

To Be a **Good Company**



**TOKIO MARINE**  
INSURANCE GROUP

# Group Hospitalisation & Surgical Insurance Policy

**Tokio Marine Insurans (Malaysia) Berhad**  
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Product Policy Booklet

## Group Hospitalisation & Surgical

The insured, by a proposal and declaration, has applied to TOKIO MARINE INSURANS (MALAYSIA) BERHAD (hereinafter called the Company) for the insurance contained in this policy, policy schedule and endorsements incorporated herein, and has paid or agreed to pay the premium as consideration for such insurance. The Company, subject to the terms, conditions, limitations, exclusions and definitions contained in this policy, policy schedule and any endorsement herein, will indemnify the insured for eligible expenses incurred during the period of insurance if an insured person is confined to hospital as a direct result of an injury or sickness in respect of treatment or services undertaken or on the recommendation of a physician or surgeon in the manner and to the extent hereinafter provided.

The proposal and declaration made by the insured and this policy, policy schedule and any endorsements incorporated herein or thereafter and issued by the company shall be read jointly as one insurance document and shall form the basis of this contract.

### Description Of Benefits

#### Hospitalisation & Surgical Benefits

The amount payable by the Company will not exceed the actual costs of the services rendered and the maximum liability of the Company shall base on the actual, Medically Necessary, Reasonable and Customary Charges incurred but not to exceed the benefit limits in accordance with the benefit plan set out in the Schedule of Benefits. No benefits whatsoever shall be payable for charges, fees or expenses of every kind and description which is not specifically mentioned hereunder.

- HOSPITAL ROOM AND BOARD** - Reimburses the actual daily charge by the Hospital for the use of the Room and Board and meal during the Insured Person's stay in the Hospital up to the maximum daily charge and/or maximum number of days as specified in the Schedule of Benefits.
- INTENSIVE CARE UNIT** - Reimburses the actual daily charge by the Hospital for the Insured Person's stay in the Intensive Care Unit, or Cardiac Care Unit or High Dependency Unit up to the maximum daily charge and/or maximum number of days as specified 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.
- SURGEON FEES** - Reimburses the Reasonable and Customary Charges for Surgery performed on the Insured Person in the Hospital. In-Hospital visits by the Surgeon or Specialist up to the maximum number of days as per Room & Board and/or the maximum amount as specified in the Schedule of Benefits. Surgeon Fees shall also include those professional fees charged by a second Physician or Surgeon who may be consulted prior and during Hospitalisation of the Insured Person for a surgical operation. 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.
- ANAESTHETIST FEES** - Reimburses the Reasonable and Customary Charges for the administration of anaesthesia on the Insured Person by an anaesthetist up to the maximum amount as specified in the Schedule of Benefits.
- OPERATING THEATRE FEES** - Reimburses the Reasonable and Customary Charges for the use of the Operating Theatre or Operating Room up to the maximum amount as specified in the Schedule of Benefits.
- DAYCARE SURGERY** - Reimburses the Reasonable and Customary Charges for professional fees and incidental medical expenses relating to the daycare procedure, charged by a Surgeon, Hospital or Day-care Specialist Centre for a surgical procedure performed in an outpatient setting (without Hospitalisation). Surgical procedure shall include Endoscopy (all types), Intravenous pyelogram (IVP/IVU), Barium studies and Angio-graphic studies and other such diagnostic procedures as deemed Medically Necessary and duly referred by a Physician. This shall include to cover prescribed take home drugs up to one month supply as well as pre-daycare visits and post-daycare visits up to the number of days as stated under Pre-hospitalisation and Post-hospitalisation respectively. Any daycare procedure done for investigative and diagnostic purposes not related to treatment for any specified disabilities is not covered.
- IN-HOSPITAL PHYSICIAN VISIT** - Reimburses the Reasonable and Customary Charges for ward visits by the attending Physician while the Insured Person is being admitted as a non-surgical patient in the Hospital up to the maximum number of days as per Room & Board and/or the maximum amount for such visits as specified in the Schedule of Benefits.
- HOSPITAL SERVICES & SUPPLIES** - Reimburses the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, rental of appliances, surgical implants, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma, oxygen and its administration and eligible Service Tax charged by hospitals in Malaysia, whilst the Insured Person is confined as a bed-paying patient in a Hospital, up to the amount stated in the Schedule of Benefits. This shall include to cover prescribed take home drugs up to one month supply, external prosthetic appliances and devices such as crutches, wheelchair and thromboembolism device up to a maximum of RM200 (per disability); and laboratory Screening Profile up to RM 250 (per disability) or 50% of the incurred charges, whichever is higher.

