Overseas Assurance Corporation (Malaysia) Berhad (102249-P)
(A Member of Great Eastern Holding Limited)

Summary of Cover – Asia Pacific University Of Technology & Innovation (APU) And Asia Pacific Institute Of Information Technology (APIIT)
Group Hospital & Surgical Insurance For Foreign Students

MEDICAL AND HEALTH INSURANCE REQUIREMENTS

Medical and health insurance is mandatory for foreign students who aged more than 16 years old and intend to apply for a student pass in Malaysia.

A.	**INPATIENT HOSPITAL & SURGICAL**	**Maximum Limit**
	Room & Board	RM200 per day
	Limit per Disability	RM20,000
B.	**OUTPATIENT CLINICAL SERVICES**	
	Limit per Visit *(applicable to non-panel clinics)*	RM100
	Co-payment per GP claim	RM40
	Annual Limit	RM500

General terms and conditions of the medical and health insurance:
- Cashless for inpatient medical treatment at network hospitals in Malaysia and full reimbursement for inpatient medical treatment at non-network hospitals in Malaysia, up to the maximum limit cover per annum
- Full reimbursement for outpatient treatment less deductible of RM40 per visit in accordance with schedule of benefits
- The insurer is connected to more than 100 hospitals and 2,000 clinics in Malaysia
- Insurance cover commences from the date of entry. In the event that the foreign students applied in Malaysia, they will be covered from the date of Visa Approval Letter (VAL)
- No health declaration is required upfront for foreign students to obtain medical and health insurance cover but they are required to attend a medical screening in Malaysia within 7 working days from the date of entry or the date of VAL if the students applied in country
- Medical card will be made available within 14 working days from the date of insured
- Insurance claims reimbursement will be processed within 14 working days from the date of claim submitted with complete documents
- 24/7 medical and health insurance helpdesk is available to provide assistance to foreign students

GROUP HOSPITAL & SURGICAL POLICY FOR INTERNATIONAL STUDENTS

IMPORTANT NOTICE
Welcome to your Group Hospital & Surgical Policy. Please read this Policy carefully together with your Schedule to ensure that you understand the terms and conditions and that the cover you require is being provided. If you have any questions after reading this document, please contact OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD via APU / APIIT . If there are any changes in your circumstances that may affect the insurance provided, please notify us immediately, otherwise you may not receive the full benefits of this policy.
OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD will send you Certificate of Insurance. Please keep this Certificate of Insurance in a safe place. In case of renewal and/or policy condition amendment, the company will send you the policy schedule and endorsement only. If at any time you would like a replacement for this document, please contact us via APU / APIIT.

If, for any reason, you are unhappy with the service you have received from us, you can take the following steps:-
1. In the first instance, please write to our Customer Service Department at our current address. Alternatively, you can e-mail us at: enquiry@oac.com.my.
2. If you are still not satisfied with the way any issue has been handled you can:
   (a) Refer matters concerning claims to:
   Financial Mediation Bureau - Level 25, Dataran Kewangan Darul Takaful, No 4 Jalan Sultan Sulaiman,50000 Kuala Lumpur.
   Tel: (603) 2272 2811 Fax: (603) 2274 5752
   (b) Submit your complaints/ feedback at Laman Informasi, Nasihat dan Khidmat (LINK), Bank Negara Malaysia; or call BNMTELELINK at 1-300-88-5465; or fax to 03-21741515; or e-mail to bnmtelelink@bnm.gov.my; or send an SMS to 15888.

HOW YOUR INSURANCE OPERATES

Your Group Hospital & Surgical Policy is a contract between you and OVERSEAS ASSURANCE CORPORATION (MALAYSIA) BERHAD and it consists of:-
- the Policy Contract,
- the Policy Schedule and Schedule of Benefits, which has details relating to you, the type of cover and Period of Insurance.

