

**SCHEDULE OF BENEFIT ATTACHING TO AND FORMING PART OF CHARTIS MALAYSIA  
INSURANCE BERHAD POLICY NO 404173 – KILATAN UNGGUL TRAVEL & TOURS SDN BHD**

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<b>BENEFIT COVERS</b>	<b>SUM INSURED</b>
Accidental Death & Disablement	RM40,000
Total Permanent Disablement	RM40,000
Bereavement Benefit – due to Accidental Death	RM2,000
Snatch Theft	RM250
Mobility Expenses	RM2,000
Credit Card Indemnity	RM3,000
Automobile Assist	Included (Travel Guard Asia Pacific Services Hotline at 603 2772 5600)

**Note:** The policy schedule and policy wordings shall be read together to form an entire contract between CMI and the policyholder/insured person.

## SECTION 1 - THE CONTRACT

This contract of insurance is issued to **Kilatan Unggul Travel & Tours Sdn Bhd (520854-U)** for the benefit of its eligible members, who are named in the declarations to the Company and confirmed for coverage in the Master Policy issued, and who are thereafter known as the "Insured Person". This Policy, the Application in respect of it, the respective Declarations of the Insured Person accepted for coverage, and all related Endorsement(s) constitute the entire Contract.

## SECTION 2 - INSURED PERSON EVENT

This insurance only covers injuries arising out of Accident that occur during the policy period which, directly and independently of all other causes, result in either death, disablement or total disability (as described in Section 8 hereunder) premium for which coverage has been paid or agreed to be paid. In the case of overlapping Benefits, indemnity calculated from the highest Benefit will be that which is payable.

## SECTION 3 - DEFINITIONS

The following words shall carry the meanings defined below:-

### **Accident**

shall mean an event that is external to the body (to the Insured Person) which is forcible and violent and which gives rise to an injury that is unforeseen, fortuitous, unintentional, not voluntary and not premeditated and which occurs independently of all other causes. The event excludes injuries that are directly or indirectly caused by disease; sickness; defects or impairment from birth, genetic, mental or health related condition; or which have resulted before the inception of the coverage; or are the result of viral or bacterial attacks including but not limited to subtype H5N1 of the Avian Influenza A; or are inflicted whilst under the influence of drugs, coercion or duress.

### **Activities Of Daily Living**

shall mean the ability to carry out the following activities:

- (a) Transfer: Getting in and out of a chair without requiring physical assistance.
- (b) Mobility: The ability to move from room to room without requiring any physical assistance.
- (c) Continence: The ability to voluntarily control bowel and bladder functions to maintain personal hygiene.
- (d) Dressing: Putting on and taking off all necessary items of clothing without requiring assistance from another person.
- (e) Bathing/Washing: The ability to take a bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating: Physical ability to eat food and put food into mouth.

### **Company**

refers to Chartis Malaysia Insurance Berhad (795492-W).

### **Competent Age**

refers to the age eligibility of the Insured Person to qualify for coverage under this Policy, and ranges from Eighteen (18) years old to Sixty-Five (65) years old.

### **Covered Injury**

means Injury due to an Accident occurring during the Period of Insurance.

### **Date Of Loss / Accident**

is the date when the Accident occurs.

### **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:-

- i) has facilities for diagnosis and major surgery,
- ii) provides 24 hour a day nursing services by registered and graduate nurse(s),
- iii) is under the supervision of a Physician, and
- iv) 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.

### **Injury**

shall mean bodily injury caused solely by Accident.

**Note:** The policy schedule and policy wordings shall be read together to form an entire contract between CMI and the policyholder/insured person.

**Policyholder**

refers to **Kilatan Unggul Travel & Tours Sdn Bhd (520854-U)**.

**Insured Person**

refers to the Person named in the declaration to the Company and includes his/her dependants, if a request for dependant's insurance is similarly received by the Company and whose names appear on the Insurance Card or whose names are added by Endorsement.