- 9 **PRE-HOSPITALISATION AND PRE-SURGICAL DIAGNOSTIC SERVICES** - Reimburses the Reasonable and Customary Charges for Medically Necessary ECG, X-rays and laboratory tests done by the attending Specialist to assist in the initial diagnosis of the Disability before the Insured Person's Hospitalisation/Daycare Surgery up to the maximum amount and/or the maximum number of days as specified in the Schedule of Benefits. Medications and consultation charged by the medical practitioner will not be payable under this benefit. No payment shall be made if the Insured Person is not Hospitalised for the Disability.
- 10 **PRE-HOSPITALISATION SPECIALIST FEES** - Reimburses the Reasonable and Customary Charges for the consultation by a Specialist before Hospitalisation/Daycare Surgery up to the maximum number of days as stated in the schedule of Benefits if the following criteria are fulfilled:
  - a) The consultation is for a Medically Necessary condition, and
  - b) The Specialist is referred to in writing by a Physician, and
  - c) Must be Hospitalised after the disability has been diagnosed.
- 11 **POST-HOSPITALISATION TREATMENT** - Reimburses the Reasonable and Customary Charges for follow-up treatment (to include Physiotherapy) of the Insured Person for Disability after discharged from the Hospital up to the maximum amount and/or the maximum number of days as stated in the Schedule of Benefits. The follow-up treatment must be for the same Disability and treated by the same attending Physician. Physiotherapy must be deemed necessary and referred by the attending doctor. This shall include to cover prescribed take home drugs up to one month supply.
- 12 **EMERGENCY ACCIDENTAL DENTAL TREATMENT** - Reimburses the Reasonable and Customary Charges medical expenses incurred in a Hospital or a registered dental clinic for dental treatment of injury or damage to sound natural teeth as a result of an Accident provided that the dental treatment is received within forty-eight (48) hours of the Accident causing the Injury. Follow-up treatment by the same Dentist will be covered up to the maximum amount and number of days as stated in the Schedule of Benefits. The Company shall reimburse charges for pain relieving dental treatment excluding restorative procedures such as crowning, bridging and root canal treatment.
- 13 **EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT** - Reimburses the Reasonable and Customary Charges for treatment of Injury to the Insured Person as an outpatient in any registered clinic or Hospital up to the maximum amount and/or the maximum number of days as specified in the Schedule of Benefits. Such treatment must be done within 24 hours from the time of Accident. Follow up treatment for the same covered injury will be provided up to the maximum amount and number of days as stated in the Schedule of Benefits.
- 14 **AMBULANCE FEES** - Reimburses the Reasonable and Customary Charges made by a Hospital or medical organisation for providing road Ambulance services for transporting an Insured Person to and/or from the Hospital when necessary up to the maximum amount as stated in the Schedule of Benefits. Payment will not be made if the Insured Person is not immediately hospitalised.
- 15 **HOME NURSING CARE** (if applicable) - Reimburses the daily professional fees incurred for the services rendered by a medically qualified and licensed nurse in the Insured Person's home when such services is deemed to be Medically Necessary by the attending Physician in writing. The plan and Schedule of the treatment for the Nursing Care must be established and prescribed in writing by the attending Physician after the Insured Person has been hospitalised and discharged from the Hospital. Maximum number of days allowed for this benefit is as per limit stated in the Schedule of Benefits. No payment will be made for custodial care, meal, general housekeeping services, companion, rest cure or personal comfort items.
- 16 **DAILY CASH ALLOWANCE AT MALAYSIAN GOVERNMENT HOSPITAL** - Pays a daily allowance for each complete day of confinement in a Malaysian Government Hospital, including Pusat Perubatan Universiti Malaya and Pusat Perubatan Universiti Kebangsaan Malaysia, provided that the Insured Person shall confine to a Hospital Room and Board rate that does not exceed the amount shown in the Schedule of Benefits. No payment will be made for any transfer to or from any Private Hospital and Malaysian Government Hospital for the covered disability.
- 17 **OUTPATIENT CANCER TREATMENT** (if applicable) - Reimburses the Reasonable and Customary Charges for radiotherapy or chemotherapy for the treatment of cancer on the Insured Person as an outpatient in a legally registered cancer treatment centre or a Hospital up to the maximum amount as specified in the Schedule of Benefits. This benefit includes the charges for doctor's consultation or examination, laboratory or diagnostic tests and drugs prescribed or rendered on the same day as radiotherapy or chemotherapy treatment.
- 18 **OUTPATIENT KIDNEY DIALYSIS TREATMENT** (if applicable) - Reimburses the Reasonable and Customary Charges incurred for kidney dialysis on the Insured Person as an outpatient performed in a registered dialysis centre or Hospital up to the maximum amount as specified in the Schedule of Benefits. This benefit includes the charges for doctor's consultation or examination, laboratory or diagnostic tests or drugs prescribed on the day of kidney dialysis.
- 19 **ORGAN TRANSPLANT** (if applicable) - Reimburses the Reasonable and Customary Charges for the transplantation of a kidney, heart, lungs, liver or bone marrow on an Insured Person as a recipient of the organ up to the maximum amount as specified in the Schedule of Benefits. No payment shall be made for any costs of acquisition of the organ or any costs to transport or store the organs.
- 20 **MEDICAL REPORT** - Reimburses charges made by Physician for completion of the medical report of a covered Disability up to the maximum amount as specified in the Schedule of Benefits.
- 21 **BEREAVEMENT ALLOWANCE/ ACCIDENTAL DEATH BENEFIT** (if applicable) - Pays the Policyholder or its legal representative the stated sum as specified in the Schedule of Benefits in respect of Accidental death of the Insured Person. Death shall be established by an official Death Certificate.
- 22 **FUNERAL EXPENSES** (if applicable) - Pays the Policyholder or its legal representative the stated sum as specified in the Schedule of Benefits in respect of death (due to all causes) of the Insured Person. Death shall be established by an official Death Certificate.

- 23 **EMERGENCY SICKNESS TREATMENT** (if applicable) - Reimburses the Reasonable and Customary Charges for emergency treatment of sickness rendered in a hospital or registered twenty-four (24) hours clinic and received as an outpatient between the hours and maximum amount as specified in the Schedule of Benefits. The time of treatment as certified by the attending doctor shall be a condition precedent to liability.
- 24 **HOSPITAL ADMINISTRATION FEES** - Reimburses the Reasonable and Customary Charges for the admission fee, administration charges, registration fee, medical record, billing fee, name tag/ID band, dispensing fee and other items deemed fit and necessary for medical purposes.

## Definitions

- 1 **ACCIDENT** means an event of 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.
- 2 **ANY ONE PERIOD OF DISABILITY/ SEPARATION PERIOD** means all of the periods of Disability arising from the same cause including any and all complications therefrom except if the Insured Person has fulfilled at least thirty (30) days following his last Post-Hospitalisation visit of the same disability, subsequent disability from the same cause shall be considered as though it were a new Disability.
- 3 **CANCER** means any malignant tumor characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma.
- 4 **CHILD** means any person who has attained the age of fifteen (15) days up to the age of twenty-three (23) years (next birthday), is an unmarried person, and who is financially dependant upon the Insured.
- 5 **COMPANY** means Tokio Marine Insurans (Malaysia) Berhad.
- 6 **CONGENITAL ABNORMALITY (-IES)** means any medical or physical abnormality existing at the time of birth, as well as neo-natal physical abnormality developing within 6 months from the time of birth, including hereditary conditions. They will include hernias of all types and epilepsy, except when caused by a trauma that occurred after the date that the Insured Person was continuously covered under this Policy.
- 7 **DENTIST** means a healthcare practitioner that specializes in the diagnosis, prevention and treatment of diseases or conditions of the oral cavity. He/she must be registered in the geographical area of practice and holds a valid practicing certificate.
- A Dentist who is himself or herself the Policyholder or the Insured Person under the Policy/Certificate shall not be considered a Dentist for this Policy when making a claim.
- 8 **DEPENDANT** means any of the following persons:  
a) Legally married spouse; and/or  
b) Child as defined under clause 4 above, who is not gainfully employed
- 9 **DISABILITY (-IES)** means a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes, including any and all complications thereafter.
- 10 **ELIGIBLE EXPENSES** means Medically Necessary expenses incurred by an Insured Person for a covered Disability but not exceeding the limits in the schedule.
- 11 **EMERGENCY** means treatment needed in the event whereby immediate medical attention is required within twenty-four (24) hours for injury, illness or symptoms which are sudden and severe failing which will be life-threatening (e.g. accident and heart attack), or lead to significant deterioration of health.
- 12 **GROUP MEMBER** means all the members or employees of an organization or work force or all the members of a bona-fide sub-division of such organization or work force of the Insured.
- 13 **HOSPITAL** means a registered institution established for the purpose of providing treatment and care of bed-paying sick or injured patients, and has facilities for:  
a) 24-hour nursing services by registered and graduate nurses;  
b) Diagnostic and major surgery; and  
c) Under the supervision of a Physician.
- A Hospital is expressly NOT:  
a) Primarily a clinic;  
b) A convalescent, nursing or rest home;  
c) A rehabilitation centre for alcoholics or drug addicts; or  
d) A home for the elderly or infirmed.
- 14 **HOSPITALISATION** means a continous stay in a Hospital for a minimum of eight (8) hours as a registered in-patient for the treatment of a Disability on the recommendation of a Physician. Such recommendation must be for a Medically Necessary Condition. In the event of surgery, the 8 hours period is waived and is not applicable. We reserve the right to determine whether the Hospitalisation is for a Medically Necessary Condition or not in consultation with our appointed medical doctor.
- 15 **INJURY** means bodily damage caused solely by Accident.
- 16 **INSURED PERSON** means the person who is named in the Policy as the life being insured/covered.