The Application Form, declaration and any other information given form the basis of this contract. The Policy Schedule, conditions, exclusions, endorsements and memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.
This Policy shall become effective on the date specified in the Schedule and continue for the Period of Insurance specified, ending at 23:59 hours Standard Malaysia Time on the last day of the Period of Insurance. At the end of each Period of Insurance, this Policy may be renewed for another year subject to our consent.
Having received and accepted your first premium, and any subsequent premiums required, we will provide the cover shown in the sections of the Policy you have chosen for confinement in a hospital as an inpatient or for daily surgery, up to the Limit stated in your Schedule of Benefits for any one Period of Insurance.

SCHEDULE OF BENEFITS		
THE BENEFITS		**Plan A (RM)**
1.	**HOSPITAL BENEFITS**	
(a)	Hospital Room and Board *(Max. 120 days – Any One disability)*	200
(b)	Intensive Care Unit *(Max. 30 days - 1(a) & 1(b) combined max. 120 days per Disability)*	As Charged
(c)	Hospital Supplies and Services	As Charged
(d)	Operating Theatre	As Charged
2.	**SURGICAL BENEFITS**	
(a)	Surgical Fees	As Charged
(b)	Anaesthetist Fee	As Charged
(c)	Day Surgery Benefit	As Charged
3.	**MEDICAL BENEFITS**	
(a)	Pre-hospital Specialist Consultation *(31 days prior to hospitalisation)*	As Charged
(b)	Pre-hospital Diagnostic Tests *(31 days prior to hospitalisation)*	As Charged
(c)	In-hospital Physician Visit *(Max. 2 visit per day regardless of no. of doctors, up to 120 days)*	As Charged
(d)	Post-hospitalisation Treatment *(Max. 31 days upon discharge)*	As Charged
4.	**OUTPATIENT BENEFITS**	
(a)	Emergency Accidental Outpatient Treatment *(within 24 hours after the accident inclusive of follow-up treatment up 30 days)*	As Charged
(b)	Emergency Accidental Dental Treatment *(within 24 hours after the accident inclusive of follow-up treatment up to 14 days)*	As Charged
5.	**OTHER BENEFITS**	
(a)	Daily-cash Allowance at Government Hospital *(Max. 120 days per Disability)*	100
(b)	Ambulance Fees *(by road)*	As Charged
(c)	Medical Report	50
(d)	Government Service Tax	6%
LIMIT PER DISABILITY – Item 1 to 5		**20,000**
6.	**ADDITIONAL BENEFITS**	
(a)	Emergency Medical Evacuation/ Repatriation	100,000
(b)	Compassionate Visitation Benefits *(Annual Limit)*	5,000
(c)	Funeral Expenses	2,000
(d)	Reimbursement of Tuition Fees due to Prolonged Period of Disability *(Max. per semester)*	10,000
(e)	Accidental Death & Permanent Disablement *(Occur within Malaysia only)*	20,000
(f)	Out-patient Cancer Treatment *(Annual Limit)*	10,000
(g)	Out-patient Kidney Dialysis Treatment *(Annual Limit)*	10,000
(h)	Sinseh/Traditional medical treatment *(subject to RM 50 per visit)*	500
(i)	Outpatient Clinical Services – *Annual Limit - Subject to RM40 Excess Per Visit* – *Limit Per Visit - RM100 (applicable to non-panel clinics)*	500

ELIGIBILITY AND SCOPE

1. Persons Eligible
Persons eligible to be covered under this Policy are the foreign students age between sixteen (16) to sixty-five (65) years.

2. Addition of Insured Persons
For eligible persons who have applied to be included as an Insured Person under this Policy if:
(a) The Policyholder requests such inclusion in writing within thirty (30) days from date of eligibility,
(b) the required additional premium is paid.

3. Conditions For Obtaining Insurance
(a) The eligibility date of each Student shall commence from the date of entry into Malaysia,
(b) The persons eligible for insurance are the present and future Students who apply for their Pass through the policyholder,

4. Geographical Territory
All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day.

5. Overseas Treatment
If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary Charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment. Reasonable and Medically Necessary Charges shall be deemed to be those laid down in the Malaysian Medical Association's Schedule of Fees.

