



PRODUCT DISCLOSURE SHEET

Please read this Product Disclosure Sheet before you decide to purchase the MyGuardian CI Policy. Be sure to also read the general terms and conditions.

AIG Malaysia Insurance Berhad

Product: MyGuardian CI Policy

Date Issued: June 2023

Wherever words or phrases appear in bold, the definitions with interpretation are set out in the policy wordings under section 'Part 7 – General Policy Definitions'.

1. What is this product about?

- This product provides coverage in the event you are diagnosed with a **Critical Illness**.
- Coverage is provided 24 hours worldwide.
- You can select a **Category** to cover 'Self' (**Policyholder**), your **Child** or an **Employee**.
- This product has a range of 3 different core modules (i.e., Basic, Essential and Comprehensive) that are meant to correspond to an individual's needs. You may also choose to include the optional module at additional premium.

2. What are the covers/benefits provided?

This **Policy** provides coverage for the following core **Benefits**:

- Critical Illness;
- Gender-Specific Cancer;
- Non-Invasive Cancer (Carcinoma-In-Situ or Early-Stage Cancer);
- Financial Support; and
- Specified Outpatient Treatment (Chemotherapy, Radiotherapy and Kidney dialysis).

With an additional **Premium**, you may opt for the following optional **Benefits** to your **Policy**:

- Daily Hospital Cash – up to 30 **Days**;
- Daily Hospital Cash for Intensive Care Unit ("ICU") – up to 7 **Days**;
- Surgical Cash (up to 2 surgeries);
- Recovery Assistance Services:
 - Physiotherapy (Per visit/ up to 12 visits)
 - Psychological Counselling (Per visit/ up to 12 visits)
 - Dietician/Nutritionist (Per visit/up to 12 visits)
 - Occupational Therapy (Per visit/up to 12 visits)
 - Speech Therapy (Per visit/up to 12 visits)
 - Smoking Cessation Program (Per month/ up to 6 months)
- Home Nursing (up to 14 days);
- Bill Protection;
- Home Alteration and Vehicle Modification;
- Recovery Support – Housekeeping Services (up to 14 days); and
- Funeral Expenses.

*Note: Please refer to the policy wordings for further details of the **Benefits**.*

Duration of cover is for one year. You need to renew this **Policy** annually.

3. How much Premium do I have to pay?

- The **Premium** to be paid will vary depending on age band (you have to pay a higher **Premium** as you reach a higher age band), gender, smoking status, and the core module and optional module (if selected).
- Premium** is payable on an annual basis.
- Premium** rates are not guaranteed. The **Company** reserves the right to revise the **Premium** due to underwriting reasons.
- The new **Premium** amount payable will take effect from the next **Premium Due Date** immediately following the 30 days' notice period provided by the **Company** to the **Policyholder**.

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

Type	Amount
Commission paid to the insurance intermediaries/agent (Included in the Premium)	15%
Stamp Duty	RM10.00 per policy



5. What are some of the key terms and conditions that I should be aware of?

(a) Ongoing duty of disclosure:

(i) a. Consumer insurance contract

You have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. You should have answered the questions fully and accurately. You are also required to take reasonable care to disclose any other matter that You know to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied.

(i) b. Non-consumer insurance contract

You have a duty to disclose any matter that You know to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant.

(ii) You also have a duty to inform the **Company** of any change in the information given to the **Company** earlier before the **Company** issues the **Policy** to you, before you renew or change any of the terms of your **Policy**. If you do not, your **Policy** may be cancelled, or treated as if it never existed, or your claim rejected or not paid in full.

(b) Eligibility:

Age

- i. **Policyholder** - Entry age for a **Policyholder** is 18 to 60 years of age (inclusive). **Policy** is renewable up to 75 years (inclusive).
- ii. **Employee** - Entry age for an **Employee** is 18 to 60 years of age (inclusive). **Policy** is renewable up to 65 years (inclusive) or when the **Insured Person** ceases to be an **Employee** of the **Policyholder**, whichever is earlier.
- iii. **Child** - Entry age for a **Child** is 15 **Days** after birth up to 17 years of age (inclusive). **Policy** is renewable up to 17 years (inclusive).

Entry age and maximum age is determined based on the **Age** at the **Policy Effective Date**.

