PRUCare Life

- Master Policy Document

Prudential Assurance Malaysia Berhad 198301012262 (107655-U)
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Part of Prudential plc (United Kingdom)

MASTER POLICY SCHEDULE

Plan Information

Plan Name	**PRU**Care Life
Policy Number	PCL001
Master Policyholder	PRUDENTIAL ASSURANCE MALAYSIA BERHAD Company No. 198301012262 (107655-U) Address: Level 26, Menara Prudential, Persiaran TRX Barat, 55188 Tun Razak Exchange, Kuala Lumpur, Malaysia
Eligible Members	Members of Employees Provident Fund ("EPF"), who are between age next birthday of 19 and 60
Effective Date	15 November 2021
Benefits	• Critical Illness Benefit • Dengue Fever Benefit
Sum Assured	As shown in Insured Member's Insurance Certificate
Payment Frequency	Single Premium
Premium Amount	As shown in Insured Member's Insurance Certificate. The amount is decided based on the Insured Member's gender, age next birthday and smoking status on the Commencement Date of the Insured Member's Insurance Certificate.
Coverage Period	As shown in Insured Member's Insurance Certificate

IMPORTANT NOTE:
The benefit(s) payable under eligible certificate/policy is(are) protected by Perbadanan Insurans Deposit Malaysia ("PIDM") up to limits. Please refer to PIDM's Takaful and Insurance Benefits Protection System ("TIPS") Brochure or contact Prudential Assurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).

POLICY INFORMATION STATEMENT

Master Policyholder should read the following information in line with the conditions stated in this Policy.

1. **PROOF OF AGE**
The Insured Member's age has not been admitted. Therefore, in the event of claim under this Policy, We require satisfactory proof of age of Insured Member from claimant.

2. **CHANGE OF CONTACT DETAILS**
In order for Us to keep Master Policyholder informed of material information, Master Policyholder must make sure We have the latest Master Policyholder's contact details.

3. **FREE LOOK PERIOD**
The Insured Member may within fifteen (15) days after the delivery of the Insurance Certificate ("Free Look Period"), cancel the Insurance Certificate through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. We shall refund the premiums paid in respect of the Insurance Certificate less any medical expenses which We may have already paid or agreed to pay.

4. **TERMINATING THE POLICY**
Master Policyholder can terminate this Policy by giving 30 days (or any period as provided under the law) prior written notice to Us. Upon expiration of the notice period, We will stop issuing Insurance Certificate to enrol new Insured Member. As for the existing Insured Members, their insurance coverage shall continue until the insurance coverage is terminated in accordance with this Policy.

5. **PAYMENT OF PREMIUMS**
Premiums will be made via withdrawal from Insured Member's Employees Provident Fund ("EPF") Account.

   Any premiums paid to Us will be shown in the Insured Member's EPF statement. It is important to keep the EPF statement as proof of payment of premium for any future reference.

   The Insurance Certificate that We issued to the Insured Member shall not serve as proof of payment of premium. In the event of non-receipt of premium from the Insured Member's EPF Account, the Insurance Certificate shall be void by treating as if the Insurance Certificate was never issued.

6. **SURRENDERING THE INSURANCE CERTIFICATE**
The Insured Member may surrender the Insured Member's Insurance Certificate at any time through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. Upon surrender of the Insured Member's Insurance Certificate, We shall pay the Surrender Value of the Insurance Certificate.

7. **CUSTOMER SERVICE**
We are committed to provide quality service to all Our customers. Please feel free to email Us at customer.mys@prudential.com.my if you have any enquiries on your Policy.

8. **CONSUMER AWARENESS**
BNMLINK and BNMTELELINK provide customer service on general enquiries and public complaints in matters related to the financial sector. Besides that, it also provides information on the regulatory aspects of insurance products and services. BNMLINK and BNMTELELINK can be contacted at the following address:

   BNMLINK
   (Walk-in Customer Service Centre)
   Ground Floor, D Block,
   Jalan Dato' Onn,
   50480 Kuala Lumpur
   Operating hours: 9.00am-5.00pm (Monday-Friday)

   BNMTELELINK
   Jabatan LINK & Pejabat Wilayah
   Bank Negara Malaysia
   P.O. Box 10922
   50929 Kuala Lumpur
   Tel: 1-300-88-5465 (LINK)
   Fax: 03-2174 1515
   E-mail: bnmtelelink@bnm.gov.my

9. **OMBUDSMAN FOR FINANCIAL SERVICES**

The Ombudsman for Financial Services is set up to offer consumer protection to policyholders, and to resolve disputes over claims settlement between the insurance company and consumers/policyholders. Any policyholder who is not satisfied with the decision of the insurance company may write to the ombudsman at the following addresses:

Ombudsman for Financial Services
(formerly known as Financial Mediation Bureau)
Level 14, Main Block,
Menara Takaful Malaysia,
No. 4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.
Tel: 03-2272 2811
Fax: 03-2272 1577
Website: www.ofs.org.my

10. **JABATAN LINK & PEJABAT WILAYAH**
Jabatan LINK & Pejabat Wilayah in Bank Negara Malaysia oversees and monitors public complaints and inquiries on insurance and insurance related matters. Jabatan LINK & Pejabat Wilayah can be contacted at the following address:

Jabatan LINK & Pejabat Wilayah
Bank Negara Malaysia
Level 13C
P.O. Box 10922
50929 Kuala Lumpur
Tel: 03-2698 8044
Fax: 03-2693 4051

GENERAL PROVISIONS

1. CURRENCY

1.1. All payments under this Policy will be in Ringgit Malaysia.

2. THE CONTRACT

2.1. The rights of the Master Policyholder or any Insured Member under this Policy shall not be affected by any provision other than those inside this Policy. The Master Policyholder shall have the right to exercise every option, benefit, right or privilege conferred by the provisions in this Policy. Every transaction between the Master Policyholder and Us relating to this Policy shall be valid and binding on both the Master Policyholder and the Insured Member. Further, the Master Policyholder shall indemnify and keep Us indemnified against any and all actions, claims, costs (including all legal costs on solicitor and client basis), damages (including any damages or compensation paid by Us on the advice of Our legal advisers to compromise or settle any such claim), demands, expenses, fines, losses, penalties, proceedings, that We may incur or suffer as a result of the Master Policyholder's failure to perform, fulfil or observe its obligations under this Policy.

2.2. The Master Policyholder may only assign, transfer or charge all or any of its rights or obligations under this Policy, after obtaining Our written consent.

3. ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES

3.1. Regardless of anything to the contrary contained in this Policy, (i) if We learn or are notified that the Master Policyholder, the Insured Member, or any other beneficial owner named at the application stage, nominee, beneficiary, individual or entity that is associated with this Policy, is named on any Sanctions list, or is threatened with being added to any Sanctions list, or (ii) if We or any bank or other relevant third party could be found to be in breach of Sanctions obligations as a result of taking any action under this Policy, then We may:

(a) terminate this Policy (or terminate the insurance coverage of the Insured Member) with immediate effect with or without prior notice to the Master Policyholder or the Insured Member, and/or

(b) take any other action We may deem appropriate, including but not limited to notifying any relevant government authority, withholding any payments, freezing any monies paid to Us, and transferring any such payments or monies to any relevant government authorities.

3.2. We shall not be liable for any losses of whatever nature that the Master Policyholder, Insured Member or anyone else may incur as a result of Us taking action under this clause. This clause, and Our ability to claim for any losses that We may incur arising out of the operation of this clause, shall survive any termination of this Policy.

For the purpose of this clause, "Sanctions" mean:
restrictive measures imposed on targeted regimes, countries, governments, entities, individuals and industries by international bodies or governments in Malaysia or outside of Malaysia, including but not limited to the Office of Financial Sanctions Implementation HM Treasury, the United Nations, the European Union, the US Treasury Department's Office of Foreign Assets Control, and Ministry of Home Affairs in Malaysia.

4. TAXES

4.1. Taxes may be imposed or increased, at any time on any of the premiums, charges or other payments due and payable for this Policy. If so, the Master Policyholder or the Insured Member, whichever applies, shall pay the Taxes at the applicable prevailing rate.

5. MISREPRESENTATION / FRAUD

5.1. If the Master Policyholder's and/or the Insured Member's answer or statement or information provided before this Policy was entered into, varied or renewed is found to be false or misleading, or if the Master Policyholder and/or the Insured Member has failed to disclose information as required, We have the right to void this Policy or exercise any of the rights available to Us in Schedule 9 of the Financial Services Act 2013 or any other law that replaces this Act. In this regard, any refund made shall be paid to the Insured Member.

5.2. If any information given to support any benefits or claim made is fraudulent or exaggerated, or any false declaration was made in support of such claim, We can terminate this Policy.

6. INTERPRETATION

6.1. This Policy shall be interpreted and governed by the laws of Malaysia.

6.2. In this Policy, unless We say something else or unless it should in the circumstances be understood differently:

(a) the headings are inserted for convenience only and shall not affect the interpretation of this Policy;

(b) the words including the singular shall include the plural and vice-versa; and

(c) a masculine personal pronoun as used herein includes the feminine, whenever the context requires.

6.3. If any provision or part of a provision of this Policy is invalid or unenforceable under the law, the validity and enforceability of the remaining provisions are not affected. The affected provision or part of the provision is deemed to be severed.

7. CHANGES AND NOTIFICATIONS

7.1. Notifications

7.1.1. All notices must be in writing and shall be treated as served on the Master Policyholder if delivered or sent to or left at the Master Policyholder's business address or any other address the Master Policyholder gives Us in writing. Any notice sent by post shall be treated as received 3 days after it is posted.