6. Overseas Residence
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.

GENERAL POLICY DEFINITIONS

In this Policy where the context so admits the words used in singular shall include plural and masculine shall include the feminine. The following words and expressions shall have the following meaning.

1. **"Policyholder"** shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Insured Persons in this Policy.

2. **"Insured Person"** shall mean any Foreign Student who has paid the relevant insurance premium and who enters or remains in Malaysia as a student pass holder.

3. **"Accident"** shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

4. **"Injury"** shall mean bodily injury caused solely by Accident.

5. **"Sickness, Disease or Illness"** shall mean a physical condition marked by a pathological deviation from the normal healthy state.

6. **"Hospital"** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-
   (a) has facilities for diagnosis and major surgery,
   (b) provides 24 hour a day nursing services by registered and graduate nurses,
   (c) is under the supervision of a Physician, and
   (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

7. **"Hospitalisation"** or **"Confined in a Hospital"** shall mean admission to a Hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a physician. A patient shall not be considered as an in-patient if the patient does not physically stay in the hospital for the whole period of confinement.

8. **"Intensive Care Unit"** shall mean a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

9. **"Malaysian Government Hospital"** shall mean a hospital which charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments if any.

10. **"Out-patient"** shall mean the Insured Person is receiving medical care or treatment without being hospitalized and includes treatment in a Daycare centre.

11. **"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.

12. **"Eligible expenses"** shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the schedule.

13. **"Medically Necessary"** shall mean a medical service which is:-
   (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
   (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
   (c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
   (d) not of an experimental, investigational or research nature, preventive or screening nature, for which the charges are fair and reasonable and customary for the Disability.

14. **"Doctor or Physician or Surgeon"** shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the insured himself.

15. **"Specialist"** shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a physician or surgeon who is the insured himself.

16. **"Dentist"** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a physician or surgeon who is the insured himself.

17. **"Policy Year"** shall mean the one year period including the effective date of commencement of Insurance and immediately following that date, or the one year period following the Renewal or Renewed Policy.

18. **"Renewal or Renewed Policy"** shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.

19. **"Disability" shall** mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

20. **"Any One Disability"** shall mean all of the periods of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least sixty (60) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.
    Benefits payable in respect of expenses incurred for Treatment provided to the Insured Person during the period of insurance shall be limited to the maximum limit per one disability as stated in the Schedule of Benefits irrespective of the several types of Disability treated in a single admission.

21. **"Congenital Conditions"** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the insured was continuously covered under this Policy.

22. **"Surgery"** shall mean any of the following medical procedures:
    (a) To incise, excise or electrocauterize any organ or body part, except for dental services.
    (b) To repair, revise, or reconstruct any organ or body part.
    (c) To reduce by manipulation a fracture or dislocation.
    (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

23. **"Day Surgery"** A patient who needs the use of a recovery facility for a surgical procedure on a pre-plan basis at the hospital/ specialist clinic (but not for overnight stay).

24. **"Prescribed Medicines"** shall mean medicines that are dispensed by a Physician, a Registered Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

25. **"Deductible"** shall mean an amount that must be paid by Insured before an Insurer will pay any expenses

26. **"In-patient"** refers to the admission overnight of an insured person into a Hospital in order to receive treatment

27. **"Emergency"** shall mean Treatment needed under the conditions:
    (a) between the hours of 12 am and 6 am; or
    (b) in the event whereby immediate medical attention is required within twelve(12) hours for an Injury, Illness or symptoms which are sudden and severe failing which will be life-threatening (such as Accident and heart attack), or lead to significant deterioration of health permanently.

28. **"Clinic"** shall mean any establishment duly licensed and registered as a Clinic intended to be used for the medical care and Treatment of the sick and injured persons and which :
    (a) is under the conduct of a registered medical practitioner at all times;
    (b) has facilities for diagnosis and has on its immediate premises services for the dispensation of drugs and medications and;
    (c) includes a Hospital but is not primarily a place for alcoholics or drug addicts, a nursing home, rest or convalescent home or home for the aged or a mental institution.