- 17 INTENSIVE CARE UNIT** means a special department of a Hospital that caters to patients with the most serious injuries and illnesses which are life-threatening and need constant, close monitoring and support using specialized equipment and medication in order to maintain normal bodily functions.
- 18 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.
- 19 MALAYSIAN GOVERNMENT HOSPITAL** means a hospital where charges of services are subject to the Fee Act 1951 Fees (Medical) Order 1982 and/or its subsequent amendments, if any but excludes privatised or corporatised Malaysian Government Hospitals.
- 20 MAXIMUM LIMIT PER DISABILITY** means the maximum amount payable for treatment provided to the Insured Person, as stated in the Schedule of Benefits, irrespective of the several types of Disability treated in a single Admission.
- 21 MEDICALLY NECESSARY** means a medical service which is: -
- Consistent with the diagnosis and customary medical treatment for a covered Disability, and
  - In accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
  - Not for the convenience of the Insured Person or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as a bed-paying patient),
  - Not of an experimental, investigational or research nature, preventive or screening nature, and
  - And for which the charges are fair and 'Reasonable and Customary' for the Disability.
  - Provide treatment directly related to the covered Disability.
- 22 OUT-PATIENT** means an Insured Person is receiving medical care or treatment without being hospitalized and this shall include treatment in a Daycare center.
- 23 OVERALL ANNUAL LIMIT** means the maximum amount of total benefits payable in the Policy Year as stated in the Schedule of Benefits, irrespective of a type/ types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining Policy Year.
- 24 PHYSICIAN OR SURGEON** means 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.
- A Specialist who is himself or herself the Policyholder or the Insured Person of the Policy shall not be considered a Specialist for this Policy when making a claim.
- 25 POLICY ANNIVERSARY** means the date on which the policy's annual review will take place and from which the premiums are calculated. The Policy Anniversary date will fall on each anniversary of the date insured from as shown in the Policy schedule.
- 26 POLICY YEAR** means the one year period from and including the Commencement Date to the Expiry Date of the Policy.
- 27 POLICYHOLDER/INSURED** The person named in the Policy as the owner. It can be an individual or a corporate body.
- 28 PRE-EXISTING CONDITION** means Disability that the Insured Person has reasonable knowledge of on or before the effective date of insurance of the Insured Person. An Insured Person may be considered to have reasonable knowledge of a Pre-existing Condition where the condition is one for which: -
- The Insured Person had received or is receiving treatment; or
  - Medical advice, diagnosis, care or treatment has been recommended; or
  - Clear and distinct symptoms are or were evident; or
  - Its existence would have been apparent to a reasonable person in the circumstances.
- 29 PRESCRIBED MEDICINES** means medicines that are dispensed by a Physician, a registered Pharmacist or a Hospital in respect of treatment of a covered Disability.
- 30 REASONABLE AND CUSTOMARY CHARGES** 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 Disability and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition. Fees in reference to 13th Schedule under Private Healthcare Facilities and Services Act 1998 and/or its subsequent amendments or 'Schedule of Fees' published by Malaysian Medical Association are deemed to be 'Reasonable & Customary Charges' in Malaysia.
- 31 RENEWAL OR RENEWED POLICY** means a Policy that has been renewed without any lapse of time upon expiry of a preceding Policy.
- 32 SICKNESS, DISEASE OR ILLNESS** means a physical condition marked by a pathological deviation from the normal healthy state.
- 33 SURGERY** means any of the following medical procedures: -
- To incise, excise or electrocauterize any organ or body part
  - To repair, revise, or reconstruct any organ or body part
  - To reduce by manipulation a fracture or dislocation
  - Use of endoscopy in an operation theatre or similar setting to observe or to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra and other endoscopy procedure not mentioned



## Conditions

- 1 **AGE LIMIT:** The persons eligible for insurance under the Policy are :-
  - a) Members and their spouse (if applicable) who are up to sixty-five (65) years (next birthday) and renewable up to seventy (70) years of age up to the Policy Anniversary.
  - b) Children (if applicable) who has attained the age of fifteen (15) days up to the age of twenty-three (23) years (next birthday), up to the Policy Anniversary.
- 2 **ALTERATIONS:** The Company reserves the right to amend the terms and provisions of this Policy by giving a 31 days prior notice in writing by ordinary post to the Insured'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.
- 3 **CANCELLATION**
  - a) The Company may cancel the Policy by giving 31 days notice in writing to the Insured subject to the rights of any Insured Person in respect of any covered Disability which had occurred prior to the effective date of cancellation of the Policy. In the event of cancellation the Insured is entitled to a refund of a proportion of the premium corresponding to the unexpired period of insurance.
  - b) The Company may cancel any individual Insured Person for failure to comply with requirements under this Policy and in such event shall credit the Insured with a pro-rata premium for the unexpired period of insurance.
  - c) This Policy may be cancelled by the Insured at any time by giving a written notice to the Company; and provided that no claims have been made during the current Policy Year, the Insured shall be entitled to a refund of the premium as follow: -

Period not exceeding:	Percentage of Annual Premium Refund
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period exceeding 11 months	No refund

- 4 **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 requires. All notices furnished by the Insured must be in writing and addressed to the Company. An Insured Person shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.
- 5 **ELIGIBILITY**
  - a) All present full time employees shall be eligible for cover under this Policy on the commencement date of this Policy. If the Insured contributes all or some of the premiums due, then all the eligible employees must be covered.
  - b) All future full time employees shall be eligible for cover under this Policy on the first day of the month co-incident with or following their completion of a probationary period as specified by the Insured.
  - c) If an employee is not actively at work on the date that he or she would otherwise be eligible in accordance with the above, then the eligibility date shall be deferred to the first working day of active employment.
  - d) Where Dependants are eligible for cover under this Policy, and the Insured contributes all or some of the premiums due for Dependants, then all the eligible Dependants must be covered.
  - e) If a Dependant is confined to a Hospital on the date that he or she would otherwise be eligible for cover under this Policy, then the eligibility date shall be deferred to the date that the dependant is discharged from Hospital.
  - f) Group Members and/ or their Dependants shall be included in this Policy provided the Policyholder notifies the Insurer within sixty (60) days after the eligibility date. If the Insurer is notified after sixty (60) days of the eligibility date, the insurance shall take effect on the date the Insurer receives the notification, subject to satisfactory evidence of insurability in the Health Declaration and acceptance by the Insurer. Insurance cover in respect of any Group Members' Dependants shall cease at the same time as cover ceases for the Group Member.
- 6 **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 can only be made on renewal and is subject to acceptance by the Company upon renewal.
- 7 **GRACE PERIOD:** The Insured is allowed a period of 30 days in which to advise the Company on the renewal of this Policy, after which this policy will lapse automatically. The Insured shall be liable for the premium for the time the policy was in force during the Grace period.
- 8 **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.
- 9 **GOVERNING LAW:** This Policy is issued under the laws of Malaysia and shall for all purposes be construed, determined and enforced in accordance with the Laws of Malaysia and the Courts of Malaysia shall have exclusive jurisdiction hereto.