Occupation

Persons engaged in the following occupations are not covered under this **Policy**:

- i. Asbestos Workers, miners, tunnellers;
- ii. Police, armed forces, military personnel and/or similar peace-keeping groups; and
- iii. Semi – professional and professional sports or where a periodic income is received in relation to such sports.

(c) Cash Before Cover:

The **Company** must receive the **Premium** due on or before the **Premium Due Date**. No **Benefits** will be payable for any claim that occurs during a period for which **Premium** was not received.

(d) Country of residence:

You must notify the **Company** if you will be out of Malaysia for more than 180 consecutive days upon which the **Company** will determine at its sole discretion whether to continue or terminate coverage of the **Policy**. Failure to do so will invalidate this cover.

(e) Claims:

- (a) The **Company** must be notified as soon as it is reasonably practical and in any event within 30 days after the date of event which could lead to a claim.
- (b) The **Company** must be provided with all reasonable and necessary evidence required by the **Company** to support a claim within 90 days after the date of event which could lead to a claim.
- (c) Failure to comply with the above may result in the rejection of all or part of the claim. Reasons include, but are not limited to, if the claim is made so long after the event that the **Company** is unable to investigate it fully or may result in the **Insured Person** not receiving the full amount claimed if the amount payable changes as a result of the delay.
- (d) In the event the **Insured Person** is a **Child**, all dealings in relation to any claim will be between the **Insured Person's** parent and the **Company**.

(f) Waiting Period:

The **Waiting Period** applicable depends on the **Critical Illness Diagnosed** which is as specified in the **Schedule of Benefits**. The **Waiting Period** does not apply to **Critical Illness** caused by an **Accident** as defined.

(g) Overseas treatment:

- (a) is only allowed if the travel overseas is not for the purpose of seeking medical treatment;
- (b) is excluded for the following:
 - i. Non-emergency **Hospitalisation** or treatments i.e., where the treatment can reasonably be postponed until return to Malaysia; or
 - ii. Overseas **Hospitalisation** or treatments of a **Critical Illness Diagnosed** in Malaysia where treatment can reasonably be postponed until return to Malaysia.



(h) **Free Look Period:**

If this **Policy** does not meet your insurance requirements, you can return the **Policy** to the **Company** within 15 days from the date this **Policy** is delivered to you. You will receive a full **Premium** refund as long as no claim has been made for that period.

(i) **Contribution:** If you are covered by any other policy, which covers the benefit in respect of 'Home Alteration and Vehicle Modification' **Benefit**, the **Company** will only reimburse the excess amount that is not recoverable by the other policies provided that the **Benefit** is payable by this **Policy**.

(j) **Duplication of Cover:**

No person shall be insured under more than one **Policy** issued by the **Company** under this product. In the event the person is insured under more than one such **Policy**, the **Company** shall consider that person to be insured under the **Policy** with the highest **Compensation** or, where the **Compensation** under each **Policy** is identical, under the **Policy** that was first issued. The **Company** shall refund any duplicated **Premium** payment(s) which may have been made by or on behalf of that **Insured Person**.

(k) **Renewal:**

This is an annual policy where the **Policy** may be renewed at the option of the **Policyholder** subject to the terms and conditions of the **Policy** and payment of the premium the **Company** requires for the renewal.

Where the **Insured Person** who is:

- a) a **Child** ceases to be a **Child**; or
- b) an **Employee** ceases to be an **Employee** of the **Policyholder**;

the **Policyholder** can no longer renew the **Policy** under the expiry **Policy Category**. However, the **Insured Person** has an option to renew their **Policy** by switching to an individual **Policy** under the 'Self' **Category** where they will become the **Policyholder**.

In the event the **Company** elects to not renew this **Policy** due to underwriting reasons, the **Company** will notify the **Policyholder** in writing at least 30 days before their next **Anniversary Date**.

(l) **Renewal Bonus**

The **Insured Person** is eligible for a 10% increase of the **Compensation** for 'Critical Illness' **Benefit** on every **Anniversary Date** up to a maximum of 5 consecutive years if the **Policy** is continuously renewed without interruption and the **Policy** remains **Claims Free** throughout the **Policy Period**.

Notes:

Refer to the terms and conditions under section 'Renewal Bonus' of this product in the policy wordings for further details on **Renewal Bonus**.