**Loss Of Fingers Or Toes**

shall mean the complete severance of the finger or toe through or above the metacarpophalangeal joint or metatarsophalangeal joint.

**Loss Of Hearing**

wherever used in this Policy shall mean permanent irrecoverable loss of hearing where:

If a dB = Hearing loss at 500 Hertz

If b dB = Hearing loss at 1000 Hertz

If c dB = Hearing loss at 2000 Hertz

If d dB = Hearing loss at 4000 Hertz

$1/6$  of  $(a+2b+2c+d)$  is 80dB

**Loss Of Limb**

shall mean loss by physical severance of a hand at or above the wrist or of a foot at or above ankle.

**Loss Of Sight**

shall mean the total, absolute and irrecoverable loss of sight.

**Loss Of Use**

shall mean permanent limitation in function in relation to limb or organ following an Injury.

**Permanent Total Disablement**

shall mean physical disablement as a result of Injury and commencing within three hundred and sixty-five (365) days from the Accident date, an Insured Person is totally, continuously and permanently disabled and prevented from performing three (3) or more Activities of Daily Living as herein defined which would normally be carried out by him/her in his/her daily life had such disablement not occur.

**Period Of Insurance**

shall mean the duration of insurance for which the Insured Person offered to be insured (under the terms, conditions and exclusions spelt out in this policy). And for which the Company has consented to provide insurance cover, and consideration in the form of annual premium has been duly paid by the Insured Person, and received in full by the Company.

**Physician Or Surgeon**

shall mean only a person qualified by a degree in Western Medicine and duly licensed or registered to practice medicine in the geographical area in which a service is provided, but excluding a Physician who is the Insured Person himself/herself or an immediate family member of the Insured Person.

**Pre-Existing Conditions**

shall mean disabilities that existed before the Effective Date of the respective Insured Person and for which the Insured Person is receiving treatment or has shown manifestations/symptoms irrespective of whether the Insured Person was aware or should have reasonably been aware. Consultation with a Physician for any sign or pain or discomfort shall constitute a manifestation or symptom of a Disability.

<b>SECTION 4 - TERMINATION OF COVERAGE</b>
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The insurance coverage afforded for each Insured Person shall terminate automatically on the earliest of the following dates:

- (a) when the Insured Person reaches 66 years of age
- (b) in the event of any fraud in the procurement of this insurance or in deriving any benefits hereunder whether by the Insured (in which case it applies to the Master Policy) or by the Insured Person (in which case it applies only to that particular insurance coverage for the Insured Person spelt therein);
- (c) immediately after admission of 100% liability for an admitted claim by the Company.

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## SECTION 5 - EXCLUSIONS

This insurance excludes anyone of the following events or situations. This exclusion shall not be cancelled by any endorsement which does not refer to a specific exclusion, in whole or in part. The Insured Person shall, if so required, and as a condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the excepted circumstance or cause as set out herein:-