7.1.2. All notices must be in writing and shall be treated as served on the Insured Member if delivered or sent to or left at the Insured Member's latest correspondence address or any other address the Master Policyholder or the Insured Member gives Us in writing. Any notice sent by post shall be treated as received 3 days after it is posted.

7.1.3. We may give the Master Policyholder or the Insured Member notice by fax, e-mail, text message, or electronic means. We may also give the Master Policyholder or the Insured Member notice by any other method if We feel the circumstances are appropriate after considering the market development on such method. Any notice sent by fax shall be treated as written notice and served when We get confirmation of the transmission. If notice is sent by e-mail or text message or electronic means or any other method, it shall be treated as written notice and served on the next business day after sending.

7.1.4. All requests and/or notices and/or claims must be served on Us in writing through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us. They shall only be treated as served when We actually received them.

7.2. Changes To The Policy

7.2.1. We can change any provisions in this Policy by giving the Master Policyholder notice for any of the following reasons:

(a) if in view of any laws, regulations, rules, orders, directives, requirements, standards, guidelines and code of practice by any governmental statutory or regulatory body or association, We think it is necessary to make such changes;

(b) to respond to changes in the way this Policy is managed or administered, with proper regard to the need to treat the Master Policyholder (or the Insured Member when required under the law) fairly;

(c) to respond to changes in technology or general practice in the insurance industry; or

(d) to correct errors, if it is reasonable to do so.

8. Surrendering the Insurance Certificate

8.1. The Insured Member can surrender the Insured Member's Insurance Certificate at any time through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us.

8.2. Upon surrender of the Insurance Certificate, We shall pay the Surrender Value of the Insurance Certificate.

9. VARIATIONS OR AMENDMENTS

9.1. For clarity, except when the amendment is signed by Us, no person is authorized to revise this Policy. For example, no person is authorised to accept premiums in arrears, to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted.

10. LEGAL PROCEEDINGS

10.1. No action in law or in equity shall be brought to recover on this Policy before the expiration of 60 days after the written proof of claim has been submitted to Us in line with the requirements set out in this Policy.

11. ARBITRATION

11.1. If there is any disagreement about this Policy, the matter shall be referred to an Arbitrator to be appointed in writing by the Master Policyholder and Us. If both parties cannot agree on one Arbitrator, We shall each appoint an Arbitrator, within 1 calendar month from being required to do so in writing by the other party. If the two Arbitrators cannot agree on a decision, an Umpire, who shall have been appointed in writing by the Arbitrators before the Arbitration, shall make the final decision. An award by Arbitration shall be a condition precedent to any right of action against Us. If We decide We are not liable for a claim and it is not taken to Arbitration within 12 months of Our decision, We shall assume the claim has been abandoned.

12. NON-PARTICIPATING POLICY

12.1. This Policy shall not participate in any surplus distribution by Us.

END OF GENERAL PROVISION

BASIC PROVISIONS

1. DEFINITIONS

In this Policy, the following words and phrases are defined as below:

1.1 **Age** means age next birthday.

1.2 **Commencement Date** means the start date of the Insurance Certificate and is the date from which the insurance coverage is effective on the Insured Member. The Commencement Date is shown in the Insurance Certificate issued to the Insured Member.

1.3 **Dengue Fever** means the dengue fever must be diagnosed in Malaysia by a Doctor, and supported by a confirmatory test result from one of the following confirmatory tests:

(a) Dengue Virus Antigen Detection (NS1)
(b) Dengue IgM (MAC-ELISA)

1.4 **Diagnosed or Diagnosis** means a definite diagnosis made by a Doctor based on specific evidence of a Critical Illness or Dengue Fever, whichever is applicable. It shall be based on radiological, clinical, histological or laboratory evidence that We accept. If there is any doubt about the diagnosis, We can arrange a physical examination of the Insured Member or analysis of the evidence used in arriving at the diagnosis. This is carried out by an independent expert in the field of medicine concerned. His/her opinion shall be binding on both Insured Member and Us.

1.5 **Doctor or Surgeon or Physician** means a registered medical practitioner qualified and licensed in Malaysia to practice western medicine. In providing treatment, this person must be practicing within the scope of his licensing and training in the geographical area of practice. This person cannot be the Master Policyholder, the Insured Member, the Insured Member's or Master Policyholder's husband or wife or a close relative.

1.6 **Effective Date** means the date from which this Policy is operative between the Master Policyholder and Us.

1.7 **Eligible Members** mean the persons as shown in the Master Policy Schedule of this Policy, who are entitled to participate in the insurance plan under this Policy subject to the terms of this Policy.

