

PRODUCT DISCLOSURE SHEET: SNATCH & ROBBERY COVER

(Read this Product Disclosure Sheet before you decide to take up SNATCH & ROBBERY COVER. Be sure to also read the general terms and conditions.)

1. What is this product about?

These are the monthly renewable non-participating term riders that provide additional coverage up to age 50 to complement the basic plan GOLIFE.

The riders consist of the following:

- Accidental death benefit rider
- Accidental total and permanent disability (TPD) benefit rider
- Corrective surgery benefit rider
- Ambulance service fee benefit rider
- Snatch theft & automated teller machine (ATM) robbery benefit rider

2. What are the covers/benefits provided?

Riders	Sum assured (RM)
Accidental death benefit <ul style="list-style-type: none"> • Provides lump sum benefit in the event of death of the life assured due to accidental causes 	38,000
Accidental TPD benefit <ul style="list-style-type: none"> • Provides lump sum benefit in the event of total and permanent disability of the life assured due to accidental causes 	38,000
Corrective surgery benefit <ul style="list-style-type: none"> • Provides reimbursement for surgical expenses incurred for corrective cosmetic surgery performed on any body part above the life assured's neck following injuries sustained due to accidental causes 	1,000 per calendar year (maximum 1 claim per accidental event)
Ambulance service fee benefit <ul style="list-style-type: none"> • Provides reimbursement for ambulance service fee for the purpose of transportation to, from or between hospitals, due to accidental causes 	500 per calendar year
Snatch theft & ATM robbery benefit <ul style="list-style-type: none"> • Provides lump sum benefit in the event the life assured becomes a victim of snatch theft or ATM robbery 	200 per calendar year (maximum 1 claim per calendar year)

Notes:

- The e-certificate will be renewed every month before the life assured's 50th birthday. However, this renewal is subject to premium payment and the terms and conditions mentioned in the master policy documents.

3. How much premium do I have to pay?

The monthly premium amount is RM 7.00.

The premium that you have to pay is not guaranteed and may be revised, as explained in question 5 below under "Non-guaranteed Premium".

Premium duration: up to age 50 of the life assured.

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

- Commission – 10% from the premium paid.

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

- **Importance of disclosure** – you must disclose all material facts fully and correctly such as health condition, full name as per National Registration Identity Card (NRIC), NRIC number, age or date of birth and other information as required during enrolment. If the certificate of insurance is intended wholly for your personal purposes, you must take reasonable care not to make a misrepresentation in disclosing the required information and to disclose any other facts that you know to be relevant to us. If it is proven there is a misrepresentation or suppression of material fact, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply in which it may result in avoidance of your certificate of insurance, refusal or reduction of your claim(s), change of terms or termination of your certificate of insurance. The obligation of continuous disclosure is your responsibility until the certificate of insurance is issued, varied or renewed.
- **Free look period** – you may cancel your e-certificate within 15 days from the delivery date of the first e-certificate. Any premium paid by the certificate owner will be refunded if the certificate owner cancels the insurance coverage during the free look period.
- **Limitation on TPD benefit** – the maximum aggregate amount payable on TPD benefit to the life assured under this certificate and all other individual and group policies or certificates with us is limited to RM2,000,000.
- **Non-guaranteed premium** – the premiums are not guaranteed and may be revised from time to time. At least 14 days written notice prior to the certificate monthly anniversary shall be given to you before implementing the revised premium.
- **Product withdrawal condition** – we reserve the right to cancel the master policy and the e-certificate as a whole if we decide to discontinue managing this insurance product by giving you and the certificate owner at least 14 days prior written notice. The master policy and the e-certificate, subject to the premium payment, will continue until the next premium due date after the notice period.
- **Pre-existing condition** – means any injury, illness, condition or symptom that existed prior to the initial commencement date or upon reactivation of the coverage, for which:
 - i. treatment, medication, advice or diagnosis has been sought or received;
 - ii. an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii. you and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- **Tax** – all taxes, including but not limited to any goods and services tax, and/or other forms of sales or consumption tax, whether currently in force or implemented after the date of the certificate will be charged in accordance with the applicable legislation at the prevailing rate. Where necessary, we will amend the terms of the certificate to take into account any such tax.
- **Nomination** – you may nominate a nominee(s) to receive the policy moneys payable. You are encouraged to ensure that your nominee(s) is aware of the insurance plan that you have enrolled.