- 10 MISREPRESENTATION / FRAUD:** This Policy shall be void:
- If the proposal or declaration of the Insured Person is untrue in any respect; or
  - If any material fact affecting the risk is incorrectly stated here or omitted from the relevant Supplementary Hospitalisation Contracts; or
  - If this insurance, or any renewal of this insurance 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 of any claim.
- 11 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 have been eligible for cover under this Policy, no benefit shall be payable.
- 12 CONTRIBUTION:** The Company reserves the right to reduce the amount of Benefit reimbursed to the Insured Person if the Insured Person has been reimbursed for the medical expenses incurred for the same hospitalisation from other sources.
- The total amount of claim reimbursed shall not exceed the expenses actually incurred for the same hospitalisation.
- 13 OWNERSHIP OF POLICY:** The Company shall be entitled to treat the Insured as the absolute owner of the Policy. The receipt of the Policy or a Benefit by the Insured (or by his legal or authorised representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Insured shall be deemed to be responsible Principal or Agent of the Insured Persons covered under this Policy.
- 14 TERMINATION:** The insurance shall automatically terminate on the earliest happening of the following events:
- on the death of the Insured Person ; or
  - on the Policy Anniversary immediately following the 70th birthday of the Insured Person; or
  - for a Dependent child, on his/her 23rd birthday; or
  - if the total Benefits paid under the Policy since the last Policy Anniversary exceeds the Overall Annual Limit for the respective Policy Year; or
  - at midnight standard Malaysian time on the last day of the Period of Insurance unless the Insured Person is confined to a Hospital at such time. If this being the case, the time of termination shall be extended to: -
    - the time the Insured Person is discharged from Hospital and received the related Post Hospitalisation treatment; or
    - the time the Overall Annual Limit or Maximum Limit Per Disability shall have been exhausted.
  - on the date of termination of employment; or
  - on the date in which an Employee is retired or pensioned.
- 15 THE POLICY, SCHEDULES AND ENDORSEMENTS ARE TO BE READ AS ONE CONTRACT:** If a special meaning is attached to any word or expression in this Policy, the Schedule or Endorsements, it will continue to bear such meaning throughout this contract.
- 16 ARBITRATION:** If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted), such difference shall be referred to the decision of an Arbitrator to be appointed in writing by the parties or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators, one to be appointed in writing by each of the parties within one calendar month after having been required in writing to do so by either of the parties, or in case the Arbitrators do not agree, of an Umpire to be appointed in writing by the Arbitrators before the latter enter upon the reference.
- The Umpire shall sit with the Arbitrators and preside at their meetings. The making of an award shall be a condition precedent to any right of action against the Company.
- 17 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.
- 18 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.
- 19 CONDITION PRECEDENT TO LIABILITY:** The due observance and the fulfilment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to any liability of the Company.
- 20 WORLDWIDE COVERAGE:** This Policy provides 24-hour worldwide cover.
- 21 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.
- 22 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. All benefits will be payable based on the official exchange rate ruling on the last day of the period of Hospitalisation.

- 23 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.
- 24 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 initialed by an authorised representative of the Company.
- 25 PREMIUM WARRANTY CLAUSE:** All premiums due must be paid to and received by the Insurer within sixty (60) days from the inception date of the Policy. If this condition is not complied with, then the contract is automatically cancelled and the Insurer is entitled to a pro-rated premium for the period the Insurer has been on risk.
- 26 SCHEDULE 9 OF FSA:** This policy is issued in consideration of the payment of premium as specified in the policy schedule and pursuant to the answers given in the Policyholder/Insured or Insured Person's proposal form (or when they applied for this insurance) and any other disclosures made by the Policyholder/Insured or Insured Person between the time of submission of their proposal form (or when they applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Policyholder/Insured or Insured Person shall form this policy is issued in consideration of the payment of premium as specified in the policy schedule and pursuant to the answers given in the Policyholder/Insured or Insured Person's proposal form (or when they applied for this insurance) and any other disclosures made by the Policyholder/Insured or Insured Person between the time of submission of their proposal form (or when they applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by the Policyholder/Insured or Insured Person shall form part of this contract of insurance between the Policyholder/Insured or Insured Person and the Company. However, in the event of any pre-contractual misrepresentation made in relation to the Policyholder/Insured or Insured Person's answers or in any disclosures given by them, only the remedies in schedule 9 of the Financial Services Act 2013 will apply. This policy reflects the terms and conditions of the contract of insurance as agreed between the Policyholder/Insured or Insured Person and the Company.
- 27 SANCTION LIMITATION AND EXCLUSION CLAUSE**  
The Company shall not be deemed to have provided any insurance cover and/or shall not be liable to pay any claim or provide any benefit pursuant to the policy, including but not limited to, making any cancellation or refund under the policy, to the extent that the provision of such insurance cover and/or the payment of such claim and/or the provision of such benefit and/or the making of such payments, would expose the Company to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

## Exclusions

This Policy does not cover any of the following services, products or conditions or injuries resulting from:

1. Pre-existing Conditions for the first twelve (12) months of the commencement date.
2. Care or treatment for which payment is not required or to the extent that such care or treatment is payable by any other insurance or indemnity covering the Insured and Disabilities.
3. Cosmetic/Plastic surgery and treatment, refractive errors of the eyes and its correction by any means, hearing aids, implanted pacemakers, acquisition of prosthetic appliances such as artificial limbs, dialysis machine and prescriptions thereof except as necessitated by Injuries occurring wholly during the Period of Insurance.
4. Dental care and treatment, except as necessitated by accidental injuries to sound natural teeth occurring wholly during the Period of Cover.
5. AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) and all illnesses or diseases in the presence of the Human Immune-deficiency Virus (HIV), and Sexually Transmitted Diseases.
6. Congenital Abnormalities or deformities including hereditary conditions and development ailments.
7. Pregnancy, child birth, miscarriage, abortion, infertility, prenatal or postnatal care, any means of birth control, tests or treatment related to sexual dysfunction or sterilization.
8. Mental or nervous disorders, psychiatric conditions (including any neuroses and their physiological or psychosomatic manifestations); senile or geriatric conditions of any kind; self-inflicted injury or attempted suicide; treatment of alcohol dependence syndrome and drug addiction.
9. Routine medical or physical examinations, health check-up, DNA or genes or chromosomes tests, investigating procedures or tests not incidental to treatment or diagnosis of a covered Disability, or any treatment which is not Medically Necessary including any preventive treatments, preventive medicines or examinations and treatment for weight control.
10. Costs/expenses of services of a non-medical nature, such as television, telephones, newspaper, magazines, radios, admission kit and the like.



11. Racing of any kind (except foot racing), underwater activities requiring breathing apparatus, professional sports, criminal activities or felony, suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
12. Diseases or Disabilities of a newborn child contracted prior to or during birth or in the first 14 days thereafter.
13. War or any act of war, declared or undeclared, terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
14. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
15. 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, podiatric, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
16. Expenses incurred for sex changes.
17. Cost of acquisition of blood and plasma, including blood deposit/surety, extraction procedure and cultivation of tissues and cells (inclusive of stem cells) required for treatment.
18. Private nursing care, custodial care in any setting or house calls engaged by the Insured Person or services for rest cure provided by rest/nursing home purely for recuperative purposes, unless specified in the Schedule of Benefits.
19. Any corrective treatment for refractive errors inclusive of but not limited to the following such as Orthoptics, Visual Stimulation, Radial Keratotomy, Lasik, Intralase, Xyoptics, phacik IOL implant or intra-ocular lenses replacement surgery.
20. All corrective glasses or contact lenses, except monofocal intraocular lenses in cataract surgery.

## Claims Procedures

### CLAIM PROCEDURES

- a) The Insured shall within thirty (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, itemized bill details and original 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 invalidate 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.
- b) 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.

**INCOMPLETE CLAIMS** All claims must be submitted to the Company within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and Eligible Expenses 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.

**SUITS AGAINST THIRD PARTIES** Nothing in this Policy shall render the Company liable or be responsible or to be added as a party in any way whatsoever to any suit for damages which may be instituted by the Insured or an Insured Person nominated under this Policy against any provider of medical or dental services or treatments, wherein such may sue the same for reasons of neglect, malpractice or other causes arising from his/her acts or omissions in the treatment or examination of any Insured Person under the terms of this Policy.

