

Product Disclosure Sheet - Group Hospital and Surgical Insurance

Read this Product Disclosure Sheet before You decided to take out the Group Hospital and Surgical Insurance. Be sure to also read the general terms and conditions.



1. What is this product?

This policy provides for hospitalization and surgical expenses incurred due to illness covered under the policy including additional benefits.

2. What are the covers / benefits provided?

This policy covers:

- Hospital room and board;
- Surgical expenses;
- Reimbursement of medical expenses; and
- Other additional benefits (depending on the benefits and limits).

The duration of cover is for one year. You need to renew Your insurance policy annually. (Please ensure that the insurance policy is renewed before the expiry date.)

3. How much premium do I have to pay?

The total premium that You have to pay may vary depending on the benefits, limits and underwriting requirements.

4. What do I have to pay in addition to the premium?

Type	Amount
Stamp Duty	RM10.00
Tax (where applicable)	6% on the premium (included in the premium)
Commissions paid to the insurance intermediaries (if any)	Maximum up to 10% of the premium (excluding applicable taxes)

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

- Importance of disclosure – Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for yourself / family / dependents, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.
- Cooling off Period – You may cancel Your policy by returning the policy within 15 days after You receive the policy. The premium that You have paid (less any medical fee incurred) will be refunded to You.
- Waiting Period – The eligibility for benefits under the policy will only start 30 days after the effective date of the policy, except for accidental causes.
- Coverage will cease on expiry date and We shall strictly not be liable for any expenses that take place after the expiry date.
- Upgraded Room and Board Co-Payment – If You are hospitalized at a published Room and Board rate which is higher than your eligible benefit, You shall bear 20% of the other eligible benefits described in the Schedule of Benefits.
- Upgraded Insured Plan – Application for upgrading can only be made on renewal and is subject to underwriting and acceptance by Us.
- Pre-existing Illness – Shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:
 - (a) The Insured Person had received or is receiving treatment
 - (b) Medical advice, diagnosis, care or treatment has been recommended
 - (c) Clear and distinct symptoms are or were evident
 - (d) Its existence would have been apparent to a reasonable person in the circumstances
- Specified Illness – Shall mean the following disabilities and its related complications, occurring within the first 120 days of insurance of the Insured Person
 - (a) Hypertension, cardiovascular disease and diabetes mellitus.
 - (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary and biliary system.
 - (c) All ear, nose (including sinuses) and throat conditions.
 - (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele.
 - (e) Endometriosis including disease of the reproduction system.
 - (f) Vertebra-spinal disorders (including disc) and knee conditions.
- Claim – must be made within 30 days of occurrence of the event giving rise to the claim.

6. What are the major exclusions under this policy?

This Policy does not cover:

- Pre-existing illness.
- Specified Illnesses occurring during the first 120 days of continuous cover.
- Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date of reinstatement whichever is latest except for accidental injuries.
- Plastic / Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of near-sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases requiring quarantine by law.
- Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
- Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
- Hospitalization primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically

Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specially for weight reduction or gain.

- Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
- War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
- Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, massage or aromatherapy or other alternative treatment.
- Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
- Costs / expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit / pack and other ineligible non-medical items.
- Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
- Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
- Expenses incurred for sex changes.

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

7. Can I cancel my Policy?

You may cancel your policy by giving a written notice to Us. Upon cancellation, You are entitled to a refund of the premium based on the short period rates for the unexpired period of insurance subject to the minimum premium to be retained by Us. There will be no refund premium if there is a claim under the policy.

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

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

9. Where can I get further information?

Should you require additional information about Health and Medical Insurance, please refer to the insurance info booklet on 'Health and Medical Insurance', available at all our branches or you can obtain a copy from the insurance intermediary or visit www.insuranceinfo.com.my

If you have any queries, please contact us at:

Chubb Insurance Malaysia Berhad
Registration Number: 197001000564 (9827-A)
Wisma Chubb
38 Jalan Sultan Ismail
50250 Kuala Lumpur
O +6 03 2058 3000
F +6 03 2058 3333
E Inquiries.MY@chubb.com
W www.chubb.com/my

10. Other types of Medical and Health cover available

Please refer to Our website : www.chubb.com/my

IMPORTANT NOTE :

YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THIS PLAN IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

This product disclosure sheet is prepared in both English and Bahasa Malaysia versions. In the event of any inconsistencies between the English and Bahasa Malaysia versions, the English version shall prevail.

Please be reminded that:

- you have a duty to take reasonable care to provide us or our intermediary with all relevant information in order for us to provide you with the most suitable financial products and by withholding any information which we or our intermediary request for, or providing inaccurate information, we may not be able to recommend you a suitable financial product to cater to your needs;
- you should read and understand the contract terms and discuss further with us or our intermediary if there are any terms that you do not understand, before accepting the policy contract.

By accepting the policy contract, you would acknowledge that our intermediary or Chubb personnel had explained to you clearly on the policy contract coverage and key contract terms, and that the policy contract offered is suitable for your insurance needs.

The information provided in this brochure is valid from 24/4/2020.