1. Insured Person is below the age of eighteen (18) or above the age of sixty-five (65) years;
2. members of the Armed Forces while on duty or while engaging in or taking part in Naval, Military, or Air Force service or operations of participating in operations of an Offensive nature planned or conducted by the Civil or Military Authorities against bandits, terrorists or other elements;
3. pre-existing conditions;
4. suicide or intentional self-inflicted injuries or any attempted thereof while sane or insane;
5. during air travel (except as a fare paying passenger in any properly licensed private and/or commercial aircraft);
6. any criminal act or resistance to arrest;
7. participation in any illegal activities or violation of a law which carries any penalty of imprisonment;
8. treatment of alcoholism, or drug abuse or any other complications arising therefrom or any drug Accident;
9. pregnancy, miscarriage or childbirth, or any treatment relating to birth control or treatment pertaining to infertility or any other complication arising therefrom;
10. psychosis, mental or nervous disorders or sleep disturbance disorders;
11. cosmetic or plastic surgery or any elective surgery;
12. any form of dental care or surgery unless necessitated by injury caused by an accident to sound and natural teeth;
13. any congenital defect which has manifested or was diagnosed before the policy effective date;
14. routine health checks, any investigation(s) not directly related to admission diagnosis, illness or injury, or any treatment;
15. investigation which is not medically necessary, or convalescence, custodial or rest care;
16. Acquired Immune Deficiency Syndrome (AIDS) or any complications associated with infection by any Human Immune Deficiency Virus (HIV) (for the purpose of this Policy, the definition of AIDS shall be that used by the World Health Organization in 1987, or any subsequent revision by the World Health Organization of that definition; infection shall be deemed to have occurred where blood or other relevant test(s) indicate in the opinion of the Company either the presence of any Human Immune Deficiency Virus or Antibodies to such a Virus);
17. any injury sustained while serving as a crew member of any aircraft except as a fare-paying passenger in any aircraft having a current and valid air worthiness certificate issued by the appropriate authority of the country of its registry;
18. driving or riding in any kind of race involving motorized vehicles;
19. engaging, practicing or participating in a sport in a professional capacity or when a Insured Person would or could earn income or remuneration from engaging in such sport;
20. any pre-existing physical or mental defect or infirmity before policy effective date;
21. any serious physical injury or Disability resulting directly or indirectly from, attributed to, or accelerated by the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or the dispersal or application of pathogenic or poisonous biological or chemical materials; or the release of pathogenic or poisonous biological or chemical materials;  
For the purposes of this exclusion, serious physical injury means physical injury that involves a substantial risk of death; and/or protracted and obvious physical disfigurement; and/or protracted loss of or impairment of the function of a bodily member or of an organ;
22. death or injury directly or indirectly occasioned by war, invasion, act of foreign enemy, hostilities or warlike operation (whether war be declared or not) mutiny, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law, or state of siege, of any of the events or causes which determine the proclamation or maintenance of martial law, or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority;
23. The Company will not pay under any section of this policy where such payment would violate a government prohibition or regulation;
24. The Company is not liable to make any payments for liability under any coverage sections of this policy or make any payments under any extension for any loss or claim arising in, or where the Insured Person or any beneficiary under the policy is a citizen or instrumentality of the government of, any country/countries against which any laws and/or regulations governing this policy and/or the insurer, its parent company or its ultimate holding entity have established an embargo or other form of economic sanction which have the effect of prohibiting the insurer from providing insurance coverage or transacting business with or otherwise offering economic benefits to the Insured Person or any other beneficiary under the policy.  
It is further understood and agreed that no benefits or payments will be made to any beneficiary/beneficiaries who is/are declared unable to receive economic benefits under the laws and/or regulations governing this policy and/or the insurer, its parent company or its ultimate holding entity.

## SECTION 6 - SPECIAL CONDITION

- 1) The premium due hereunder shall be payable annually as the case may be. No claim shall be admissible whilst the premiums are in arrears.
- 2) Any fraud, misstatement or concealment in respect of this insurance or any claim hereunder shall render this Policy as the case may be, null and void and Benefit due hereunder shall be or become forfeited.
- 3) The due observance of this Policy shall be binding upon the Insured as well as the Insured Person as if he was the Insured, and shall serve as condition precedent to the admission of any claim lodged under this Master Policy.
- 4) The process of claim including settlement will be handled directly between the Company and the Insured Person whose sole discharge will constitute full and final discharge of the claim lodged.
- 5) The Company agrees to extend coverage to Insured Person who in the course of being legally employed carry or are equipped with Firearms for which he/she has the necessary license to, and which coverage shall be limited to event/s arising while the Insured Person is not in the course of employment or occurring while the Insured Person is not carrying or being equipped with Firearm/s.