DESCRIPTION OF BENEFITS

1. HOSPITAL BENEFITS

(a) **Hospital Room and Board**
Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient of for Day Surgery.

(b) **Intensive Care Unit**
Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital. This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.
No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

(c) **Hospital Supplies and Services**
Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, ancillary services and consumable items, in patient diagnostic procedures such as but not limited to X-ray, laboratory examinations, electrocardiograms, in-patient physiotherapy, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.
Admission fee, registration fee, medical record, billing fee, name tag/ID band, dispensing fee and other deemed fit and necessary for medical purposes are payable.
Payment will not be made for the acquisition, extraction procedure and cultivation of tissues and cells (inclusive of stem cells) required for treatment. Only the cost of drugs used for the treatment of the Disability are covered and must be listed in the Malaysian Index Medical Supplies (MIMS), excluding traditional/ complementary medicines supplementary medicines, vitamins or nutritional herbs. Drugs prescribed for use within fourteen(14) days after discharge from the hospital shall be reimbursable.

(d) **Operating Theatre**
Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure.

2. SURGICAL BENEFITS

(a) **Surgical Fees**
Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment Specialist's visits to the Insured Person subject to one(1) visit per day and post-surgery care up to the maximum number of days from the date of surgery, but within the maximum indicated in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

(b) **Anaesthetist Fees**
Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia not exceeding the limits as set forth in the Schedule of Benefit.

(c) **Day Surgery Benefit**
Reimbursement of fees actually charged by the hospital or specialist centre for all professional fees charged for minor Daycare Surgical procedures performed as an outpatient without confinement in hospital. Such fees or charges shall include all incidental services and supplies provided for the procedures up to the maximum limit as stated in the Schedule of Benefits. The Daycare Surgical procedures should include minor operation such as but not limited to: Adenoidectomy, Arthroscopy, Broncoscopy, Bunionectomy, Cataract removal, Cholecystectomy, Colonoscopy, Coronary Angiography, Digestive Tract Endoscopy, Dilatation and curettage of uterus, simple excision of pilonodal cyst, Haemorrhoidectomy, Hammer toe repair, Laparascopy, Laryngoscopy and tracheoscopy, Lumbosacral manipulation, Myringotomy, Prostate biopsy, Reduction of nasal fracture, Strabismus repair and Tonsillectomy, that is commonly performed safely on an outpatient basis.
Any Daycare Surgical Procedures done for investigative and diagnostic purposes not related to treatment for any specified disabilities is not covered.

3. MEDICAL BENEFITS

(a) **Pre-hospital Specialist Consultation**
Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist in connection with a Disability within the maximum number of days as set forth in the Schedule of Benefit preceding confinement in a Hospital and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner.
Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed.

(b) **Pre-hospital Diagnostic Tests**
Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability preceding hospitalization within the maximum number of days and amount as set forth in the Schedule of Benefits in a Hospital and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.

(c) **In-hospital Physician Visit**
Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visit(s) to a patient subject to a maximum of two(2) visits per day for a non-surgical or surgical confinement, not exceeding the maximum number of days as set forth in the Schedule of Benefits.

(d) **Post-hospitalisation Treatment**
Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician, within the maximum number of days and amount as set forth in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

4. OUT-PATIENT BENEFITS

(a) **Emergency Accidental Outpatient Treatment**
Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum stated in the Schedule of Benefits, as a result of a covered bodily injury arising from an Accident for Medical Necessary treatment as an outpatient at any registered clinic or hospital within 24 hours of the Accident causing the covered bodily Injury. Follow up treatment by the same doctor or same registered clinic or Hospital for the same covered bodily injury will be provided up to the maximum amount and the maximum number of days as set forth in the Schedule of Benefits.