## Major Surgical Schedule (if applicable)

### NOTES

- The amounts shown in the following Schedule indicate the maximum Eligible amount that is payable for the corresponding surgical operation for Surgeon Fees, and are expressed as a percentage of the Limit as indicated in the Schedule of Benefits.
- If an operation is performed which is not listed in the Surgical Schedule, the Company shall pay an amount which would be payable for a scheduled operation of equivalent severity.
- If more than one surgical procedure is performed through the same incision, the Company shall pay only for the surgical procedure in respect of which the largest amount became payable.
- If more than one surgical procedure is performed at the same surgical session by the same Surgeon through different incisions, the Company will pay, subject to the provisions of the above, as follows:
  - 100% fees for the procedure for which the greatest fee is payable
  - 50% for any other procedures
- Outpatient Surgery  
The maximum payable for Surgery in Outpatient Departments of Hospitals or in Privately Operated Surgeries shall be as per the Limits of eligible Expenses in this Policy.
- The Policy Conditions and not the Surgical Schedule govern those surgical procedures that are allowable as covered Disabilities in terms of this Policy.

	Percentage of Eligible Benefit		Percentage of Eligible Benefit
<b>ABDOMEN AND DIGESTIVE SYSTEM</b>		<b>CHEST, RESPIRATORY SYSTEM</b>	
ABDOMEN: Exploratory laparotomy		Bronchoscopy with biopsy	10
Peritoneum, abscess, peritonitis	22	Pneumonectomy, total	45
reduction of volvulus	22	Lobectomy, total or segmental	39
intussusception	22	Pneumonotomy, with open drainage abscess/cyst	22
<b>BILIARY TRACT: Cholecystectomy</b>	25	Pulmonary decortication, pneumoplasty	31
with exploration of common bile duct	25	Wedge resection of lesion, single or multiple	45
Laparoscopic cholecystectomy	25	resection, with thoracoplasty or resection/reconstruction, chest wall	45
Cholecystotomy or Cholecystostomy	22	Thoracotomy, with/without biopsy of lung/pleural	20
<b>LIVER-BIOPSY: percutaneous</b>	6	Thoracostomy, with underwater seal drainage	10
wedge resection	22	with rib resection of empyema	20
Cyst or abscess	23	Thoracoplasty, resection ribs	20
Hepatotomy, partial lobectomy	45	Tracheostomy	10
Hepatorrhaphy, suture of wound or injury	23		
<b>PANCREAS: Cyst, biopsy</b>	20	<b>EAR, NOSE, THROAT</b>	
Pancreatectomy, with pancreatico-jejunostomy	45	EAR, Aural polyp, excision	6
Whipple's operation	55	Excision Preauricular sinus	9
<b>SPLEEN: Splenectomy</b>	25	Fenestration	37
<b>HERNIA: Hiatus, diaphragmatic</b>	27	Labyrinthectomy, transcanal with mastoidectomy	81
Inguinal, herniotomy, hernioplasty, herniarrhaphy	16	Mastoidectomy	32
umbilical	12	Myringoplasty	22
<b>ENDOSCOPY: Colonoscopy with biopsy, removal of polyp</b>	12	Tympanoplasty, ossicular chain reconstruction	38
Oesophagoscopy, gastroscopy, duodenoscopy with biopsy	10	Myringotomy with insertion of grommet	10
<b>ESOPHAGUS: Esophagectomy, resection with gastric anastomosis</b>	47	<b>NOSE: Cautery, biopsy PNS</b>	6
Esophagotomy, with/without removal foreign body	20	Excision polyp, cyst	9
<b>STOMACH: Gastrotomy, with or without biopsy</b>	20	Submucous resection, turbinate	12
Subtotal gastrectomy with or without vagotomy	32	Removal foreign body, intranasal	6
Total gastrectomy with intestinal anastomosis	45	Sinuses, antral lavage	6
Pyloroplasty and vagotomy, Ramstedt operation	28	Sinusotomy, Caldwell Luc operation unilateral or bilateral	17
<b>INTESTINES: Enterotomy, with exploration or removal foreign body</b>	24	Nasopharyngoscopy with or without biopsy	6
Enterectomy, colectomy, resection small/large intestines	28	Functional endoscopic sinus surgery	25
with colostomy	35	Septoplasty	10
Enterostomy or cecostomy, ileostomy, jejunostomy, colostomy	22		
<b>APPENDIX: Abscess, incision and drainage</b>	12	<b>EAR, NOSE, THROAT</b>	
Appendicectomy	15	THROAT: Larynx, laryngoscopy, with biopsy	6
<b>RECTUM: Incision and drainage, deep supra levator,</b>		Laryngotomy, with removal tumour	26
perirectal or retrorectal abscess	10	Laryngectomy, total with/without radical neck dissection	45
Abdominoperineal resection	36	Stripping/excision of tumour, polyps from vocal cords with or without laser	10
Proctopexy for prolapsed rectum	35	Removal of foreign body	10
<b>ANUS: Abscess, incision and drainage</b>	6	Pharynx, Adenoid, Tonsils, drainage of abscess	6
Saucerisation of perianal abscess	10	Tonsillectomy, with/without Adenoidectomy	12
Fistulectomy	14	Glossectomy with/without radical neck dissection	45
Fissurectomy, with/without sphincterotomy	10	Parotidectomy	20
Haemorrhoidectomy, internal and external	14		
rubber band ligation	6	<b>ENDOCRINE SYSTEM</b>	
		Thyroid, Thyroidectomy, subtotal	22
<b>BRAIN, NERVOUS SYSTEM</b>		total	24
<b>SKULL: Burr holes, not followed by other surgery</b>	12	total or subtotal with radical neck resection	45
burr hole for drainage intracranial abscess or cyst, haemorrhage	33	Thyro glossal cyst, incision and drainage, biopsy/needle aspiration	6
Craniectomy/craniotomy	48	excision	22
Elevation of depressed fracture, simple, compound or comminuted	33		
with debridement brain and repair of dura	48	<b>EYE</b>	
<b>BRAIN: Excision, brain tumour</b>	57	<b>CONJUNCTIVA: Incision and drainage of cyst, sty</b>	6
brain abscess	50	chalazion, excision	6
foreign body from brain/intracranial haemorrhage	50	removal of foreign body	6
Lobectomy, partial or total	55	<b>CORNEA: Excision of pterygium</b>	10
<b>SPINE: Discectomy, anterior or posterior approach/fenestration</b>	35	excision of lesion	12
Laminectomy, with or without decompression nerve root,		<b>EXTRAOCULAR MUSCLE: Repair wound</b>	6
cervical or thoracic	45	<b>EYEBALL: Enucleation</b>	30
Lumbar	40	<b>LACRIMAL SYSTEM: Incision and drainage of lacrimal gland or sac</b>	6
more than two segments, cervical, thoracic, lumbar	75	excision or lacrimal gland or sac	16
Laminotomy, and/or decompression nerve root, cervical or thoracic	36	<b>LENS: Cataract extraction with implant</b>	27
lumbar	33	<b>RETINA: Repair of retinal detachment</b>	27
Spinal puncture, lumbar, for decompression	6		