**Firearm/s** shall have the meaning assigned thereto in the Firearms Act and/or the Firearms [Increased Penalties] Act.

**All Benefits covered by this Policy are paid independently of and in addition to benefits under any other policy(ies) incepted by the Insured Person .**

## SECTION 7 - GENERAL POLICY PROVISIONS

1. **ENTIRE CONTRACT-CHANGES IN POLICY:** This policy includes the endorsements and attached papers, if any, and contains the entire contract of insurance.
2. **TIME OF NOTICE OF CLAIM:** Written notice of injury of which claim may be based must be given to the Company within thirty days after the date of the accident causing such injury. In the event of accidental death, immediate notice thereof must be given to the Company.
3. **ALTERATIONS:** The Company reserves the right to amend the terms and provisions of this Policy and may at any time be amended and changed by written agreement between the Company and the Insured. Any amendment to this Policy shall be binding on all persons whether Insured Person under this Policy prior to, during, or after the effective date of the amendment. No alteration in this Policy shall be valid unless approved by an authorized representative of the Company and such approval be endorsed herein.
4. **EFFECTIVE DATE:** The effective date of this Policy is as stated in the Master Policy Schedule. The effective date of the respective Insured Person will be that stated in the declaration made to the Company.
5. **VALIDATION:** The Company will only issue one Insurance Card to each Insured Person during the Period of Insurance under this Policy.
6. **CURRENCY OF PAYMENT:** All amounts payable either to or by the Company shall be payable in the currency stated on the Schedule of Benefits.
7. **AGE LIMITS FOR INSURED PERSON UNDER THIS POLICY:** Age of Insured Person shall be between the ages of Eighteen (18) years to age of sixty-five (65).
8. **MIS-STATEMENT OF AGE AND SEX:** All ages referred to in this Policy shall be the age of the Insured Person at his last birthday. Where the age or sex of the Insured Person has been misstated, the following rules shall apply:
  - i) if the premium paid as a result thereof is insufficient, any amount payable subject to the maximum limits provided under this Policy shall be prorated based on the correct premium to be charged for the year; and/or
  - ii) any excess premium paid as a result thereof, shall be refunded without interest; and/or
  - iii) if it is found that at the correct age the Insured Person is not insurable under this Policy pursuant to the Company's underwriting rules, the Insurance Coverage shall be void.
9. **EXPOSURE AND DISAPPEARANCE:** If following an Accident the Insured Person is unavoidably exposed to the elements for duration of time until saved, and as a result of such exposure suffers bodily injury as described above, such injury shall be perceived as if under the influence of the Accident. On the other hand, if the body of the Insured Person is not found within one (1) year of the covered event of disappearance, sinking or wrecking of the common carrier in which the Insured Person was riding in at the time of such disappearance, sinking or wrecking, it will be presumed that death has taken place.
10. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within thirty (30) days after the date of loss. The Insured Person hereunder shall produce for the Company's examination pertinent documents at such reasonable times and shall co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the claim. Written notice of claim given by or on behalf of the Named Insured Person to the local Office of the Company, or to any authorized official of the Company providing information sufficient to identify the Insured Person shall be deemed notice to the Company. For convenience a notification format is attached at end of the Policy.
11. **PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office within ninety (90) days after the date of loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such proof is furnished as soon

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as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