Note: This list is non-exhaustive. Please refer to the master policy documents for the full list of the terms and conditions under this plan.

6. What are the major exclusions under this plan?**Exclusions on accidental benefit**

No benefit shall be payable if the covered accidental event is caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- suicide or self-inflicted injuries, while sane or insane;
- misuse of drugs or alcohol;
- war, violence or terrorism;
- hazardous sports;
- professional sports;
- active duty in military service or law enforcement organisation;
- air travel other than commercial flights;
- exposure from any radiation material from any source;
- any complication resulting from mosquito bites;
- viral, parasitic or bacterial infection;
- pre-existing physical or mental defect; or
- illness, disease, pregnancy, childbirth, food poisoning, hernia, AIDS, ARC or pre-existing conditions.

Additional exclusion for corrective surgery benefit

- any dental corrective procedures including but not limited to dentures, crowns and bridges.

Note: This list is non-exhaustive. Please refer to the master policy documents for further information on exclusions.

7. Can I cancel my rider(s) coverage?

You may cancel your rider(s) coverage by giving us a written notice and your coverage will end on the next premium due date.

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

It is important that you inform us of any change in your contact details to ensure that all future correspondences reach you in a timely manner.

9. Where can I get further information?

Should you require additional information about life insurance, please refer to the *insuranceinfo* booklet on 'Life Insurance', available at Sun Life Malaysia or you could log on to the Insurance Info website at www.insuranceinfo.com.my. For further information on claims procedures, please refer to Sun Life Malaysia's website at <https://www.sunlifemalaysia.com/client-care/make-a-claim>.



Sun Life Malaysia Assurance Berhad
Registration Number: 199001005930 (197499-U)

Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur
Telephone: (603) 2612 3600 wecare@sunlifemalaysia.com
Client Careline: 1300-88-5055 sunlifemalaysia.com

If you have any enquiries, please contact us at:
Sun Life Malaysia Assurance Berhad
Registration Number: 199001005930 (197499-U)

Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur

Alternatively, you may call the **Client Careline at 1300-88-5055**,
lodge an online enquiry via sunlifemalaysia.com,
email to us directly at wecare@sunlifemalaysia.com,
or fax to us at **(603) 2698 7035**.

10. Other similar types of plan available.

Please call our Client Careline for other similar types of plan available.

IMPORTANT NOTE:

BUYING LIFE INSURANCE PLAN IS A LONG-TERM FINANCIAL COMMITMENT. YOU MUST CHOOSE THE TYPE OF PLAN THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY DOCUMENTS OR CONTACT US DIRECTLY FOR MORE INFORMATION.

The information provided in this Product Disclosure Sheet is valid as of June 2019 onwards. This plan is underwritten by Sun Life Malaysia Assurance Berhad <Registration Number: 199001005930 (197499-U)>, an insurer registered with Bank Negara Malaysia under Financial Services Act 2013.

ANNEXURE

Rider conditions – Accidental death benefit rider

Note: This rider annexure will be read in conjunction with the summary of certificate and the master policy attached to the GOLIFE basic plan.

1. Definition

1.1 In this rider, the following words and phrases have meanings given next to them:

- a) **Accidental** means a sudden unintentional, unexpected, unusual and specific event caused by violent, external and visible means that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily injury or resulted in death of the life assured.
- b) **Accidental death** means:
 - i) death from bodily injury, occurring whilst this insurance coverage is in force for the life assured, resulting solely, directly and independently of all other causes, from external, violent and accidental means with visible contusion or wound on the exterior of the body or internal injury revealed by autopsy; or
 - ii) death from drowning revealed by autopsy.
- c) **Initial commencement date** means the first e-certificate commencement date as stated in the certificate of insurance.
- d) **Pre-existing condition** means:

Any injury, illness, condition or symptom that existed prior to the initial commencement date or upon reactivation of the coverage, for which:

 - i) treatment, medication, advice or diagnosis has been sought or received;
 - ii) an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii) the certificate owner and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- e) **Reactivation of coverage** means the coverage is reactivated after it has been discontinued for one month or more than one month. The coverage will continue upon successful premium deduction.