(b) **Emergency Accidental Dental Treatment**
If as a result of an Accident pain relieving dental treatment for sound natural teeth is required, the Company will reimburse charges up to a maximum limit as stated in the Schedule of Benefits. Follow up treatment by the same doctor or same registered clinic of Hospital for the same covered dental injury will be provided up to the maximum amount and the maximum number of days as set forth the Schedule of Benefits. If as a result of an Accident on sound natural teeth, the Company will reimburse charges for pain relieving dental treatment excluding restorative procedure such as crowning, bridging as well as root canal treatment.

5. OTHER BENEFITS

(a) **Daily-Cash Allowance At Government Hospital**
Pays a daily allowance for each day of confinement for a covered Disability in a Malaysian Government Hospital, provided that the Insured shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefit. No Payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered disability.

(b) **Ambulance Fees**
Reimbursement of the Reasonable and Customary Charges incurred for necessary domestic ambulance services inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Insured Person is not hospitalised and subject to the limits set forth in the Schedule of Benefits. Payment will not be made if the Insrued Person is not hospitalized for treatment that is not a covered disability.

(c) **Medical Report**
An amount equal to actual charges for any Medical Report required will be reimbursed by the insurer up to the maximum limit per disability stated in the Schedue of Benefits. This is applicable for In-Hospital Care and Ambulatory Care.

(d) **Government Service Tax**
Reimbursement of the charges imposed by the Government for Service Tax levied on the eligible Room & Board charges. Such reimbursement shall be limited to an amount not exceeding 6% of the eligible Room & Board charges.

6. ADDITIONAL BENEFITS

(a) **Emergency Medical Evacuation/ Repatriation**

Emergency Medical Evacuation
Medically Necessary expense for emergency transportation and medical care to move an Insured Person who has a critical medical condition to the nearest Hospital where appropriate care and facilities are available.
This benefit shall include Return of Minor Child, whereby if an Insured is hospitalized or repatriated under this Policy their children under the age of 18, who would otherwise be left without any adult supervision as the result of their parent's eligible treatment, will be covered under this policy for the cost of a one way economy fare to their home country.

Emergency Medical Repatriation
Reimbursement of the costs of repatriating the Insured Person or the mortal remains back to home country in the event of the Insured Person having suffered a total and permanent disability or death caused by a covered illness or accident. Death shall be established by an official death certificate.

(b) **Compassionate Visitation Benefits**
Additional accommodation and travelling expenses for a parent/ legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the Insured Person(s) Person if the Insured Person is hospitalised for more than five(5) consecutive days and the medical condition does not allow repatriation up to the maximum amount as set forth in the Schedule of Benefits.

(c) **Funeral Expenses**
In the event of an Insured Person, upon presentation of sufficient proof of the death through all causes, a death benefit will be paid according to the amount stated in the Schedule of Benefits.

(d) **Reimbursement of Tuition Fees due to Prolonged Period of Disability (Per Semester)**
In the event of a prolonged disability, which actually prevents the Insured Person from attending to his academic session at his registered college and as a direct result of this non-attendance such that the Insured Person has to repeat his coursework in a new academic session, this Benefit will be reimburse the actual college tuition fees paid for the academic session which was missed.
In the context of this benefit, a prolonged disability is defined as a covered medical condition which renders the Insured Person being confined to the hospital continuously for a period of not less than 14 days and shall include any post hospital convalescence immediately following the discharge from the hospital.

(e) **Accidental Death & Permanent Disablement**

Accidental Death
An amount payable should an Insured Person sustain a bodily injury caused by an accident resulting directly and independently of any other cause within one year in death. Death shall be established by an official Death Certificate.

Permanent Disablement
An amount payable should an Insured Person sustain a bodily injury caused by an accident resulting directly and independently of any other cause within one year in disablement (total or partial).

(f) **Out-patient Cancer Treatment**
If an Insured is diagnosed with Cancer as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of cancer performed at a legally registered cancer treatment centre subject to the limit of this disability as specified in the Schedule of Benefit.
Such treatment (radiotherapy or chemotherapy excluding consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered cancer treatment centre.
Cancer is defined as the 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.

(g) **Out-patient Kidney Dialysis Treatment**

If an Insured is diagnosed with Kidney Failure as defined below, the Company will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at a legally registered dialysis centre subject to the limit of this disability as specified in the Schedule of Benefit.