12. **LIMITATION OF CLAIMS:** No claim benefits shall be payable under this Policy if presented to the Company beyond a period of one (1) year from the date of loss.
13. **MEDICAL EXAMINATION:** The Company at its own expense shall have the right to require additional proof and request medical examination of the Insured Person when and as often as it may reasonably require during the period when the claim is pending and to conduct an autopsy in case of death provided it is not forbidden by law.
14. **RECEIPTS:** The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the Policy and the receipt of the Insured Person for any compensation payable herein shall in all cases be effectual discharge of liability of the Company.
15. **RIGHTS OF NOMINEE:** Consent of Nominee shall not be a pre-requisite to terminate or to cancel this Policy or to a Change of Nominee or for that matter for any changes in this Policy.
16. **RIGHTS OF OWNERSHIP:** The Insured Person shall have the right to exercise every option, benefit or privilege conferred by the provisions of the Policy. Every transaction relating to the Policy shall be between the Company and the Insured Person and shall be valid without notice to or with the consent of the Insured Person.
17. **LEGAL PROCEEDINGS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within one (1) year from the expiration of the time within which the written proof of loss is required by the Policy.
18. **MIS-REPRESENTATION IN APPLICATION:** The benefits shall not be payable and the Policy shall be considered voidable at the option of the Company in the event that (a) there has been a failure to disclose or there has been any misrepresentation of any fact with respect to the Insured or Insured Person that is material to the insurance provided hereunder which is required to be furnished as evidence of insurability; and/or (b) in all cases of fraud.
19. **REINSTATEMENT:** If any premium is in default beyond the premium due date, the Policy may be reinstated with the consent of the Company within ninety (90) days after the due date of the premium in default subject to a written application for reinstatement; or production of evidence of insurability satisfactory to the Company. Benefits will not, however, be payable for any injury which occurs during the interval the Policy has lapsed.
20. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy and the Insurance Card shall invalidate all claims hereunder.
21. **ARBITRATION CLAUSE:**
  - a) Any dispute, difference or question which may arise at any time hereafter between the Company and the Insured and/or Insured Person and/or his/her legal representatives in relation to the true construction of the Policy or the rights or liabilities of parties hereto shall be referred to arbitration.
  - b) The arbitration shall be heard by a single arbitrator to be agreed by the parties hereto within fourteen (14) days of the commencement of the arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act of Malaysia or any statutory modification or reenactment thereof for the time being in force.
22. **LIMITATION OF TIME OF BRINGING ARBITRATION:** If a claim is made under the Policy and is rejected by the Company, the Insured Person or his/her legal personal representatives shall commence arbitration proceedings in accordance with Clause (21) of Section 7 hereof within six (6) months of such rejection, failing which Company shall be discharged from all liability whatsoever for that claim.
23. **CONFORMITY WITH LAW:** Any provision of this Policy which, on its Effective Date is in conflict with the Law of the country in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirement of such laws.
24. **CHANGE IN COUNTRY OF RESIDENCE:** Coverage of the Insured Person are subject to their residence in Malaysia. Coverage does not extend to any Insured Person residing outside of Malaysia unless prior extension of coverage has been accorded by the Company. It is a condition precedent to liability under this Policy that in the event of change of Country of Residence, the Company must be informed in writing of any change in the Insured Person's Country of Residence. A change in the Country of Residence shall be deemed to mean the Insured Person is living or is intending to live in another country other than Malaysia in excess of twelve (12) consecutive calendar months. Failure to notify the Company of this change will invalidate the Insurance in respect of that Insured Person with effect from the date he/she leaves Malaysia permanently. The Company reserves the right to continue cover on the prevailing terms and conditions or to decline cover under this Policy upon receipt of such information.
25. **TO WHOM INDEMNITY IS PAYABLE:** Indemnity for Accidental Death and Bereavement benefits, both benefits in respect of the Insured Person is payable to the nominee(s) elected by the Insured Person and in the event of failure of nominee, to the Insured Person's Estate. Indemnity for all other benefits will be paid to the Insured Person. The process of claim including settlement will be handled directly between the Company and the Insured Person whose sole discharge will constitute full and final discharge of the claim lodged.
26. **CANCELLATION:**

Either the Company and/or the Insured may cancel the Master Policy at any time by tendering at least thirty (30) days written notice to the other, by way of A R registered mail to their last known address as indicated in the Company's record. Such cancellation shall not affect the pendance of coverage for any Insured Person and their

respective coverage will continue for the duration as declared to the Company. Cancellation of the Master Policy does not warrant any refund of premium.

For avoidance of doubt, the Company reserves its right to rescind coverage where Insured Person(s) are in the category of excluded persons as expressed in Section 5 – Policy Exclusions, sub-sections (1) and (2) of the Policy. In such cases, the Company will refund the premium in full.