## Major Surgical Schedule (if applicable)

	Percentage of Eligible Benefit		Percentage of Eligible Benefit
retinal cryotherapy, diathermy, photocoagulation, laser (one or more stages)	18	open reduction with or without internal fixation	10
SCLERA: Iridectomy	15	HIP: traumatic dislocation, close reduction	10
Trabeculectomy with or without iridectomy	33	open with acetabular hip fixation	36
vitreous vitrectomy	25	JAW: temporo-mandibular, simple, closed reduction	6
<b>GENITAL SYSTEMS - FEMALE</b>		open reduction with interdental fixation	28
PERINEUM: Abscess, incision and drainage, or biopsy	6	KNEE: close reduction	6
VULVA and INTROITUS: Bartholin's cyst		KNEE CAP: close reduction	6
incision and drainage, marsupialization	6	open reduction, with/without patellectomy	20
vulvectomy	30	SHOULDER: sternoclavicular, close reduction	6
VAGINA: Biopsy, vaginal mucosa	6	open reduction/repair, including graft/internal fixation	20
Anterior, colporrhaphy, repair cystocele with/without urethrocele	12	TOES: tarsal bone, closed reduction	6
Posterior, colporrhaphy, repair of rectocele	10	open reduction with or without internal fixation	10
Combined anterior/posterior colporrhaphy	18	WRIST: close reduction with or without internal fixation	6
CERVIX, UTERI: Colposcopy, biopsy, cauterization, cryosurgery, laser therapy	6	open reduction with or without internal fixation	15
Repair of cervix	9	<b>EXCISION, FIXATION OR REPAIR BY CUTTING OPERATIONS</b>	
CORPUS UTERI: Dilatation and curettage (Diagnostic)	7	ANKLE: Achilles tendon repair	18
Myomectomy	21	ELBOW: Arthroplasty, radial head, with implant	18
Hysterectomy, total, abdominal approach with or without tubes, and/or ovaries, one or both	25	FEMUR: Excision bone cyst, benign tumour with/without graft with autologous graft	18
Vaginal hysterectomy	6	HAND and FINGERS: Excision/curettage bone cyst/benign tumours, with autologous graft	25
Wertheim's operation	35	HIP: Arthroplasty with acetabuloplasty	15
OVIDUCT: Salpingectomy, unilateral/bilateral	22	acetabular and proximal femoral prosthetic replacement	45
OVARY: Drainage of cyst(s), abscess, unilateral/bilateral	22	osteotomy, iliac or acetabular	50
Oophorectomy, unilateral/bilateral	22	arthrodesis, hip, joint, with subtrochanteric osteotomy	25
Laparascopy, with adhesiolysis/cauterization/biopsy	12	HUMERUS: Excision/curettage bone cyst/benign tumour	50
<b>GENITAL SYSTEMS - MALE</b>		KNEE: Suture infrapatellar tendon, primary, lengthening of hamstring tendon, multiple, one log	18
PENIS: Biopsy	6	repair, primary, torn/severed collateral ligament with or without meniscectomy	15
Circumcision	6	capsulotomy, posterior capsular release	23
SPERMATIC CORD: Operation for varicocele	12	Arthroscopy	23
TESTES: Hydrocele, aspiration, incision and drainage, biopsy excision, local lesion	6	Total knee replacement	12
Orchidectomy, simple, unilateral	10	PELVIS: Excision bone cyst/benign tumour, superficial pelvis; with/without graft	50
radical, bilateral	10	Faciotomy	25
PROSTATE: Biopsy, needle or punch	13		12
incisional	6	<b>FRACTURES</b>	
Prostatectomy, external drainage of abscess	12	ANKLE: close reduction	6
Prostatectomy, sub-total or total	20	open reduction, with or without internal fixation	15
Transurethral resection of prostate	28	CLAVICLE: close reduction	6
<b>HEART AND CIRCULATION SYSTEM</b>		open reduction, with/without internal fixation	15
PERICARDIUM: Pericardiectomy for removal clot or foreign body	25	ELBOW: comminuted, close reduction	13
HEART: Intracardiac tumour, resection with bypass	55	open reduction, with/without internal fixation	20
Pacemaker, insertion	28	FEMUR: close reduction	13
repair, cardiac wound, with bypass	43	open reduction, with/without internal fixation	20
VALVES: Valvotomy	50	FIBULA: proximal of distal end, close reduction	6
Valvuloplasty, with bypass	55	open reduction, with/without internal fixation	13
Replacement, single valve	72	FINGERS: close reduction	6
double valve/valvuloplasty one valve	82	open reduction, with/without internal fixation	12
triple valve	100	FOOT: tarsal metatarsal, close/reduction	6
AORTA AND GREAT VESSELS: Suture repair, with/without bypass	43	HUMERUS: close reduction	9
CORONARY ARTERY: Anomalous ligation	31	open reduction, with/without internal fixation	28
Graft with bypass	62	JAW: mandibular, close reduction with interdental fixation	13
Angiogram	20	open reduction, with interdental fixation	28
Angioplasty (PTCA)	43	KNEE CAP: open reduction with/without internal fixation	13
PULMONARY ARTERY: Embolectomy, with bypass	55	RADIUS: Shaft, close reduction	7
ARTERIES and VEINS: Arterial embolectomy	20	open reduction with/without internal fixation	18
venous thrombectomy	20	RIBS:	6
varicose, ligation/division/stripping, long saphenous	15	SCAPULA: close reduction	6
injection, ligation and excision - minor veins	10	open reduction with/without internal fixation	20
<b>MATERNITY (if applicable)</b>		SPINE: vertebra, open reduction with fusion/internal fixation, anterior approach	48
Dilation and curettage, abortion, post-partum haemorrhage	7	posterior approach	45
Manual removal of placenta	7	TIBIA: shaft, close reduction	10
Caesarean section	22	open reduction with/without internal fixation	20
Delivery vaginal, with/without forceps	8	TIBIA and FIBULA: close with/without external fixation	15
Ectopic pregnancy	22	open reduction, with/without internal fixation	24
Hydatidiform mole, evacuation by dilation and curettage	9	ULNA: close reduction	7
Hysterectomy, abdominal, for removal hydatidiform mole	25	open reduction with/without internal fixation	15
Hysterectomy for uterine pregnancy	25	ULNA and RADIUS close reduction	10
<b>MUSCULO-SKELETAL SYSTEM</b>		open reduction with/without internal fixation	25
AMPUTATIONS AND DISARTICULATIONS:		WRIST: Colles or Smith type: close reduction	7
Arms, through humerus; radius and ulna	22	complex: close reduction with external fixation	13
Finger or thumb, toe, amputation at any joint including neurectomies	6	open reduction with/without internal fixation	15
Hand or foot, amputation	15	Removal of implants, superficial	6
Hip, interpelvicabdominal amputation	82	deep	8
Leg, through tibia and fibula	22	<b>SKIN, INTEGUMENTARY, LYMPHATIC SYSTEM AND BREAST</b>	
Thigh, amputation through femur, any level	22	ABSCCESS: Carbuncle or furuncle, incision and drainage	6
Fasciotomy	12	BENIGN LESIONS: Skin tags excision	6
<b>DISLOCATIONS</b>		paring or curettage, with/without cauterization	6
Ankle: close reduction	6	MAGLINANT LESIONS: Excision	6
open reduction with or without internal fixation	20	Biopsy, skin or subcutaneous tissue	6
ELBOW: close reduction	6	CYST: Infected or non-infected, incision and drainage/excision	6
open reduction with or without internal fixation	18	PILONIDAL SINUS or CYST: Incision and drainage, excision	6
FINGERS: close reduction	6	GANGLION: Excision	6
		LYMPH NODE: Biopsy or excision	6
		NAILS: Avulsion, nail plate, partial or complete	6