2. Application of rider

2.1 This rider applies only if it is stated and included in the certificate of insurance.

3. Description of benefit

- 3.1 Depending on the general conditions and, while the rider is in force, should we receive satisfactory proof of the accidental death (as defined) of the life assured and upon the approval of claim, we will pay the benefit amount according to the sum assured as per the selected plan or any subsequent endorsement issued thereof.
- 3.2 We will deduct any amount the certificate owner owes us.
- 3.3 The benefit will be payable provided the death of the life assured occurs within 180 days from the date of the accident.

4. Exclusions

- 4.1 The benefit will not be applicable or payable if the covered accidental event resulted directly or indirectly, wholly or partly, by any of the following occurrence:
 - a) Suicide, attempted suicide or self-inflicted injury/harm irrespective of the life assured's mental state, willful or negligent exposure to unnecessary risks or perils;
 - b) While or because the life assured is under the influence of alcohol, narcotic and/or drug or participating in any criminal act or brawl;
 - c) Direct or indirect involvement in, or as a victim of, any kind of war, violence, terrorism, any illegal activities or mutiny or popular rising, military insurrection, rebellion, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; and any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force or any de jure or de facto government;
 - d) Travel in any aircraft, except as a fare-paying passenger in a regular scheduled commercial aircraft;
 - e) Engaging in hazardous sport(s) (including but not limited to winter sports, ice hockey, horse riding, polo playing, canoeing, sailing or windsurfing, mountaineering, rock climbing, caving, potholing, hunting, hang gliding, sky diving, parachuting, scuba diving, boxing, wrestling, martial arts activities), unless such activities are engaged on a recreation basis with a licensed organization;
 - f) While engaging in professional sport activities of any kind;
 - g) Active duty in any navy, army, air force, military, fire service, civil defence, police or law enforcement organisation;
 - h) Exposure from any radiation material from any source;
 - i) Hernia, illness, disease, pregnancy, childbirth, miscarriage or food poisoning, Acquired Immuno-deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), pre-existing physical problem or condition and its direct or indirect complications;
 - j) Any complication resulting from mosquito bites;

- k) Any viral, parasitic or bacterial infection including food poisoning; or
- l) Any pre-existing physical or mental defect or infirmity.

5. Claim procedure

- 5.1 The legal representative shall give us written notice of his/her intention to claim for the accidental death benefit within 30 days after the occurrence of the accidental death event happens.
- 5.2 We will also need all the relevant documents and information to assess the claim as soon as possible.
- 5.3 We will only be able to assess the claim after we have received all the documents, information and evidence that we need.

6. Ending the benefit

- 6.1 This benefit will end at the earliest of any of the following circumstances:
 - a) Upon cancellation of this rider;
 - b) On this rider's benefit end date as shown in the certificate of insurance;
 - c) Upon death of the life assured or payment of the death benefit;
 - d) Upon payment of the TPD benefit of the life assured where the TPD benefit is equal to the death benefit;
 - e) Upon non-payment of premium;
 - f) Upon surrender of the certificate;
 - g) Upon cancellation of the certificate;
 - h) Upon termination of the telecommunication services with the master policy holder; or
 - i) On the certificate monthly anniversary immediately after the life assured's 50th birthday.

ANNEXURE

Rider conditions – Accidental total and permanent disability (TPD) benefit rider

Note: This rider annexure will be read in conjunction with the summary of certificate and the master policy attached to the GOLIFE basic plan.

