 days from the date of accident, which at the end of such period is concluded to be beyond any hope of recovery or improvement.

**Mobility expenses:** Reimburses the expenses incurred for wheelchair, modification to a motor vehicle, a lift, ramps or railing to assist you in the event your cannot perform 3 of the following activities without assistance:  
getting in and out of a chair, moving from room to room, controlling bowel and bladder functions, putting on and taking off clothing, bathing and eating.

#### **Daily hospital income:**

- (a) Pays for every day you are confined to a hospital up to 60 days.
- (b) You must be hospitalized for a minimum period of 6 consecutive hours before this benefit is payable.

**Accidental burns:** Pays for accidental death or permanent disablement up to the percentage stated in the compensation scale.

COMPENSATION TABLE		
AREA	BURNS (DAMAGE AS A % OF TOTAL BODY SURFACE AREA)	PERCENTAGE OF SUM INSURED
Head	Equals to or greater than 2% but less than 5%	50%
	Equals to or greater than 5% but less than 8%	75%
	Equals to or greater than 8%	100%
Body	Equals to or greater than 10% but less than 15%	50%
	Equals to or greater than 15% but less than 20%	75%
	Equals to or greater than 20%	100%

**Additional Benefits:**

**Ambulance fees:**

- (a) Reimburse the charges for an ambulance to and from the hospital .
- (b) Only payable if there is subsequent hospitalization.

### 3.0 Scale

Compensation Table		
No.	Conditions	Percentage of Sum Insured
1)	Accidental Death	100%
2)	Permanent Total Disablement	100%
3)	Permanent and Incurable Paralysis of all limbs	100%
4)	Permanent Loss of Sight of Both Eyes	100%
5)	Permanent Loss of Sight of One Eye	100%
6)	Loss of Two Limbs or Permanent Loss of Use of Two Limbs	100%
7)	Loss of One Limb or Permanent Loss of Use of One Limb	100%
8)	Permanent Loss of Speech and Hearing	100%
9)	Permanent Loss of Hearing in	
	a) both Ears	75%
	b) one Ear	25%
10)	Permanent Loss of Speech	50%
11)	Permanent and Incurable Insanity	100%
12)	Permanent Loss of the Lens of One Eye	50%
13)	Loss of Fingers or Permanent Loss of Use of Fingers of	
	a) Right Hand (all fingers)	70%
	b) Left Hand (all fingers)	50%
14)	Loss of One Thumb or Permanent Loss of Use of One Thumb	
	a) Both Right Phalanges	30%
	b) One Right Phalanx	15%
	c) Both Left Phalanges	20%
	d) One Left Phalanx	10%
15)	Loss of Fingers or Permanent Loss of Use of Fingers of	
	a) Right Hand (four fingers)	40%
	b) Left Hand (four fingers)	30%
16)	Loss of Fingers or Permanent Loss of Use of Fingers	
	a) Three Right Phalanges	10%
	b) Two Right Phalanges	7.5%
	c) One Right Phalanx	5%
	d) Three Left Phalanges	7.5%
	e) Two Left Phalanges	5%
	f) One Left Phalanx	2%
17)	Loss of Toes or Permanent Loss of Use of Toes	
	a) All of One Foot	15%
	b) Great, Both Phalanges	5%
	c) Great, One Phalanx	3%
	d) other than great toe, each toe (one phalanx or more)	1%
18)	Fractured Leg and/or Patella with Established Non-Union	10%
19)	Shortening of Leg by at least 5 cm	7.5%

In the event of any Permanent Partial Disablement not stated above, we reserve the right to adopt a percentage without taking into account the occupation of the Insured Person and which is not inconsistent with the indemnities provided under the Compensation Table.

## 4.0 General Exclusions

- 1) Members of the armed forces and professional sportsmen
- 2) Suicide or intentional self inflicted injuries.
- 3) During air travel unless as a fare paying passenger in a licensed commercial airline.
- 4) Violation of law.
- 5) Any payment that would violate any government prohibitions or regulations.
- 6) Drug related accident.
- 7) Mental or nervous disorders.
- 8) Any Pre-existing conditions.
- 9) Illnesses.
- 10) Driving or riding a motorized vehicle in any type of race.
- 11) War.

## 5.0 Administration

- 1) *Disclosure:*
  - (a) You must disclose all material facts which will affect the risk profile such as the nature of business and employees' designation.
  - (b) Any misrepresentation of material facts or fraud which will affect the risk profile will result in this cover being declared null and void.
- 2) *Number of policies:* You can only be covered under one policy in respect of this insurance.
- 3) *Country of residence:* You must notify us if you will be out of Malaysia for more than 12 consecutive months. Failure to do so will invalidate this cover.
- 4) *Renewal:* Renewal of the policy is at our consent.
- 5) *Basis of declaration (as stated under Section 1.0):*  
Headcount basis which is subject to policy expiry declaration
- 6) *Documents to submit to bind cover:*
  - Quote sheet
  - Quotation
  - Proposal form (for agents)



## 6.0 Claims

- 1) All claims must be notified to us within 30 days from the date of loss.
- 2) All supporting documents proving the loss must be submitted 90 days from the date of loss.
- 3) No claim will be admissible if notified after one year from the date of loss.
- 4) All claims will be paid to the policyholder.
- 5) Please refer to the checklist below on the documents that are required in event of a claim (where applicable to your benefits).

### ☒ **Accidental Death**

- Fully completed Claim Notification Form
- Original or Certified True Copy of death certificate and burial/cremation permit
- Original or Certified True Copy of detailed post mortem / autopsy report (where applicable)
- Police report on the alleged accident

### ☒ **Permanent Disablement / Mobility Expenses**

- Fully completed Claim Notification Form
- Police report on the alleged accident
- Medical Report form completed by treating doctor (where applicable)
- Medical Specialist Report confirming the Permanent Disablement and percentage of disability for assessment done at the end of 6 months after the alleged accident
- Original payment receipts for mobility expenses benefit

### ☒ **Accidental Burns**

- Fully completed Claim Notification Form
- Medical Report
- Original or Certified True Copy of Hospital Billing Statement
- Original Medical or Payment Receipts
- Confirmation on percentage of burns on total body surface area for Accidental Burns benefit

### ☒ **Ambulance Fees**

- Fully completed Claim Notification Form
- Original payment receipts

### ☒ **Daily Hospital Income**

- Fully completed Claim Notification Form
- Doctor's diagnosis note
- Proof & Duration of Admission to Hospital

## 7.0 Others

1) **What do I need to do if there are changes to my contact/personal details?**

It is important that you inform AIG of any change via written notice or by contacting our Customer Service at 1800 88 88 11.

2) **Where can I get further information?**

Should you require additional information about Personal Accident Insurance, please refer to the insuranceinfo booklet on "Personal Accident Insurance", available at all our branches or you can obtain a copy from the insurance agent or visit [www.InsuranceInfo.com.my](http://www.InsuranceInfo.com.my)

If you have any enquiries, please contact us at :  
AIG Malaysia Insurance Berhad  
Level 17, Menara Worldwide, 198, Jalan Bukit Bintang  
55100 Kuala Lumpur, Malaysia

Tel : 1 800 88 88 11  
E-mail : [AIGMYCare@aig.com](mailto:AIGMYCare@aig.com)

3) **Other types of personal accident cover available**

Please refer to our website at : [www.aig.my](http://www.aig.my)