1.8 **Hospital** means an establishment set up and registered as a hospital for the care and treatment of sick and injured people as paying bed patients, and which:
(a) has facilities for diagnosis and major surgery;
(b) provides 24-hours nursing services by registered and graduate nurses;
(c) is under the supervision of a Doctor, and
(d) is not mainly a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or a home for the elderly, or a similar establishment.

1.9 **Insurance Certificate** means the Insurance Certificate that We issue to the Insured Member.

1.10 **Insured Members** mean the persons who in line with Part 2 of the Basic Provisions of this Policy, are participating in the insurance plan under this Policy.

1.11 **Master Policyholder** means the party named in the Master Policy Schedule of this Policy as the Master Policyholder.

1.12 **Pre-Existing Conditions** mean disability, illness and/or condition that the Insured Member has reasonable knowledge of before the Commencement Date of the Insured Member's Insurance Certificate. The Insured Member may be considered to have reasonable knowledge of a pre-existing condition where the disability, illness and/or condition is one for which:
(a) the Insured Member 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; or
(d) its existence would have been apparent to a reasonable person in the circumstances.

1.13 **Policy** means the General Provisions, Basic Provisions, any supplementary policies, schedules, annexures, appendices, endorsements, Insurance Certificate, Master Policy Schedule, Insurance Certificate Schedule, and any amendments We have signed. This Policy shall be the contract between the Master Policyholder and Us.

1.14 **Taxes** mean:
(a) goods and services tax;

(b) value added tax;
(c) consumption tax; or
(d) any other tax, duty, charge or imposition of a similar nature by whatever name called;
which may be imposed or charged under the laws and regulations, or rules, rulings or guides from the relevant authority.

1.15 **We/Us/Our** means Prudential Assurance Malaysia Berhad, the insurer.

2. PARTICIPATION

2.1 In the event that We agree to provide insurance coverage to the said Eligible Member, We shall issue an Insurance Certificate to signify Our acceptance. The insurance coverage of the newly enrolled Insured Member shall commence from the Commencement Date of the Insured Member's Insurance Certificate.

3. TERMINATION

3.1 Termination of an Insured Member's insurance coverage

The insurance coverage in this Policy for any of the Insured Members, shall automatically terminate on the earliest of the following:

(a) the date the insurance coverage of the Insured Member is cancelled, voided or terminated;
(b) upon payment of Surrender Value under the Insured Member's Insurance Certificate;
(c) on the last day of the Coverage Period of the Insured Member's Insurance Certificate;
(d) the date on which the Insured Member dies; or
(e) when there is no amount payable for any benefits under the Insurance Certificate.

3.2 Termination of this Policy

Either party to this Policy may terminate this Policy by providing 30 days (or any period as provided under the law) prior written notice of termination to the other party. Upon expiration of the notice period, We will stop issuing Insurance Certificate to enrol new Insured Member. As for the existing Insured Members, their insurance coverage shall continue until the insurance coverage is terminated in accordance with this Policy.

Termination of this Policy shall not affect any claim that has arisen before this Policy terminates.

4. BENEFITS

4.1 Critical Illness Benefit

4.1.1 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed as suffering from a Critical Illness while the Insured Member is covered under the Insurance Certificate, We will pay the Sum Assured for Critical Illness Benefit as shown in the Insurance Certificate Schedule of the Insured Member's Insurance Certificate, less any amount that became payable as a result of Our approval for any of the claims for Critical Illness Benefit.

4.1.2 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed as suffering from Angioplasty and Other Invasive Treatments for Coronary Artery Disease while the Insured Member is covered under the Insurance Certificate, We will pay only 10% of the Sum Assured for Critical Illness Benefit shown in the Insurance Certificate Schedule of the Insured Member's Insurance Certificate, up to a maximum of RM25,000.

4.1.3 We shall not pay for more than one Critical Illness at any one time under one Insurance Certificate, except for the Critical Illness defined in Clause 4.1.6.2 (7) of this Policy.

4.1.4 Exclusions of Critical Illness Benefit

4.1.4.1 We shall not pay for any Critical Illness Benefit under this Policy, where it is:

(a) a claim for Heart Attack, Coronary Artery By-Pass Surgery, Serious Coronary Artery Disease, Cancer or Angioplasty And Other Invasive Treatments For Coronary Artery Disease and the symptoms of any of these Critical Illness manifest at any time before or within sixty (60) days' waiting period from the Commencement Date of the Insured Member's Insurance Certificate;

(b) a claim for all other Critical Illnesses that are listed in Clause 4.1.6.2 of this Policy and the symptoms of any of these Critical Illness manifest at any time before or within thirty

(30) days' waiting period from the Commencement Date of the Insured Member's Insurance Certificate;

or

(c) a claim the Insured Member is diagnosed as suffering from a Critical Illness that:

(i) arises directly or indirectly from any Pre-Existing Conditions; or

(ii) is caused directly or indirectly by the existence AIDS or the presence of any HIV infection. The only exception to this is when the Critical Illness claimed for is itself HIV Infection Due To Blood Transfusion, Full-Blown AIDS or Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection.