1. Definition

1.1 In this rider, the following words and phrases have meanings given next to them:

- a) **Accidental** means a sudden unintentional, unexpected, unusual and specific event caused by violent, external and visible means that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily injury or resulted in death of the life assured.
- b) **Initial commencement date** means the first e-certificate commencement date as stated in the certificate of insurance.
- c) **Pre-existing condition** means:

Any injury, illness, condition or symptom that existed prior to the initial commencement date or upon reactivation of the coverage, for which:

- i) treatment, medication, advice or diagnosis has been sought or received;
 - ii) an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii) the certificate owner and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- d) **Reactivation of coverage** means the coverage is reactivated after it has been discontinued for one month or more than one month. The coverage will continue upon successful premium deduction.

e) **Total and permanent disability (TPD)** means the following:

If the life assured is working or operating their own business

If the life assured is between the age of 18 and 50, and working for money or operating their own business, they will be considered totally and permanently disabled if they were totally and permanently unable to do any work, occupation or profession to earn any wages, compensation or profit. The disability must last for at least 6 consecutive months.

If the life assured is unemployed or not operating their own business

If the life assured is between the age of 18 and 50 and at the time of suffering the disability is not in paid work or operating their own business or is a housewife, we will consider TPD to be the inability to carry out at least 3 of the 6 activities of daily living (as stated below) without the help of another person. The disability must last for at least 6 consecutive months.

- i) Transfer – Getting in and out of a chair without requiring physical assistance;

- ii) Mobility – The ability to move from room to room without requiring any physical assistance;
- iii) Continence – The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene;
- iv) Dressing – Putting on and taking off all necessary items of clothing without requiring assistance of another person;
- v) Bathing/Washing – The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means; or
- vi) Eating – All tasks of getting food into the body once it has been prepared.

The TPD covers the situations where any of the following occurs:

- i) Total and permanent loss of sight of both eyes;
- ii) Loss by severance of 2 limbs at or above the wrist or ankle;
- iii) Total and permanent loss of sight of 1 eye and loss by severance of 1 limb at or above the wrist or ankle; or
- iv) Permanent total paralysis.

2 of our appointed medical examiners must be satisfied that the life assured's disability meets the definition of TPD.

2. Application of rider

- 2.1 This rider applies only if it is stated and included in the certificate of insurance.

3. Description of benefit

- 3.1 Depending on the general conditions and while the rider is in force, should we receive satisfactory proof of the accidental TPD (as defined) of the life assured and upon the approval of claim, we will pay the benefit amount according to the sum assured as per the selected plan or any subsequent endorsement issued thereof.
- 3.2 We will deduct any amount the certificate owner owes us.
- 3.3 The benefit will be payable provided the TPD of the life assured occurs within 180 days from the date of the accident.
- 3.4 The maximum aggregate amount of the TPD benefit payable with respect to the TPD of the life assured under this and all other individual and group policies or certificates issued by us shall not exceed RM2,000,000.
- 3.5 If the TPD benefit payable is less than the sum assured for the death benefit, on the date the TPD begins, the insurance coverage on death will continue for the remaining balance of the sum assured. The sum assured for death benefit for all future terms will be reduced by the ratio of the benefit that has been paid for the TPD benefit upon the approval of the TPD claim. The reduction in the sum assured for the death benefit will apply from the date the TPD begins.

- 3.6 If the life assured dies before the TPD benefit is paid, the death benefit will be paid upon receipt of complete documents, and the TPD benefit will not be payable. The certificate of insurance will then be terminated.

4. Exclusions

- 4.1 The benefit will not be applicable or payable if the covered accidental event resulted directly or indirectly, wholly or partly, by any of the following occurrence:

- a) Suicide, attempted suicide or self-inflicted injury/harm irrespective of the life assured's mental state, willful or negligent exposure to unnecessary risks or perils;
- b) While or because the life assured is under the influence of alcohol, narcotic and/or drug or participating in any criminal act or brawl;
- c) Direct or indirect involvement in, or as a victim of, any kind of war, violence, terrorism, any illegal activities or mutiny or popular rising, military insurrection, rebellion, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; and any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force or any de jure or de facto government;
- d) Travel in any aircraft, except as a fare-paying passenger in a regular scheduled commercial aircraft;
- e) Engaging in hazardous sport(s) (including but not limited to winter sports, ice hockey, horse riding, polo playing, canoeing, sailing or windsurfing, mountaineering, rock climbing, caving, potholing, hunting, hang gliding, sky diving, parachuting, scuba diving, boxing, wrestling, martial arts activities), unless such activities are engaged on a recreation basis with a licensed organization;
- f) While engaging in professional sport activities of any kind;
- g) Active duty in any navy, army, air force, military, fire service, civil defence, police or law enforcement organisation;
- h) Exposure from any radiation material from any source;
- i) Hernia, illness, disease, pregnancy, childbirth, miscarriage or food poisoning, Acquired Immuno-deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), pre-existing physical problem or condition and its direct or indirect complications;
- j) Any complication resulting from mosquito bites;
- k) Any viral, parasitic or bacterial infection including food poisoning; or
- l) Any pre-existing physical or mental defect or infirmity.

5. Claim procedure

- 5.1 The certificate owner or his/her legal representative will need to send us written notice within 30 days to make a claim for TPD benefit after the date of such disability.
- 5.2 Satisfactory proof of TPD must be given before we consider this claim at the expense of the certificate owner or his/her legal representative.
- 5.3 We will not consider any disability which lasts less than 6 consecutive months.
- 5.4 We have the right to request the life assured undergo medical examination at any time by a legally qualified medical examiner appointed by us, at our cost, to support the TPD claim.

6. Ending the benefit

- 6.1 This benefit will end at the earliest of any of the following circumstances:
 - a) Upon cancellation of this rider;
 - b) On this rider's benefit end date as shown in the certificate of insurance;
 - c) Upon death of the life assured and payment of the death benefit;
 - d) Upon payment of the TPD benefit of the life assured where the TPD benefit is equal to the death benefit;
 - e) Upon non-payment of premium;
 - f) Upon surrender of the certificate;
 - g) Upon cancellation of the certificate;
 - h) Upon termination of the telecommunication services with the master policy holder;
or
 - i) On the certificate monthly anniversary immediately after the life assured's 50th birthday.

ANNEXURE

Rider conditions – Corrective surgery benefit rider

Note: This rider annexure will be read in conjunction with the summary of certificate and the master policy attached to the GOLIFE basic plan.

1. Definition

1.1 In this rider, the following words and phrases have meanings given next to them:

- a) **Accidental** means a sudden unintentional, unexpected, unusual and specific event caused by violent, external and visible means that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily injury or resulted in death of the life assured.
- b) **Calendar year** means the period of twelve months from January 1 to December 31.
- c) **Corrective cosmetic surgery** means surgery perform on any part above the neck by a cosmetic surgeon and is directly arising from the injuries sustained due to accidental causes.
- d) **Doctor or 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 life assured himself.
- e) **Initial commencement date** means the first e-certificate commencement date as stated in the certificate of insurance.
- f) **Injury** means bodily injured caused solely by accident.
- g) **Medically necessary** means a medical service which is:
 - i) consistent with the diagnosis and customary medical treatment for a covered disability;
 - ii) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - iii) not for the convenience of the life assured or the doctor, and unable to be reasonably rendered out of hospital (if admitted as an inpatient);
 - iv) not of an experimental, investigational or research nature, preventive or screening nature; and
 - v) for which the charges are fair and reasonable and customary for the disability.

h) **Pre-existing condition** means:

Any injury, illness, condition or symptom that existed prior to the initial commencement date or upon reactivation of the coverage, for which:

- i) treatment, medication, advice or diagnosis has been sought or received;
 - ii) an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii) the certificate owner and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- i) **Reactivation of coverage** means the coverage is reactivated after it has been discontinued for one month or more than one month. The coverage will continue upon successful premium deduction.
- j) **Reasonable and customary charges** means medically necessary charges for medically necessary care and service which we consider reasonable and customary to the extent that it does not exceed the general level of charges being made by other care and service providers of similar standing in Malaysia where the charge is incurred, when giving like or comparable treatment, services or supplies to individual of the same gender and comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the life assured's medical condition.