## Major Surgical Schedule (if applicable)

	Percentage of Eligible Benefit		Percentage of Eligible Benefit
excision, nail and matrix, partial or complete	6	Ureteroileostomy	32
PEDICLE FLAPS: Skin and deep tissue tube pedicle	15	URETHRA: Urethrostomy	6
LACERATION: Simple, toilet and suture	6	Dilation of urethral stricture/urethrotomy	6
Intermediate, toilet and suture	6	BLADDER: Aspiration by needle, intracatheter	6
Complex, toilet and suture	9	Cystectomy, partial or total, intravesical operation	28
Split skin graft	6	Cystoscopy with biopsy/diathermy	10
Full thickness skin graft	10	Cystostomy or cystotomy	20
BREAST: Abscess, biopsy, needle aspiration	6		
excision, cyst/fibro-adenoma/benign tumour/aberrant tissue/ductal lesion/nipple lesion, gynaecomastia	10	<b>CONGENITAL CONDITIONS (if applicable)</b>	
Mastectomy, complete, unilateral	18	DIGESTIVE SYSTEM: Cleft lip and/or palate repair	24
bilateral	22	Incision lingual frenum	6
radical, including breast, pectoral muscles and axillary lymph nodes	30	Repair of congenital anorectal malformation	30
		EYE: Strabismus	40
<b>URINARY SYSTEM</b>		HEART: Closure of Atrial or Ventricular Septal Defect	28
KIDNEY, Abscess, perirenal or renal, drainage	20	Division and suture of Patent Ductus Arteriosus	28
Biopsy, percutaneous	6	Ligation of Patent Ductus Arteriosus	28
open incisional	12	Resection and anastomosis of Coarctation of Aorta	37
cysts, excision	26	Total correction of Fallot's Tetralogy	50
Litholopexy/lithotripsy	20	MUSCULO SKELETAL: Arthroplasty	25
ESWL (Extra-corporal Shock Wave Lithotripsy)	20	Open reduction for congenital dislocation of hip	32
Nephrectomy, including partial ureterectomy	28	Operations for scoliosis, spinal bifida, kyphosis	40
Nephrolithotomy (removal of calculus), pyelolithotomy, pyeloplasty	28	Soft Tissue, muscle and tendon release eg. club foot, contracture	20
Nephrostomy, Nephrotomy with drainage, exploration	28	NERVOUS SYSTEM: Shunt operations for Hydrocephalus	30
Renal transplant (Recipient)	43	URO-GENITAL: Closure of vesicovaginal, urethrovaginal fistula	18
URETER: Ureterotomy, with exploration or drainage, ureterolithotomy	28	Congenital kidney abnormality	35
Ureterectomy	28	Meatotomy	6
		Orchidopexy for undescended testis	16

## Basic Surgical Schedule (if applicable)

### Notes

- The amounts shown in the following Schedule indicate the maximum Eligible amount that is payable for the corresponding surgical operation for Surgeon Fees, and are expressed as a percentage of the Limit as indicated in the Schedule of Benefits.
- If an operation is performed which is not listed in the Surgical Schedule, the Company shall pay an amount which would be payable for a scheduled operation of equivalent severity.
- If more than one surgical procedure is performed through the same incision, the Company shall pay only for the surgical procedure in respect of which the largest amount became payable.
- If more than one surgical procedure is performed at the same surgical session by the same Surgeon through different incisions, the Company will pay, subject to the provisions of the above, as follows:
  - 100% fees for the procedure for which the greatest fee is payable
  - 50% for any other procedures
- Outpatient Surgery:

The maximum payable for Surgery in Outpatient Departments of Hospitals or in Privately Operated Surgeries shall be as per the Limits of eligible Expenses in this Policy.
- The Policy Conditions and not the Surgical Schedule govern those surgical procedures that are allowable as covered Disabilities in terms of this Policy.

DESCRIPTION OF SURGICAL OPERATION	Percentage of Maximum Benefit	DESCRIPTION OF SURGICAL OPERATION	Percentage of Maximum Benefit
<b>Ailimentary System And Diagnostic Organs</b>		Cystocle repair (Bladder hernia repair)	25
Partial gastrectomy (Removal of part of stomach)	100	Trans urethral resection of prostate	50
Resection of gut (Small or Large gut)	100	Exploration of undescended testis	30
Cholecystectomy (Removal of gall-bladder)	75	Removal of growth of bladder by diathermy	30
Abscess of liver	75	Cystoscopy & diathermy	20
Colostomy (Opening into large intestine)	75	Cystoscopy & basketry	20
Truncal vagotomy & drainage	75	Urethral dilatation	20
Gastro-jejunostomy (Joining of stomach to jejunum)	75	Excision of submandibular gland	30
Choledocholithotomy (Removal of gall-stones from bile duct)	50		
Appendicectomy	50	<b>Gynaecology</b>	
Laparotomy (Exploratory)	50	Marsupialization of ranula (removal of retention cyst)	15
Anal fistula	35	Mastectomy (Removal of breast)	100
Inguinal Hernia repair/one side	50	Hysterectomy - for functional bleeding / Fibroids Ovarian cysts/tumours	75
Strangulated hernia - without gut resection	75	Vaginal repair with or without hysterectomy	75
Removal of internal haemorrhoids by ligature	30	Removal of ovaries and or fallopian tubes	50
Removal of rectal polypi or anal fissure	20	Removal of breast tumour (benign)	25
Opening ischo-rectal or perianal abscess	10	Excision of bartholin cyst	20
Oesophagoscopy	20	Laparoscopic examination with biopsy	20
Gastroscopy/Endoscopy	20	Drainage of breast abscess	20
Tympanoplasty (restoring conductivity to middle ear)	75	Diagnostic & curettage, cervical biopsy, cautery, evacuation of uterus	20
<b>Genito - Urinary System</b>		<b>Skin</b>	
Parotidectomy (Removal of salivary glands)	75	Extensive grafting	50
Prostatectomy (Abdominal)	100	Excision of rodent ulcer	25
Nephrectomy (Removal of Kidney)	75	Incision for cellulitis & abscess	20
Nephrolithotomy (Removal of kidney stone)	75		
Ureterolithotomy (Removal of stones from ureter)	75		
Orchidectomy (Excision of testicle)	30		