4.1.4.2 We shall not pay for any claim for Critical Illness Benefit if the Insured Member dies within thirty (30) days after being diagnosed with the illness or condition giving rise to the claim.

4.1.5 Conditions for Paying Critical Illness Benefit

4.1.5.1 The following conditions shall apply before We pay any claims for Critical Illness Benefit:

(a) Written notice of any claim for Critical Illness Benefit must be served on Us through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us, or given to Our Head Office as soon as possible within 90 days of the date of the Diagnosis. They shall only be treated as served when We actually received them. Any failure to do so shall not mean the claim is invalid if it can be shown to Us that it was not reasonably possible to give notice and that the notice has been given to Us as soon as was reasonably possible.

(b) Before We pay any claim for this Critical Illness Benefit, We shall need proof of Diagnosis of a Critical Illness and the relevant claim documents. We shall need to receive these:

(i) no more than six (6) months from the date of Diagnosis or date of commencement of the disability, as the case may be; and

(ii) at the Insured Member's own expense.

(c) After submitting notice of a claim, the Insured Member must agree to a medical examination carried out by a Doctor We have appointed. In order to assess the claim, the Insured Member may be subject to more than one medical examination.

4.1.5.2 We can refuse to pay the Critical Illness Benefit if the above conditions are not met.

4.1.6 Definitions

4.1.6.1 **A CRITICAL ILLNESS** shall mean any one of the following illnesses as We have defined in Clause 4.1.6.2 below.

4.1.6.2 Definitions for the list of 43 Critical Illnesses:

(1) STROKE – resulting in permanent neurological deficit with persisting clinical symptoms

Death of brain tissue due to inadequate blood supply, bleeding within the skull or embolization from an extra cranial source resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a neurologist. A minimum Assessment Period of three (3) months applies.

For the above definition, the following are not covered:
(i) Transient ischemic attacks
(ii) Cerebral symptoms due to migraine
(iii) Traumatic injury to brain tissue or blood vessels
(iv) Vascular disease affecting the eye or optic nerve or vestibular functions.

(2) HEART ATTACK – of specified severity

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

(i) A history of typical chest pain;
(ii) New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block
and
(iii) Elevation of the cardiac biomarkers, inclusive of CPK-MB above the generally accepted normal laboratory levels or Troponins recorded at the following levels or higher:
- Cardiac Troponin T or Cardiac Troponin I > / = 0.5 ng/ml

The evidence must show the occurrence of a definite acute myocardial infarction which should be confirmed by a cardiologist or physician.

For the above definition, the following are not covered:
- occurrence of an acute coronary syndrome including but not limited to unstable angina.
- a rise in cardiac biomarkers resulting from a percutaneous procedure for coronary artery disease.

(3) KIDNEY FAILURE – requiring dialysis or kidney transplant

End-stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular dialysis is initiated or kidney transplantation is carried out.

(4) CANCER – of specified severity and does not cover very early cancers

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:
(i) All cancers which are histologically classified as any of the following:
- pre-malignant
- non-invasive
- carcinoma in situ
- having borderline malignancy
- having malignant potential

(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
(v) Chronic Lymphocytic Leukemia less than RAI Stage 3
(vi) All cancers in the presence of HIV
(vii) Any skin cancer other than malignant melanoma.

(5) CORONARY ARTERY BY-PASS SURGERY

Refers to the actual undergoing of open-chest surgery to correct or treat Coronary Artery Disease (CAD) by way of coronary artery by-pass grafting.

For the above definition, the following are not covered:
(i) angioplasty;
(ii) other intra-arterial or catheter based techniques;
(iii) keyhole procedures;
(iv) laser procedures.

(6) SERIOUS CORONARY ARTERY DISEASE

The narrowing of the lumen of Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD) and Circumflex Artery (not inclusive of their branches) occurring at the same time by a minimum of sixty percent (60%) in each artery as proven by coronary

arteriography (non-invasive diagnostic procedures are not covered). A narrowing of sixty percent (60%) or more of the Left Main Stem will be considered as a narrowing of the Left Anterior Descending Artery (LAD) and Circumflex Artery. This covered event is payable regardless of whether or not any form of coronary artery surgery has been performed.

(7) ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE

The actual undergoing for the first time of Coronary Artery Balloon Angioplasty, artherectomy, laser treatment or the insertion of a stent to correct a narrowing or blockage of one or more coronary arteries as shown by angiographic evidence.

Intra-arterial investigative procedures are not covered. Payment under this clause is limited to ten percent (10%) of the Critical Illness coverage under respective Annexure subject to a maximum of RM25,000. This covered event is payable once only and shall be deducted from the amount of respective Annexure, thereby reducing the amount of the Lump Sum Payment which may be payable.