2. Application of rider

2.1 This rider applies only if it is stated and included in the certificate of insurance.

3. Description of benefit

3.1 Depending on the general conditions and while the rider is in force, should we receive satisfactory proof of corrective cosmetic surgery (as defined) performed on the life assured and upon the approval of claim, we will reimburse the surgical costs incurred, subject to the maximum amount according to the selected plan or any subsequent endorsement issued thereof.

3.2 We will deduct any amount the certificate owner owes us.

3.3 This benefit shall be payable provided:

- a) the surgery is performed within 180 days from the date of the accident;
- b) the surgery is recommended and performed by a licensed cosmetic surgeon;
- c) the surgery is medically necessary; and
- d) the surgical costs incurred are reasonable and customary charges.

3.4 In the event the corrective surgical costs, as the case maybe, have been reimbursed wholly or partly by another party, we will pay only for the amount in excess of that amount payable by the third party.

- 3.5 All claims must be evidenced and supported by original bill(s) and receipt(s).
- 3.6 The benefit is non-cumulative and will only be payable for not more than one claim per accidental event. However, the benefit paid will be reinstated at each calendar year, subject to the terms and conditions of the master policy.

4. Exclusions

- 4.1 The benefit will not be applicable or payable if the covered accidental event resulted directly or indirectly, wholly or partly, by any of the following occurrence:
- a) Suicide, attempted suicide or self-inflicted injury/harm irrespective of the life assured's mental state, willful or negligent exposure to unnecessary risks or perils;
 - b) While or because the life assured is under the influence of alcohol, narcotic and/or drug or participating in any criminal act or brawl;
 - c) Direct or indirect involvement in, or as a victim of, any kind of war, violence, terrorism, any illegal activities or mutiny or popular rising, military insurrection, rebellion, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; and any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force or any de jure or de facto government;
 - d) Travel in any aircraft, except as a fare-paying passenger in a regular scheduled commercial aircraft;
 - e) Engaging in hazardous sport(s) (including but not limited to winter sports, ice hockey, horse riding, polo playing, canoeing, sailing or windsurfing, mountaineering, rock climbing, caving, potholing, hunting, hang gliding, sky diving, parachuting, scuba diving, boxing, wrestling, martial arts activities), unless such activities are engaged on a recreation basis with a licensed organization;
 - f) While engaging in professional sport activities of any kind;
 - g) Active duty in any navy, army, air force, military, fire service, civil defence, police or law enforcement organisation;
 - h) Exposure from any radiation material from any source;
 - i) Hernia, illness, disease, pregnancy, childbirth, miscarriage or food poisoning, Acquired Immuno-deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), pre-existing physical problem or condition and its direct or indirect complications;
 - j) Any complication resulting from mosquito bites;
 - k) Any viral, parasitic or bacterial infection including food poisoning;
 - l) Any pre-existing physical or mental defect or infirmity; or
 - m) Any dental corrective procedures including but not limited to dentures, crowns and bridges.

5. Claim procedure

- 5.1 The certificate owner or his/her legal representative shall give us written notice of his/her intention to claim for the benefit within 30 days from the date the covered event happens.
- 5.2 Satisfactory proof of claim must be given to us before we consider this claim at the expense of certificate owner or his/her legal representative.

6. Ending the benefit

- 6.1 This benefit will end at the earliest of any of the following circumstances:
- a) Upon cancellation of this rider;
 - b) On this rider's benefit end date as shown in the certificate of insurance;
 - c) Upon death of the life assured and payment of the death benefit;
 - d) Upon payment of the TPD benefit of the life assured where the TPD benefit is equal to the death benefit;
 - e) Upon non-payment of premium;
 - f) Upon surrender of the certificate;
 - g) Upon cancellation of the certificate;
 - h) Upon termination of the telecommunication services with the master policy holder;
or
 - i) On the certificate monthly anniversary immediately after the life assured's 50th birthday.

ANNEXURE

Rider conditions – Ambulance service fee benefit rider

Note: This rider annexure will be read in conjunction with the summary of certificate and the master policy attached to the GOLIFE basic plan.