## Basic Surgical Schedule (if applicable)

DESCRIPTION OF SURGICAL OPERATION	Percentage of Maximum Benefit	DESCRIPTION OF SURGICAL OPERATION	Percentage of Maximum Benefit
<b>Mouth</b>			
Total excision of upper or lower jaw	100	Open reduction & internal fixation of fracture distal end of radius/ulna	50
Total excision of tongue for cancer	100	Tenolysis for de quervain's tenosynovitis	50
Removal of lower lip for cancer	50	Carpal tunnel decompression	50
Partial excision of jaw	50	Release of sternocleidomastoid for torticollis	50
		Adductor tenotomy (obturator neurectomy)	50
<b>Ear, Nose And Throat</b>		L-plating for supracondylar fracture of femur	50
Mastoidectomy	60	Meniscectomy (partial or total)	50
Decompression of facial nerve	60	Repair of recurrent dislocation at patella	50
Excision of pinna (External ear)	40	Repair & Wiring of fracture patella	40
Repair of oro-antral fistula	80	Open reduction & internal fixation for fracture of ankle	50
Caldwelliluc (incision made to drain maxillary sinus)	60	Removal of bone graft from iliac wing	20
Reconstruction of nose (Rhinoplasty)	75	Patallectomy	40
Submucous resection of septum/antral washout	30	Bone graft for delayed or non union of fracture tibia	40
Tonsillectomy or adenoidectomy	30	Modified amputation of foot at the ankle joint	40
Excision of pre-auricular sinus	30	Wiring of lower jaw for fracture	40
Nasal polypectomy	30	Open reduction & plating for fracture of tibia	35
Micro laryngoscope with micro surgical procedure	20	Intramedullary nailing for tibial shaft fracture	35
Myringotomy with insertion of grommets	20	Internal fixation for tibiofibular diastasis	35
Intra-nasal antrostomy	15	Tenolysis for trigger finger (or thumb)	35
Removal of foreign bodies from Ear Nose, Throat	10	Drainage of knee joint	30
Aural polypectomy & biopsy	10	High tibial osteotomy for osteo arthritis	30
Cryosurgery to oropharynx	15	IRemoval of Loose bodies from knee	30
Nasopharyngoscopy & biopsy	20	Arthrotomy (incision into joint) of knee	30
Partial turbinectomy	15	Tendo Achilles lengthening	30
Incision & drainage of perichondritis (pinna)	20	Repair of ruptured tendo achilles	30
Submucous diathermy of turbinates	10	Lateral transfer of anterior tibial tendon	30
		Fasciotomy of anterior tibial compartment	30
<b>Eye (Ophthalmic)</b>		Posterior spinal decompression for spinal stenosis, spinal tumour & epidural abscess	100
Cataract extraction	50	Open reduction & internal fixation for fracture of metacarpal shaft	30
Cataract extraction with intra ocular lens implant	55	Open reduction & internal fixation for phalangeal shaft fracture	30
Retinal detachment surgery	75	Terminalization of traumatic amputation of finger (or thumb & skin graft)	30
Trabeculectomy (Glaucoma)	50	Remove of metallic foreign bodies	30
Peripheral iridectomy (Glaucoma)	40	Removal of implants (intranmedullary nail, plates, pin)	30
Combined operation - cataracts & glaucoma	60	Primary repair of extensor tendon	30
Squint surgery	25	Open reduction for displaced fracture of lateral condyle of humerus	30
Ptosis surgery (Repair of dropping of eyelid)	50	Excision biopsy of ganglion	25
Repair corneal perforation	50	Tendon suturing	25
Repair perforation of globe	50	Wound debridement	20
Laser photocoagulation (Specialised technique)	50	Excision of popliteal cyst	20
Entropion correction (Connection of inverted eyelid)	30	Arthroscopy diagnostic	20
Ectropion correction (Correction of everted eyelid)	30	Amputation of the lesser toes	20
Pterygium (Thickened conjunctiva) excision	30	Cone calipers, crutchfeld tongs or halo apparatus for application of skull traction	20
Cryotherapy (Specialised technique)	40	Soft tissue coverage of injured extremity-split skin graft	20
Excision of meibomian cyst (Chalazion)	10	Removal of lesser implants (K-wire, staples, screws & other)	20
Style	10	Manipulation of stiff joint under anaesthesia & local anaesthesia infiltration	15
		Local infiltration with steroid & local anaesthetics	15
<b>Circulatory System</b>		Drainage of pus/abscess of palm	10
Varicose vein ligation (Aneurysm)	50	Wedge resection for chronic in-growing toe nail	10
Varicose vein stripping	25	Drainage of paronychia	10
Mitral valvotomy (Closed heart surgery)	100	Deep pus formation of palm, arms, soles, legs involving multiple incision and drainage	30
Patient ductus arteriosus ligation (Closed hear surgery)	100	Local infiltration with steroid & local anaesthetics into joints	15
Mitral stenosis	100		
Mitral stenosis with incompetence	100	<b>Nervous System</b>	
Aortic stenosis	100	Tumour or abscess of brain	100
Aortic stenosis with incompetence	100	Tumour of spinal cord	100
Coronary artery bypass	100	Division of posterior spinal tracts or roots	100
Opening & draining of pericardium	75	Suppuration (pus formation) within cranial cavity	100
Pacing surgery	100	Trephining for fracture, middle meningeal or other intracranial haemorrhage	100
Ligation of small arteries (smaller aneurysm)	10	Resection of Gasserian ganglion	75
Injection treatment of varicose veins	15	Secondary nerve repair	50
		Primary nerve repair	20
<b>Orthopedic</b>			
Amputation of shoulder joint	100%	<b>Glandular System</b>	
Laminectomy	100	Removal of thyroid gland (exophthalmic goitre)	75
Fasciotomy for compartmental syndrome	30	Simple tumours of thyroid gland	50
Medullary nail fixation for fracture of shaft of ulna (including monteggia fracture - dislocation)	75	Removal of malignant tumours of lymphatic glands (lymphosarcoma)	100
Amputation involving shoulder blade	100%	Removal of malignant thyroid gland or parathyroid gland	100
Tendon graft for severed flexor tendon	50	Removal of mass of tuberculous glands in neck	75
Hip pin & plate for peritrochanteric fracture	75	Removal of tumours of lymphatic glands for diagnosis	40
Hip pinning for fracture neck of femur	75	Abscesses in connection with deep lymphatic glands	20
Insertion of femoral head prostheses (Austin moore, Thompson, Hastings, Monks)	75		
Open reduction & internal fixation for femoral shaft fracture	75	<b>Thoracic (Chest)</b>	
Above or below knee amputation	75	Pneumonectomy (Excision of lung)	100
Repair of recurrent anterior dislocation	50	Bronchoscopy	20
Open reduction for displaced proximal humeral fractures	50		
Open reduction & plate fixation of fracture of shaft of humerus	50		
Excision of radial head	50		
Open reduction & internal fixation at fracture olecranon	50		
Open reduction for supracondylar or T condylar fractures of humerus	50		
Open reduction for fracture of proximal radius	50		
Open reduction for mid-shaft fracture of radius & ulna	50		



**IMPORTANT NOTICE**

The Insured/Policyholder shall read this Policy carefully, and if any error or misdescription be found herein, or if the cover be not in accordance with the wishes of the Insured, advice should be given to the Company immediately and the Policy returned for alteration.

The following are some of the common important Definitions, Conditions and Exclusions appearing in the Policy:

1. Definition of PRE-EXISTING CONDITION
2. Exclusion of Cover for PRE-EXISTING CONDITION
3. Definition OF RESIDENCE OVERSEAS and OVERSEAS TREATMENT
4. Notification of Claims within 30 days and Claims Procedures

Any Insured who is not satisfied with the conduct of the Company with regards to insurance related matters may address his complaint to the Customers Service Bureau, Bank Negara Malaysia at the following address:

Pengarah Jabatan Komunikasi Korporat, Bank Negara Malaysia,  
Tingkat 14B, Peti Surat 10922, 50929 Kuala Lumpur.  
Tel: 03-26988044  
Fax: 03-26936919

Similarly, if an Insured is not satisfied with the decision of the Company with regards to his claim, he can ask for assistance from the Insurance Mediator at the following address:

**Unit Pengurusan Aduan**

Ombudsman Perkhidmatan Kewangan (664393P)  
(Dahulu dikenali sebagai Biro Pengantaraan Kewangan)  
Tingkat 14, Blok Utama,  
Menara Takaful Malaysia,  
No. 4, Jalan Sultan Sulaiman,  
50000 Kuala Lumpur.

Tel: +603-2272 2811  
Fax: +603-2272 1577

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