(8) END-STAGE LIVER FAILURE

End-stage liver failure as evidenced by all of the following:
- Permanent jaundice;
- Ascites (excessive fluid in peritoneal cavity); and,
- Hepatic encephalopathy.

Liver failure secondary to alcohol or drug abuse is not covered.

(9) FULMINANT VIRAL HEPATITIS

A sub-massive to massive necrosis (death of liver tissue) caused by any virus as evidenced by all of the following diagnostic criteria:

(i) A rapidly decreasing liver size as confirmed by abdominal ultrasound;
(ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
(iii) Rapidly deteriorating liver functions tests; and
(iv) Deepening jaundice.

Viral hepatitis infection or carrier status alone (inclusive but not limited to Hepatitis B and Hepatitis C) without the above diagnostic criteria is not covered.

(10) COMA – resulting in permanent neurological deficit with persisting clinical symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continuously for at least ninety six (96) hours, requiring the use of life support systems and resulting in a permanent neurological deficit with persisting clinical symptoms. A minimum Assessment Period of thirty (30) days applies. Confirmation by a neurologist must be present.

The following is not covered:

(i) Coma resulting directly from alcohol or drug abuse.

(11) BENIGN BRAIN TUMOR – of specified severity

A benign tumour in the brain or meninges within the skull, where all of the following conditions are met:
(i) It is life threatening.
(ii) It has caused damage to the brain.
(iii) It has undergone surgical removal or has caused permanent neurological deficit with persisting clinical symptoms; and
(iv) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on MRI, CT or other reliable imaging techniques.

The following are not covered:

(i) Cysts
(ii) Granulomas
(iii) Malformations in or of the arteries or veins of the brain
(iv) Hematomas
(v) Tumours in the pituitary gland
(vi) Tumours in the spine
(vii) Tumours of the acoustic nerve.

(12) PARALYSIS OF LIMBS

Total, permanent and irreversible loss of use of both arms or both legs, or of one arm and one leg, through paralysis caused by illness or injury. A minimum Assessment Period of six (6) months applies.

(13) BLINDNESS – Permanent and Irreversible

Permanent and irreversible loss of sight as a result of Accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.

(14) DEAFNESS – Permanent and Irreversible

Permanent and irreversible loss of hearing as a result of Accident or illness to the extent that the loss is greater than 80 decibels across all frequencies of hearing in both ears. Medical evidence in the form of an audiometry and sound-threshold tests result must be provided and certified by an Ear, Nose, and Throat (ENT) specialist.

(15) THIRD DEGREE BURNS – of specified severity

Third degree (i.e. full thickness) skin burns covering at least twenty percent (20%) of the total body surface area.

(16) HIV INFECTION DUE TO BLOOD TRANSFUSION

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:

(i) The blood transfusion was medically necessary or given as part of a medical treatment;
(ii) The blood transfusion was received in Malaysia or Singapore after the commencement of this Policy;
(iii) The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
(iv) The Insured Member does not suffer from hemophilia; and
(v) The Insured Member is not a member of any high risk groups including but not limited to intravenous drug users.

(17) FULL-BLOWN AIDS

The clinical manifestation of AIDS (Acquired Immuno-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory test. In addition, the Insured Member must have a CD4 cell count of less than two hundred (200)/μL and one or more of the following criteria are met:
(i) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
(ii) Kaposi Sarcoma
(iii) Pneumocystis Carinii Pneumonia
(iv) Progressive multifocal leukoencephalopathy
(v) Active Tuberculosis
(vi) Less than one-thousand (1000) Lymphocytes/μL
(vii) Malignant Lymphoma.

(18) END-STAGE LUNG DISEASE

End-stage lung disease causing chronic respiratory failure.

All of the following criteria must be met:
(i) The need for regular oxygen treatment on a permanent basis;
(ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than one (1) liter during the first second;
(iii) Shortness of breath at rest; and
(iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less.

(19) ENCEPHALITIS – resulting in permanent inability to perform Activities of Daily Living

Severe inflammation of brain substance, resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies. The covered event must be certified by a neurologist.

Encephalitis in the presence of HIV infection is not covered.

(20) MAJOR ORGAN / BONE MARROW TRANSPLANT

The receipt of a transplant of:

- Human bone marrow using hematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ.

Other stem cell transplants are not covered.

(21) LOSS OF SPEECH

Total, permanent and irreversible loss of the ability to speak as a result of injury or illness. A minimum Assessment Period of six (6) months applies. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an Ear, Nose, and Throat specialist.

All psychiatric related causes are not covered.

(22) BRAIN SURGERY

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy (surgical opening of skull) is performed.

For the above definition, the following are not covered:
(i) Burr hole procedures
(ii) Transphenoidal procedures
(iii) Endoscopic assisted procedures or any other minimally invasive procedures
(iv) Brain surgery as a result of an Accident.