1. Definition

1.1 In this rider, the following words and phrases have meanings given next to them:

- a) **Accidental** means a sudden unintentional, unexpected, unusual and specific event caused by violent, external and visible means that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of bodily injury or resulted in death of the life assured.
- b) **Accidental bodily injury** means bodily injury, occurring whilst this insurance coverage is in force for the life assured due to accidental means.
- c) **Calendar year** means the period of twelve months from January 1 to December 31.
- d) **Hospitalisation** means admission to a hospital as a registered inpatient for medically necessary treatments for a covered disability upon recommendation of a physician. A patient will not be considered as an inpatient if the patient does not physically stay in the hospital for the whole period of confinement.
- e) **Initial commencement date** means the first e-certificate commencement date as stated in the certificate of insurance.
- f) **Medically necessary** means a medical service which is:
 - i) consistent with the diagnosis and customary medical treatment for a covered disability;
 - ii) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
 - iii) not for the convenience of the life assured or the doctor, and unable to be reasonably rendered out of hospital (if admitted as an inpatient);
 - iv) not of an experimental, investigational or research nature, preventive or screening nature; and
 - v) for which the charges are fair and reasonable and customary for the disability.
- g) **Pre-existing condition** means:

Any injury, illness, condition or symptom that existed prior to the initial commencement date or upon reactivation of the coverage, for which:

 - i) treatment, medication, advice or diagnosis has been sought or received;

- ii) an ordinary and prudent person with such injury, illness, condition or symptom would have sought advice or treatment in connection with his/her health; or
 - iii) the certificate owner and/or the life assured knew existed, whether or not treatment, medication, advice or diagnosis was sought or received.
- h) **Reactivation of coverage** means the coverage is reactivated after it has been discontinued for one month or more than one month. The coverage will continue upon successful premium deduction.

2. Application of rider

- 2.1 This rider applies only if it is stated and included in the certificate of insurance.

3. Description of benefit

- 3.1 Depending on the general conditions and while the rider is in force, should we receive satisfactory proof of the life assured's hospitalisation directly arising from the accidental bodily injury and requires the use of ambulance services for the purpose of transportation to, from or between hospital and upon the approval of claim, we will reimburse the actual expense incurred, subject to the maximum amount according to the sum assured as per the selected plan or any subsequent endorsement issued thereof.
- 3.2 We will deduct any amount the certificate owner owes us.
- 3.3 This benefit shall be payable provided:
- a) the hospitalisation occurred within 180 days from the date of the accident; and
 - b) the hospitalisation is medically necessary.
- 3.4 In the event the ambulance service fee incurred, as the case maybe, have been reimbursed wholly or partly by another party, we will pay only for the amount in excess of that amount payable by the third party.
- 3.5 All claims must be evidenced and supported by original bill(s) and receipt(s).
- 3.6 The benefit is non-cumulative. However, the benefit paid will be reinstated at each calendar year, subject to the terms and conditions of the master policy.

4. Exclusions

- 4.1 The benefit will not be applicable or payable if the covered accidental event resulted directly or indirectly, wholly or partly, by any of the following occurrence:
- a) Suicide, attempted suicide or self-inflicted injury/harm irrespective of the life assured's mental state, willful or negligent exposure to unnecessary risks or perils;
 - b) While or because the life assured is under the influence of alcohol, narcotic and/or drug or participating in any criminal act or brawl;

