

**PRODUCT DISCLOSURE SHEET for Individual Hospitalization and Surgical Insurance**  
MediGuard Supreme

**IMPORTANT NOTE: Read this Product Disclosure Sheet before you decide to take out the Individual Hospitalization and Surgical Insurance policy. Be sure to also read through the general terms and conditions.**

1. **What is this product about?**  
This policy provides for hospitalization and surgical expenses incurred due to illnesses or injuries covered under the policy.
2. **Who is eligible?**  
Enrolment age up to 60 years old and any child from 30 days to 19 (if unmarried) or 23 years old (if unmarried & completing tertiary studies). Renewal is up to age 85 at the option of the Policyholder, or exhaustion of lifetime limit.
3. **What are the covers / benefits provided?**  
This product covers the following benefits.

| SCHEDULE OF BENEFIT   |                    |        |        |        |        |        |
|---|--------------------|--------|--------|--------|--------|--------|
| In-Hospital Benefit   | Plan 1             | Plan 2 | Plan 3 | Plan 4 | Plan 5 | Plan 6 |
| Accommodation:  |                    |        |        |        |        |        |
| Hospital Room & Board (daily max up to 180 days)  | 150                | 200    | 250    | 350    | 500    | 1,000  |
| ICU (daily max up to 120 days)  | Full reimbursement |        |        |        |        |        |
| <b>Medical &amp; Surgical Procedures</b>  |                    |        |        |        |        |        |
| Surgical Fees (including post-surgery care up to 90 days from date of discharge)          | Full reimbursement |        |        |        |        |        |
| Operating Theatre   |                    |        |        |        |        |        |
| Anaesthetist Fee  |                    |        |        |        |        |        |
| Pre-Hospital Diagnostic Tests & Specialist Consultation (90 days prior to admission)      |                    |        |        |        |        |        |
| In-Hospital Physician Visit (daily max up to 180 days subject to 2 visits per day)        |                    |        |        |        |        |        |
| Post-Hospitalisation Treatment (within 90 days from date of discharge)                    |                    |        |        |        |        |        |
| Hospital Supplies & Services  |                    |        |        |        |        |        |
| Prescribed Medicines (within 180 days during hospitalisation and 60 days after discharge) |                    |        |        |        |        |        |
| Ambulance Fees  |                    |        |        |        |        |        |
| Daily-Cash Allowance At Government Hospital (up to 180 days)                              |                    |        |        |        |        |        |
| Medical Report  | 50                 | 50     | 50     | 50     | 50     | 50     |

**AmGeneral Insurance Berhad** (44191-P)

*A member of the AmBank Group*

Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia. PO Box 11228, GPO Kuala Lumpur, 50740 W.P. Kuala Lumpur, Malaysia.

Tel: 1-800-88-6333 Email: customer@kurnia.com Web: www.kurnia.com

(Service Tax Registration No.: B16-1808-31015443)

| <b>Additional Benefits</b>   |   |         |         |         |         |         |
|--|---|---------|---------|---------|---------|---------|
| Insured Child's Daily Guardian Benefit (aged below 15 years, up to 180 days)   | 50  | 60      | 70      | 80      | 90      | 100     |
| Annual Out-Patient Kidney Dialysis Treatment   | Full reimbursement up to Overall Annual Limit |         |         |         |         |         |
| Annual Out-Patient Cancer Treatment  |   |         |         |         |         |         |
| Organ Transplant (per lifetime limit)  |   |         |         |         |         |         |
| Home Nursing   | 5,000   | 6,000   | 7,000   | 8,000   | 9,000   | 10,000  |
| Out-Patient Physiotherapy Treatment (within 90 days from discharge)  | Full reimbursement                            |         |         |         |         |         |
| Emergency Accident and Dental Out-Patient Treatment (seek treatment within 24 hours and follow up within 60 days)                        |   |         |         |         |         |         |
| Double annual limit upon diagnosis of critical illnesses: according to the standard definition of critical illnesses applied in Malaysia | Double Overall Annual Limit                   |         |         |         |         |         |
| AIDS (upon diagnosis with one lifetime payment)  | 5,000   | 6,000   | 7,000   | 8,000   | 9,000   | 10,000  |
| Health Screening   | Included                                      |         |         |         |         |         |
| Medical Second Opinion   | According to benefit provisions               |         |         |         |         |         |
| <b>Overall Annual Limit</b>  | 100,000                                       | 150,000 | 180,000 | 200,000 | 250,000 | 300,000 |
| <b>Lifetime Limit</b>  | 300,000                                       | 450,000 | 540,000 | 600,000 | 750,000 | 900,000 |