(23) HEART VALVE SURGERY

The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.

For the above definition, the following are not covered:
(i) Repair via intra-arterial procedure
(ii) Repair via key-hole surgery or any other similar techniques.

(24) LOSS OF INDEPENDENT EXISTENCE

Confirmation by an appropriate specialist of the loss of independent existence and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of six (6) months applies.

(25) BACTERIAL MENINGITIS - resulting in permanent inability to perform Activities of Daily Living

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent functional impairment. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of thirty (30) days applies.

The diagnosis must be confirmed by:
(i) an appropriate specialist; and
(ii) the presence of bacterial infection in the cerebrospinal fluid by lumbar puncture.

For the above definition, other forms of meningitis, including viral meningitis are not covered.

(26) MAJOR HEAD TRAUMA - resulting in permanent inability to perform Activities of Daily Living

Physical head injury resulting in permanent functional impairment verified by a neurologist. The permanent functional impairment must result in an inability to perform at least three (3) of the Activities of Daily Living. A minimum Assessment Period of three (3) months applies.

(27) CHRONIC APLASTIC ANEMIA - resulting in permanent Bone Marrow Failure

Irreversible permanent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring at least two (2) of the following treatments:
(i) Regular blood product transfusion;
(ii) Marrow stimulating agents;
(iii) Immunosuppressive agents; or
(iv) Bone marrow transplantation.

The diagnosis must be confirmed by a bone marrow biopsy.

(28) MOTOR NEURON DISEASES – permanent neurological deficit with persisting clinical symptoms

A definite diagnosis of motor neuron disease by a neurologist with reference to either spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be permanent neurological deficit with persisting clinical symptoms.

(29) PARKINSON'S DISEASE – resulting in permanent inability to perform Activities of Daily Living

A definite diagnosis of Parkinson's Disease by a neurologist where all the following conditions are met:
(i) Cannot be controlled with medication;
(ii) Shows signs of progressive impairment; and
(iii) Confirmation of the permanent inability of the Insured Member to perform without assistance three (3) or more of the Activities of Daily Living.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are not covered.

(30) ALZHEIMER'S DISEASE/SEVERE DEMENTIA

Deterioration or loss of intellectual capacity confirmed by clinical evaluation and imaging tests arising from Alzheimer's Disease or Severe Dementia as a result of irreversible organic brain disorders. The covered event must result in significant reduction in mental and social functioning requiring continuous supervision of the Insured Member. The diagnosis must be clinically confirmed by a neurologist.

From the above definition, the following are not covered:
(i) Non organic brain disorders such as neurosis
(ii) Psychiatric illnesses
(iii) Drug or alcohol related brain damage

(31) SURGERY TO AORTA

The actual undergoing of surgery via a thoracotomy or laparotomy (surgical opening of thorax or abdomen) to repair or correct an aortic aneurysm, an obstruction of the aorta or a dissection of the aorta. For this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

For the above definition, the following are not covered:
(i) angioplasty;
(ii) other intra-arterial or catheter based techniques;
(iii) other keyhole procedures;
(iv) laser procedures

(32) MULTIPLE SCLEROSIS

A definite diagnosis of multiple sclerosis by a neurologist. The diagnosis must be supported by all of the following:
- Investigations which confirm the diagnosis to be Multiple Sclerosis;
- Multiple neurological deficits resulting in impairment of motor and sensory functions occurring over a continuous period of at least six (6) months; and
- Well documented history of exacerbations and remissions of said symptoms or neurological deficits.

(33) PRIMARY PULMONARY ARTERIAL HYPERTENSION – of specified severity

A definite diagnosis of primary pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent physical impairment to the degree of at least Class III of the New York Heart Association (NYHA) classification of cardiac impairment.

Pulmonary arterial hypertension resulting from other causes shall be excluded from this benefit.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

(34) MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidney characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anemia, polyuria and renal loss of sodium, progressing to chronic kidney failure. Diagnosis must be supported by a renal biopsy.

(35) CARDIOMYOPATHY – of specified severity

A definite diagnosis of cardiomyopathy by a cardiologist which results in permanently impaired ventricular function and resulting in permanent physical impairment of at least Class III of the New York Heart Association's classification of cardiac impairment. The diagnosis has to be supported by echocardiographic findings of compromised ventricular performance.

The NYHA Classification of Cardiac Impairment for Class III and Class IV means the following:
Class III: Marked limitation of physical activity. Comfortable at rest but less than ordinary activity causes symptoms.
Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Cardiomyopathy directly related to alcohol or drug abuse is not covered.

