

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 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 for this product?**
Enrolment age is from 30 days up to 60 years old. Renewal is up to age 85 at the option of the Policyholder, provided that you are enrolled before 61 years old, and/or you have not exhausted your lifetime limit.
3. **What are the covers/benefits provided?**
This policy covers:

SCHEDULE OF BENEFITS						
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					
Medical & Surgical Procedures:						
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-Hospitalization Treatment (within 90 days from date of discharge)						
Hospital Supplies & Services						
Prescribed Medicines (within 180 days during hospitalization 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

Additional Benefits:						
Insured Child's Daily Guardian Benefit (age below 15 years old, 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 Accidental 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					
Overall Annual Limit	100,000	150,000	180,000	200,000	250,000	300,000
Lifetime Limit	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.

Duration of cover is for one year. You need to renew your cover annually unless you have signed up a recurring/instalment payment plan with us.

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 premium that you have to pay may vary depending on our underwriting requirements:

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

Note: Premiums stated are without the Service Tax.

Your premium will be adjusted according to your 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.

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

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

Type	Amount
Service Tax	Not Applicable for Individual Policyholders. However, 6% Service Tax is chargeable if the Policyholder is a Corporate Organisation.
Stamp duty	RM10.00
Agent commission where there is an intermediary involved	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 misrepresentation to the licensed insurer when answering any questions 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 hospitalized 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 RM3,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit not exceeding RM100,000 or subject to a maximum limit of RM5,000 per Disability for plans described in the Schedule of Benefit with Overall Annual Limit exceeding RM100,000.
- 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.

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

7. What are the major exclusions under this policy?

The policy does not cover:

- Pre-existing conditions and Specified Illness;
- Plastic/Cosmetic surgery;
- Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound of natural teeth;
- Any treatment or surgical operation for congenital abnormalities or deformities;
- Pregnancy, child birth, miscarriage, abortion;
- Psychotic, mental or nervous disorder;
- Sickness or Injury arising from racing of any kind;
- 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.

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

You may cancel your policy by giving a written notice to the 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 recurring/instalment payment 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

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 3833
Email : customer@kurnia.com
Website : 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 1 January 2021.