(m) It is important to note that in the event you wish to switch from one insurance plan to another, your application will be subject to evaluation based on the underwriting requirements of the new policy. The applicable **Waiting Period(s)** along with any applicable period for **Pre-existing Condition(s)** will apply afresh and any **Renewal Bonus** accumulated in your current **Policy** will be forfeited.

6. Can I change the Plan or Category of my Policy?

You can change the **Plan** of your **Policy** and add or remove optional module at the time of renewal only, provided that no claim has been paid under 'Non-Invasive Cancer Benefit (Carcinoma-In-Situ Or Early-Stage Cancer)' and you are below the age of 60 years.

7. What are the major exclusions under this Policy?

The **Company** shall not pay under this **Policy** any claim in connection with:

- (a) Any **Critical Illness, Gender-Specific Cancer** and **Non-Invasive Cancer** which first manifested and was diagnosed within the **Waiting Period** as specified in the **Schedule of Benefits**;
- (b) When the **Insured Person** dies within 30 days of being **Diagnosed** with a **Critical Illness, Gender-Specific Cancer** or **Non-Invasive Cancer**. This is applicable for all **Benefits** under this **Policy**, except for the **Benefit** 'Funeral Expenses', if applicable;
- (c) **Pre-Existing Condition** or any complication arising from it;
- (d) Any sickness, illness or disease which is not specified as a **Critical Illness, Gender-Specific Cancer** or **Non-Invasive Cancer** in this **Policy**;
- (e) When the **Insured Person** is diagnosed with a critical illness that is not covered under this **Policy** or they are **Diagnosed** with a **Critical Illness, Gender-Specific Cancer** or **Non-Invasive Cancer**, but the **Diagnosis** does not meet our definition of **Critical Illness, Gender-Specific Cancer** or **Non-Invasive Cancer**;
- (f) Any **Critical Illness, Gender-Specific Cancer** or **Non-Invasive Cancer** due to a self-inflicted injury, suicide or attempted suicide whether sane or insane, deliberate or reckless exposure to danger;
- (g) Any aerial activity except as a fare paying passenger in a commercial aircraft licensed to carry passengers;
- (h) Any sexually transmitted diseases, 'Acquired Immunodeficiency Syndrome' ("**AIDS**"), AIDS-related complex or, any infection by 'Human Immunodeficiency Virus' ("**HIV**") or any type of venereal disease. This exclusion does not apply to Appendix A – Critical Illness Definitions, 'HIV Infection Due to Blood Transfusion' and 'Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection'; and
- (i) War, invasion, and rebellion.



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

8. Can I cancel my Policy?

You can cancel this **Policy** by giving 30 days' prior written notice to the **Company** or via email at the address provided below, provided there is no claim made on the **Policy**. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is the earlier. Upon cancellation, you are entitled to a refund of **Premium** based on the Short Period Scale. Please refer to the **Policy** for the Short Period Scale rates.

9. What do I need to do if there are changes to my contact/personal details?

It is important that you inform the **Company** of any change in your life profile including your occupational and personal pursuits which would affect the risk profile.

10. Where can I get further information?

Should you require additional information about medical and health insurance, please refer to the *Insuranceinfo* booklet on "Medical & Health Insurance" available at all of **Our** branches.

If you have any enquiries, please contact **us** at:

AIG Malaysia Insurance Berhad,
Menara Worldwide,
198 Jalan Bukit Bintang,
55100, Kuala Lumpur,
Malaysia.
Telephone: 1800 88 8811
E-mail: AIGMYCare@aig.com

11. Other types of Medical and Health Insurance cover available

Please refer to **our** website at: www.aig.my

You should read and understand the contract terms and discuss further with the agent or the **Company** if there are any terms that you do not understand before accepting the policy contract. If there are any questions regarding the terms and conditions of this **Policy**, the **Policyholder** or **Insured Person** may contact the **Company** or the agent, whichever is applicable.

You should satisfy yourself that this **Policy** will best serve your needs.

By accepting the policy contract, you acknowledge that the key contract terms have been adequately explained by the agent or the **Company** to you and that the policy contract offered is suitable for your insurance needs.

AIG Malaysia Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The information provided in this Product Disclosure Sheet is valid as at 30th June 2023.