**Special Notes:**

- 1) 20% co-payment if upgrade of room & board.
- 2) No claim bonus – increase Overall Annual Limit by 5% up to maximum 50% of first-policy-year's Overall Annual Limit.

| Deductible option with lower premium | Premium Discount |
|--------------------------------------|------------------|
| RM2,500                              | 10%              |
| RM5,000                              | 20%              |
| RM10,000                             | 30%              |
| RM15,000                             | 40%              |

- 3) Deductible is the amount payable by Insured Person in respect of expenses incurred before any benefits are paid under the Policy for each policy year. The deductible applicable to this Policy is set out in the Schedule Of Benefit. Any co-insurance will not apply towards meeting the Deductible. The duration of insurance policy cover is for one year. You need to renew your policy annually.

*Note: The description on the available cover is only a brief summary for quick and easy reference. The precise terms and conditions that apply are stated in the policy contract.*

**4. How much premium do I have to pay?**

The total annual premium that you have to pay may vary depending on the underwriting requirements of the insurance company:

| Age / Plan             | Plan 1   | Plan 2   | Plan 3    | Plan 4    | Plan 5    | Plan 6    |
|------------------------|----------|----------|-----------|-----------|-----------|-----------|
| 30 Days - 18           | 681.00   | 858.00   | 1,054.00  | 1,221.00  | 1,798.00  | 3,056.00  |
| 19 - 25                | 772.00   | 975.00   | 1,199.00  | 1,390.00  | 2,049.00  | 3,487.00  |
| 26 - 35                | 818.00   | 1034.00  | 1,272.00  | 1,475.00  | 2,175.00  | 3,702.00  |
| 36 - 45                | 956.00   | 1,210.00 | 1,490.00  | 1,728.00  | 2,552.00  | 4,349.00  |
| 46 - 55                | 1,415.00 | 1,796.00 | 2,216.00  | 2,573.00  | 3,810.00  | 6,505.00  |
| 56 - 60                | 2,058.00 | 2,616.00 | 3,232.00  | 3,757.00  | 5,570.00  | 9,523.00  |
| 61 – 65 (Renewal Only) | 2,793.00 | 3,554.00 | 4,394.00  | 5,109.00  | 7,582.00  | 12,972.00 |
| 66 – 70 (Renewal Only) | 3,712.00 | 4,726.00 | 5,846.00  | 6,800.00  | 10,097.00 | 17,284.00 |
| 71 – 75 (Renewal Only) | 4,630.00 | 5,898.00 | 7,298.00  | 8,490.00  | 12,611.00 | 21,595.00 |
| 76 – 80 (Renewal Only) | 5,549.00 | 7,070.00 | 8,750.00  | 10,181.00 | 15,126.00 | 25,907.00 |
| 81 – 85 (Renewal Only) | 6,889.00 | 8,790.00 | 10,890.00 | 12,679.00 | 18,860.00 | 32,337.00 |

Your premium will be adjusted according to attained age. The renewal premium is not guaranteed. The standard premiums for standard risk are stated above. A premium loading may apply depending on underwriting requirements.