27. **ASSIGNMENT:** No assignment of interest under this Policy shall be binding upon the Company.
28. **RENEWAL:** This policy may be renewed with the consent of the Company from term to term.
29. **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.

### SECTION 8 - ACCIDENTAL DEATH AND DISABLEMENT

The Company agrees that if during the Period of Cover the Insured Person sustains Injury as the result of a covered Accident which result in death, and permanent total disablement within twelve (12) calendar months from the date of that the Accident, the Company will pay the Insured Person or their named nominee as the case may be, the appropriate benefit as stated in the Schedule of Benefit.

<b>COMPENSATION TABLE</b>		
	The Injury This Policy covers the Insured Person in respect of the following events as per the percentage of the Basic Cover or an amount as stated in the Schedule of Benefits, in accordance with the defined injury, resulting in:-	Compensation (Based on the percentage of Basic Cover)
1.	Accidental Death	100%
2.	Permanent Total Disablement	100%
3.	Permanent and Incurable Paralysis of all limbs	100%
4.	Permanent Total Loss of Sight of Both Eyes	100%
5.	Permanent Total Loss of Sight of One Eye	100%
6.	Permanent Total Loss of Use of Two Limbs	100%
7.	Permanent Total Loss of Use of One Limb	100%
8.	Permanent Total Loss of Speech and Hearing	100%
9.	Permanent Total Loss of Hearing in	
	a) both Ears	75%
	b) one Ear	25%
10.	Permanent Total Loss of Speech	50%
11.	Permanent Total Loss of the Lens of One Eye	50%
12.	Permanent Total Loss of Four Fingers and Thumb of	
	a) Right Hand	70%
	b) Left Hand	50%
13.	Permanent Total Loss of Use of One Thumb	
	a) Both Right Phalanges	30%
	b) One Right Phalanx	15%
	c) Both Left Phalanges	20%
	d) One Left Phalanx	10%
14.	Permanent Total Loss of Use of Four Fingers of	
	a) Right Hand	40%
	b) Left Hand	30%
15.	Permanent Total Loss of Use of Fingers	
	a) Three Right Phalanges	10%
	b) Two Right Phalanges	7.5%
	c) One Right Phalanx	5%
	d) Three Left Phalanges	7.5%
	e) Two Left Phalanges	5%
	f) One Left Phalanx	2%
16.	Permanent Total Loss of Use of Toes	
	a) All of One Foot	15%
	b) Great, Both Phalanges	5%
	c) Great, One Phalanx	3%
	d) other than great toe, each toe (one phalanx or more)	1%
17.	Fractured Leg and/or Patella with Established Non-Union	10%
18.	Shortening of Leg by at least 5 cm	7.5%
19.	Permanent and Incurable Insanity	100%

**Note:** The policy schedule and policy wordings shall be read together to form an entire contract between CMI and the policyholder/insured person.

In the event of any Permanent disablement not otherwise provided for under the Compensation Table, the Company reserved the right to adopt such percentage as in the Company's opinion the percentage of disablement without taking into account the occupation of the Insured Person and which is not inconsistent with the indemnities provided under the Compensation Table.

If the Insured Person is left-handed, the percentage relating to the right arm or right hand shall apply to the left arm or left hand respectively and the percentages relating to the left arm or left hand apply to the right arm or right hand respectively.

When more than one infirmity arises from one accident the percentage are added together but cannot exceed 100% of the Permanent Disablement Indemnity stated in the Schedule of Benefits.

**COMPENSATION LIMIT:** Compensation for each Insured Person shall not be payable for more than one of the Events 1 to 19 in the Compensation Table in respect of the same injury. The admission of any one benefit (Event 1 to 19 in the Compensation Table) will exhaust that particular benefit coverage for a particular Insured Person. The Policy will continue as if that coverage benefit had been cancelled for that Insured Person.