Such treatment (dialysis excluding consultation, examination tests, take home drugs) must be received at the out-patient department of a Hospital or a registered dialysis treatment centre.
Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

(h) **Sinseh/ Traditional Medical Treatment**
The Company will pay the expenses for Sinseh or other traditional treatment but limited to RM50.00 per visit and a maximum of RM500.00 per Accident. The claim must be accompanied with an official payment receipt.

(i) **Out-patient Clinical Services**
Reimbursement of Reasonable and Customary Charges for Treatment or Consultation services by a legally registered Doctor on our Third Party Administrator's list of Panel Clinics as a result of common sickness and bodily injures, where Hospitalisation is not required, up to the maximum limit as stated in the Schedule of Out-patient Benefits. This benefit is applicable within Malaysia only. Services provided by a non-panel Clinic will not be covered, except in the event of an Emergency.

i Routine Consultation
Reimbursement of a Reasonable and Customary Charges incurred for the routine Consultation by a Physician at a Panel Clinics.

ii Medication
Reimbursement of a Reasonable and Customary Charges incurred for the medication relevant to the Treatment of the Disability, which requires a Physician's prescription at a Panel Clinic.

iii Injection
Reimbursement of a Reasonable and Customary Charges incurred for the injection which requires a Physician's or Physician assistant's administration at a Panel Clinic for Treatment of an Illness, Injury and mandatory vaccinations or immunization for children.

iv Diagnostic Lab/ X-Ray Procedures
Reimbursement of a Reasonable and Customary Charges incurred for all laboratory examinations and diagnostic X-ray done at a Panel Clinic for the determination and diagnosis of a Disability.

v Out-Patient Surgical Procedures
Reimbursement of a Reasonable and Customary Charges incurred or Out-patient Surgical Procedure done at a Panel Clinic.

GENERAL EXCLUSION

This Policy does not cover any hospitalization, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

(1) Plastic/Cosmetic surgery, circumcision, eye examination, glasses, lens (limited to RM1,000 Any One Disability for intraocular lens only) and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
(2) 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.
(3) Private Nursing, rest cures or sanitaria 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.
(4) Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
(5) Pregnancy, child birth (including surgical delivery), 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.
(6) Hospitalization primarily for investigatory purposes, diagnosis, 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 weight reduction or gain.
(7) 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.
(8) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
(9) 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.
(10) Investigation and treatment of sleep and snoring disorders, hormone replacement therapy 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.
(11) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
(12) 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.
(13) Sickness or Injury arising from racing of any kind (except foot racing), hazardous spots such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal or dangerous activities.
(14) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
(15) Expenses incurred for sex changes.
(16) Terrorism
(17) Treatment received outside Malaysia.
(18) Purchase or acquire all types of external & internal appliances or devices including but not limited to wheelchairs, implants, hearing aids, walking aids.
(19) Suicide, attempted suicide, self inflicted injury or overdose of any kind intentional or otherwise while sane or insane.
(20) Routine or Health Check-ups including Gynae check-ups.
(21) Outpatient Physical or Physiotherapy is not covered under Outpatient General Practitioner Clinical Treatment.
(22) Speech & Occupational Therapy.
(23) Vitamins, Food Supplements, Preventive Medicine which is not medically necessary, Herbal Cures, Weight Deduction or Induction Agents.
(24) Soaps, Shampoos any toiletries and non-medical items.
(25) Allergy testing including Blood and topical allergy testing.
(26) House calls by Doctors for any reason.
(27) Purchase of Treatment by Rehabilitation Drugs (i.e. Smoking Patches & etc).
(28) Facial or treatment for Acne.
(29) Dispense of Insured Person's current medication for a period of more than 2 weeks except for Insured Person with chronic conditions not excluded in the Policy where one (1) month supply is allowed.