(36) SYSTEMIC LUPUS ERYTHEMATOSUS WITH SEVERE KIDNEY COMPLICATIONS

A definite diagnosis of Systemic Lupus Erythematosus confirmed by a rheumatologist. For this definition, the covered event is payable only if it has resulted in Type III to Type V Lupus Nephritis as established by renal biopsy. Other forms such as discoid lupus or those forms with only hematological or joint involvement are not covered.

WHO Lupus Classification:
Type III - Focal Segmental glomerulonephritis
Type IV - Diffuse glomerulonephritis
Type V - Membranous glomerulonephritis

(37) OCCUPATIONALLY ACQUIRED HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

Infection with the Human Immunodeficiency Virus (HIV) (only if the Insured Member is a Medical Staff as defined below), where it was acquired as a result of an accident occurring during the course of carrying out normal occupational duties as a Medical Staff with seroconversion to HIV infection occurring within six (6) months from the date of the accident. Any accident giving rise to a potential claim must be reported to us within thirty (30) days from the date of that accident, supported by a negative HIV test taken within seven (7) days from the date of that accident.

"Medical Staff" is defined as a doctor (general physician or specialist), traditional and complementary medicine practitioner, nurse, paramedic, laboratory technician, dentist, dental nurse, or ambulance worker, who is working in a medical centre, Hospital, dental clinic, or polyclinic ("Workplace"). When the law requires, the Medical Staff and his/her Workplace must be registered with the Ministry of Health in Malaysia.

(38) MUSCULAR DYSTROPHY

The definite diagnosis of a Muscular Dystrophy by a neurologist which must be supported by all of the following:
(i) Clinical presentation of progressive muscle weakness;
(ii) No central / peripheral nerve involvement as evidenced by absence of sensory disturbance; and
(iii) Characteristic electromyogram and muscle biopsy findings.

No benefit will be payable under this Critical Illness before the Insured Member has reached the age of twelve (12) years next birthday.

(39) TERMINAL ILLNESS

The conclusive diagnosis of a condition that is expected to result in death of the Insured Member within twelve (12) months. The Insured Member must no longer be receiving active treatment other than that for pain relief. The diagnosis must be supported by written confirmation from an appropriate specialist and confirmed by a Doctor we have appointed.

(40) POLIOMYELITIS

Unequivocal diagnosis by a consultant neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.

(41) APALLIC SYNDROME

Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist and the condition must be documented for at least one (1) month.

(42) CHRONIC RELAPSING PANCREATITIS

Multiple attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a gastroenterologist and supported by appropriate investigation results.

Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

(43) PROGRESSIVE SCLERODERMA

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:
(i) Localised scleroderma (linear scleroderma or morphea);
(ii) Eosinophilic fasciitis; and
(iii) CREST syndrome.

4.2 Dengue Fever Benefit

4.2.1 Subject to the provisions set out in this Policy, if the Insured Member is Diagnosed with Dengue Fever while the Insured Member is covered under the Insurance Certificate, We will pay the Sum Assured for Dengue Fever Benefit as shown in the Insurance Certificate Schedule of the Insured Member's Insurance Certificate.

4.2.2 The Dengue Fever Benefit is limited to one (1) claim per Insured Member only, even when the Insured Member holds more than one Insurance Certificate at any point of time. Therefore, if there is any subsequent claim under this Policy for the Insured Member, the subsequent claim will not be payable. In such case, there will be no amount payable under Dengue Fever Benefit under the Insured Member's Insurance Certificate.

4.2.3 Exclusions of Dengue Fever Benefit

4.2.3.1 We shall not pay any Dengue Fever Benefit if the symptoms of the Dengue Fever are manifested prior to or within 15 days from the Commencement Date of the Insured Member's Insurance Certificate.

4.2.4 Conditions of Paying Dengue Fever Benefit

4.2.4.1 The following conditions shall apply before We pay any claims for Dengue Fever Benefit:

(a) Written notice of any claim for Dengue Fever Benefit must be served on Us through the facility made available by Us through any affiliates of Prudential plc (UK) or directly from Us, or given to Our Head Office as soon as possible within 90 days of the date of the Diagnosis. They shall only be treated as served when We actually received them. Any failure to do so shall not mean the claim is invalid if it can be shown to Us that it was not reasonably possible to give notice and that the notice has been given to Us as soon as was reasonably possible.

(b) Before We pay any claim for Dengue Fever Benefit, We shall need proof of Diagnosis of Dengue Fever and the relevant claim documents. We shall need to receive these:

(i) while the Insured Member is alive;

(ii) no more than six (6) months from the date of Diagnosis or date of commencement of the disability, as the case may be; and

(iii) at the Insured Member's own expense.

(c) After submitting notice of a claim, the Insured Member must agree to a medical examination carried out by a Doctor We have appointed. In order to assess the claim, the Insured Member may be subject to more than one medical examination.

4.2.4.2 We can refuse to pay the Dengue Fever Benefit if the above conditions are not met.

END OF BASIC PROVISIONS