Total compensation payable for each Insured Person in one policy year is limited to 100% of the Basic Cover. Should this 100% limit be reached before the end of coverage term, then coverage for that Insured Person lapses at the moment the last event giving rise to the 100% benefit or that difference making up the balance of the 100% benefit occurs.

## SECTION 9 - ADDITIONAL BENEFITS

### 1. **Bereavement Benefit (Due To Accident)**

If the Insured Person dies due to a covered Accident during the Period of Insurance, the Company shall pay to the named nominee the Bereavement benefit as shown in the Schedule of Benefits.

### 2. **Snatch Theft Compensation Benefit**

In the event of snatch theft causing injuries/disablement, we will pay a lump sum of RM250 upon receipt of a copy of the Police Report lodged and supporting medical report and/or medical bills for treatment sought.

### 3. **Mobility Expenses**

If whilst this Policy is in force, an Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Total Disablement of such a nature that such Insured Person need and can operate:

- a) a Self-powered, climbing wheelchair; and/or
- b) his/her motor vehicle with the controls suitably adjusted; and/or
- c) a lift, necessary ramps, railings and holds to usual place of residence

the Company agrees to reimburse up to RM2,000 or 95% of the costs of such equipment and the installation thereof whichever is lesser.

### 4. **Credit Card Indemnity**

If the Insured Person suffers loss of life or sustains Permanent Total Disablement as a result of an Injury sustained during an Overseas Trip, the Company will pay for the then current month outstanding credit card expenses (less any arrears payments from prior months) incurred by the Insured Person during the Overseas Trip and up to the benefit level maximum of RM3,000

Any claim must be accompanied by the original copy of the bank credit card monthly statement(s), along with other necessary claim documentation specified herein.

The Company shall not be liable for any claim arising directly or indirectly from, in respect of or due to any of the following:-

- 1 Any loss that is covered by any other existing insurance scheme

### 5. **Automobile Assist**

#### a) Emergency Towing Assistance

In the event that the User's vehicle breaks down or is involved in an accident and is immobilized while on the road, Travel Guard Asia Pacific will assist in making arrangement for the vehicle to be towed to the nearest Subscriber's authorized workshop or nearest workshop. Travel Guard Asia Pacific can also arrange for the guarantee of towing charges on behalf of the User. A case fee shall be payable by the Subscriber to Travel Guard Asia Pacific for the provision of such a service.

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b) Roadside Repair Assistance

In the event that the User's vehicle breaks down and immediate repair is deemed possible, Travel Guard Asia Pacific shall assist the User by arranging for a car mechanic to the User's site. All third party expenses shall be borne by the User.

c) Alternative Travel Assistance

If the User's vehicle cannot be repaired and he/she urgently needs to reach his/her destination, Travel Guard Asia Pacific will assist the User in organizing alternative transport for the User to continue his/her journey. All third party expenses shall be borne by the User.

d) Arrangement for Rental Transport

Should the User's vehicle be involved in an accident and is immobilized with repair at the workshop, Travel Guard Asia Pacific will arrange for the rental of a vehicle of the same capacity, whenever possible. All third party expenses shall be borne by the User.

e) Repatriation of Vehicle

If the User's vehicle cannot be repaired when it breaks down, Travel Guard Asia Pacific will assist the User in arranging for the repatriation of the vehicle to the User's home. All third party expenses shall be borne by the User.

f) Product & Claims Information Services

Travel Guard Asia Pacific will provide information, in accordance with a protocol to be mutually agreed, on general claims procedures and main product features to the User, when requested and if available. Should Travel Guard Asia Pacific not have the information available, Travel Guard Asia Pacific will direct the User to contact the Company directly.

Executed and signed by the authorized signatory of **Chartis Malaysia Insurance Berhad** on the issuance date stated in the Policy Schedule.

**CHARTIS MALAYSIA INSURANCE BERHAD**



VICE PRESIDENT  
ACCIDENT & HEALTH DIVISION