(30) Treatment / dispense of medication which are not consistent with diagnosis.
(31) Outpatient Specialist Care, unless referred by a General Practitioner.
(32) Chronic Illnesses such as Diabetes, High Blood Pressure, Asthma, Hepatitis B and C carriers, nerve disorders or degenerative Diseases, endometriosis, transverse myelitis and conditions arising therefrom or associated therewith
(33) Care and Treatment that is experimental, investigative and not according to accepted professional standards and care that is not Medically Necessary
(34) Any treatment which only offers temporary relief of symptoms on any long term illness and disease rather than dealing with the underlying medical conditions.

POLICY CONDITIONS

1. Period of Cover and Renewal
This 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.
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.

2. Change in risk
The Insured Person shall give immediate notice in writing to the Company of any material change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

3. Alterations
The Company reserves the right to amend the terms and provisions of this Policy by giving a 30 day prior notice in writing by ordinary post to the Policyowner's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless Authorized by the Company and such approval is endorsed thereon. The Company should give 30 days prior written notice to the policyholder according to the last recorded address for any alterations made.

4. Arbitration
All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of such disclaimer.

5. Subrogation
If the Company shall become liable for any payment under this Policy, the Company shall be subrogated to the extent of such payment to all the rights and remedies of the Insured Person against any party and shall be entitled at its own expense to sue in the name of the Insured Person. The Insured Person shall give or cause to be given to the Company all such assistance in his/her power as the Company shall require to secure the rights and remedies and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively to bring suit in the name of the Insured Person.

6. Contribution
If an Insured Person carries other insurance covering any illness or injury insured by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

7. Upgraded Room and 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.

8. Take Over Policy
If this policy shall have commenced immediately upon termination of a preceding policy and if an Insured shall have been afflicted with a medical disability prior or at the time this policy started (and benefits under the preceding policy would have been available to him), such Insured shall continue to be covered for the existing disability, but not to exceed the limits of the previous policy on condition the Company has secured a copy of the preceding policy.

9. Misstatement of Age
If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age, shall be refunded without interest.
If at the correct age the Insured Person would not been eligible for cover under this Policy, no benefit shall be payable.

10. Currency of Payment
All payments under this Policy shall be made in the legal currency of Malaysia. Should any payment be requested by the Insured to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Malaysia at the prevailing currency market rates on the date of the claim settlement.

11. Misrepresentation / Fraud
If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

12. Ownership of policy

Unless otherwise expressly provided for by Endorsement in the Policy, the Company shall be entitled to treat the Policyholder as the absolute owner of the Policy. The Company shall not be bound to recognise any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the Policyholder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Policyholder shall be deemed to be responsible Principal or Agent of the Insured Persons covered under this Policy.

13. Proof of Claim

The Insured Person or claimant shall undertake to furnish the Company with the ORIGINAL itemised bills and receipts with respect to the medical expenses and fees incurred. The Company shall be entitled, at its own cost, to conduct any post-mortem examination as it deems fit.

14. Certification, Information and Evidence

All certificates, information, medical reports and evidence as required by the Company shall be furnished at the expense of the Insured, and in such a form that the Company may require. In any event all notices which the Company shall require the Policyholder to give must be in writing and addressed to the Company. An Insured shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

15. Governing Law

This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

16. Claim Procedures

The Insured shall within 30 days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

17. Incomplete Claims

All claims must be submitted to the Company within 30 days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

18. Notice

Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialled by an authorised representative of the Company.

19. Termination of Cover

Cover under this Policy shall automatically cease either:-

(a) at midnight standard Malaysian Time on the last day of the Period of Insurance unless an Insured Person is confined to a Hospital at such time, in which case, the time of termination in respect of that Insured Person shall be extended to the time he is discharged from Hospital, or

(b) on the date this Policy is terminated by either the Policyholder or the Company.

whichever shall first occur.

Cover for an Insured Person shall automatically cease on the earliest happening of the following events:-

(a) the Policy Anniversary immediately following the Student’s 65th birthday;

(b) the date of Student no longer a Student of the Policyholder; or

(c) the death of the Student.

20. Legal Proceedings

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. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.