- c) Direct or indirect involvement in, or as a victim of, any kind of war, violence, terrorism, any illegal activities or mutiny or popular rising, military insurrection, rebellion, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege; and any act of any person acting on behalf of or in connection with any organisation with activities directed towards the overthrow by force or any de jure or de facto government;
- d) Travel in any aircraft, except as a fare-paying passenger in a regular scheduled commercial aircraft;
- e) Engaging in hazardous sport(s) (including but not limited to winter sports, ice hockey, horse riding, polo playing, canoeing, sailing or windsurfing, mountaineering, rock climbing, caving, potholing, hunting, hang gliding, sky diving, parachuting, scuba diving, boxing, wrestling, martial arts activities), unless such activities are engaged on a recreation basis with a licensed organization;
- f) While engaging in professional sport activities of any kind;
- g) Active duty in any navy, army, air force, military, fire service, civil defence, police or law enforcement organisation;
- h) Exposure from any radiation material from any source;
- i) Hernia, illness, disease, pregnancy, childbirth, miscarriage or food poisoning, Acquired Immuno-deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), pre-existing physical problem or condition and its direct or indirect complications;
- j) Any complication resulting from mosquito bites;
- k) Any viral, parasitic or bacterial infection including food poisoning; or
- l) Any pre-existing physical or mental defect or infirmity.

5. Claim procedure

- 5.1 The certificate owner or his/her legal representative shall give us written notice of his/her intention to claim for the benefit within 30 days from the date the covered event happens.
- 5.2 Satisfactory proof of claim must be given to us before we consider this claim at the expense of certificate owner or his/her legal representative.

6. Ending the benefit

- 6.1 This benefit will end at the earliest of any of the following circumstances:
 - a) Upon cancellation of this rider;
 - b) On this rider's benefit end date as shown in the certificate of insurance;
 - c) Upon death of the life assured and payment of the death benefit;

- d) Upon payment of the TPD benefit of the life assured where the TPD benefit is equal to the death benefit;
- e) Upon non-payment of premium;
- f) Upon surrender of the certificate;
- g) Upon cancellation of the certificate;
- h) Upon termination of the telecommunication services with the master policy holder;
or
- i) On the certificate monthly anniversary immediately after the life assured's 50th birthday.

ANNEXURE

Rider conditions – Snatch theft & automated teller machine (ATM) robbery benefit rider

Note: This rider annexure will be read in conjunction with the summary of certificate and the master policy attached to the GOLIFE basic plan.

1. Definition

1.1 In this rider, the following words and phrases have meanings given next to them:

- a) **Calendar year** means the period of twelve months from January 1 to December 31.
- b) **Snatch theft** means the act of dishonestly taking movable property out of the possession of another, without that other person's consent and accompanied with the elements of stealth, surprise and force, with the intention of permanently depriving that other person of it.

2. Application of rider

2.1 This rider applies only if it is stated and included in the certificate of insurance.

3. Description of benefit

- 3.1 Depending on the general conditions and while the rider is in force, should we receive satisfactory proof of the life assured becomes a victim of snatch theft (as defined) or the life assured is robbed after withdrawing money from ATM worldwide and upon the approval of claim, we will pay the benefit amount according to the sum assured as per the selected plan or any subsequent endorsement issued thereof.
- 3.2 We will deduct any amount the certificate owner owes us.
- 3.3 The benefit shall be payable provided the incident is reported to the police within 24 hours of the occurrence of the event. Any claim must be accompanied by written documentation issued by the police authority and proof of ATM withdrawal with amount withdrawn (applicable for ATM robbery).
- 3.4 The benefit is non-cumulative and will only be payable once every calendar year, for not more than one claim per accidental event.
- 3.5 The benefit paid will be reinstated at each calendar year, subject to the terms and conditions of the master policy.

4. Claim procedure

- 4.1 The certificate owner or his/her legal representative shall give us written notice of his/her intention to claim for the benefit within 30 days from the date the covered event happens.
- 4.2 Satisfactory proof of claim must be given to us before we consider this claim at the expense of certificate owner or his/her legal representative.

5. Ending the benefit

5.1 This benefit will end at the earliest of any of the following circumstances:

- a) Upon cancellation of this rider;
- b) On this rider's benefit end date as shown in the certificate of insurance;
- c) Upon death of the life assured and payment of the death benefit;
- d) Upon payment of the TPD benefit of the life assured where the TPD benefit is equal to the death benefit;
- e) Upon non-payment of premium;
- f) Upon surrender of the certificate;
- g) Upon cancellation of the certificate;
- h) Upon termination of the telecommunication services with the master policy holder;
or
- i) On the certificate monthly anniversary immediately after the life assured's 50th birthday.