*NOTE: Premium stated are without the Service Tax. Service Tax is not applicable for Individual Policyholders. However, 6% Service Tax is chargeable if the Policyholder is a Corporate Organisation.*

**5. What are the fees and charges I have to pay?**

The fees and charges that you will have to pay are:

| Type  | Amount  |
|---|---|
| <b>Service Tax</b>  | Not Applicable for Individual Policyholders. However, 6% Service Tax is chargeable if the Policyholder is a Corporate Organisation. |
| <b>Stamp duty</b>   | RM10.00   |
| <b>Agent commission where there is an intermediary involved</b> | 15% of the premium  |

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

- STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
- Cooling-Off (Free-look) Period - you may cancel your policy by returning the policy within 15 days from the date of delivery of the Policy. The premiums that you have paid (less any medical fee incurred) will be refunded to you.
- Qualifying / Waiting Period - the eligibility for benefits under the policy will only start 30 days after the effective date of the policy except for accidental injury.
- Qualifying / Waiting Period of Medical Second Opinion & Double Annual Limit Upon Diagnosis Of Critical Illnesses - the eligibility for benefits under the policy will only start 60 days after the effective date of the policy.
- Unless renewed, the coverage will cease on expiry date and the insurance company shall strictly not be liable for any expenses that take place after the expiry date.
- Upgraded Room and Board Co-Payment – if the Insured Person is hospitalised at a published Room & Board rate which is higher than his eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefit but subject to a maximum limit of RM 3,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit not exceeding RM 100,000 or subject to a maximum limit of RM 5,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit exceeding RM 100,000.
- Please keep your receipt for proof of payment.
- Policy will be issued within 7 working days upon full and complete documents.
- Please note that if a plan has been switched from or to another insurer/plan, the similar benefits and terms may not be given depending on the assessment

**7. What are the major exclusions under this policy?**

The policy shall not cover unless specifically waived:

- Pre-existing conditions and specified illness;
- Maternity;
- Congenital abnormalities;
- Accidental injuries or illnesses arising from racing;
- Cosmetic or plastic surgery;
- Dental work or treatment including oral surgery;
- Waiting Period – any medical or physical conditions arising within the first 30 days except for accidental injuries; and
- Medical Second Opinion and Double Annual Limit benefits subject to 60 days waiting period, definitions and exclusions of Critical Illnesses.

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

**8. Can I cancel my policy and how do I cancel it?**

You may cancel your policy by giving a written notice to the insurance company. Upon cancellation, you are entitled to a certain amount of refund of the premium provided that you have not made a claim on the policy.

| Period Not Exceeding       | Refund of Annual Premium          |
|----------------------------|-----------------------------------|
| 15 days                    | 90 % (applicable to renewal only) |
| 1 months                   | 80%                               |
| 2 months                   | 70%                               |
| 3 months                   | 60%                               |
| 4 months                   | 50%                               |
| 5 months                   | 40%                               |
| 6 months                   | 30%                               |
| 7 months                   | 25%                               |
| 8 months                   | 20%                               |
| 9 months                   | 15%                               |
| 10 months                  | 10%                               |
| 11 months                  | 5%                                |
| Period exceeding 11 months | No refund                         |

*Note: The above is not applicable if premium payment is on monthly basis.*

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

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

**10. Where can I get further information?**

Should you require additional information about medical and health insurance please refer to the *insuranceinfo* booklet on 'Medical & Health Insurance', available at any of our branches or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If you have any enquiries, please contact us at:

**AmGeneral Insurance Berhad**

Menara Shell,  
No. 211, Jalan Tun Sambanthan,  
50470, Kuala Lumpur,  
Malaysia

Toll Free : 1-800-88-6333  
E-mail : [customer@kurnia.com](mailto:customer@kurnia.com)  
Website : [www.kurnia.com](http://www.kurnia.com)

**11. Other types of Similar Insurance Cover Available**

- MediGuard Premier, MediGuard Family and MediGuard Lady (*Hospitalization and Surgical Insurance*)

**IMPORTANT NOTE:**

**YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

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

The information provided in this disclosure sheet is valid as at 01 September 2018.