FlexiCare PA

...YOUR COMPLETE PERSONAL ACCIDENT PROTECTION



Accidents can strike when you least expect. Getting yourself and your loved ones protected for unexpected accidents can help you and your family deal with the contingency and adverse financial impact.

Our FlexiCare PA is just what you need. It offers 24-hour protection to you and your loved ones. It allows you the flexibility to select the type of plan you need to suit your lifestyle. With the many choice of plans available to suit your requirements, you can rest assured to be well protected against any unwanted accidents.

Our FlexiCare PA also provides cover on death, permanent disablement and medical benefits to your children at no additional costs if you and your spouse are insured at the same time.

Features of Benefits

Section 1

1 Accidental Death

We will pay to your next-of kin the principal sum in the event of accidental death.

2 Accidental Permanent Disablement

We will pay you the percentage of the principal sum as specified in the Scale of Permanent Disablement Benefits in the event of permanent disablement as a result of an accident.

3 Medical Expenses

We will reimburse you for medical expenses incurred as a result of an accident for the actual, necessary and reasonable medical and surgical treatment including:

- Reimbursement of medical expenses incurred due to treatment of Dengue Fever, Malaria, Japanese Encephalitis (JE) or Chikungunya
- ii. Reimbursement of RM30 per visit for sinseh or traditional treatment (maximum RM300.00 per accident)
- iii. Reimbursement of medical/specialist report or post-mortem report fees

4 Human Immunodeficiency Virus (HIV)

We will pay you 10% of the principal sum once you are confirmed to be contracted with Human Immunodeficiency Virus (HIV) occurring within 12 months from the date of a medically necessary blood transfusion arising from accidental injury in a government or licensed private hospital within Malaysia.

5 Kidnap Benefit

We will pay a lump sum of up to RM25,000 as a reward for the information leading to your safe release as a result of an act of kidnap.

6 Personal Liability

We will indemnify you in respect of all sums you shall become legally liable to pay to third parties in respect of accidental bodily injury or accidental damage to property.

7 Double Indemnity

We will pay double the principal sum for permanent loss of use of two limbs, total paralysis, total loss of sight and/or death if accident occurs while you are travelling in or boarding onto any licensed public transport outside Malaysia as a fare paying passenger for a period not exceeding 90 days per trip.

Section 2

8 Weekly Benefits

We will pay you the specified sum up to 52 weeks if you are totally unable to engage in or attend to your work as certified by a qualified medical practitioner due to an accident.

9 Hospital Income

We will pay you a daily amount up to 180 days if you are hospitalised due to an accident.

10 Hospitalisation Allowance

We will pay you a lump sum up to the amount as specified in the Schedule of Benefits if you are confined in a hospital for a period exceeding 7 days due to an accident.

11 Bereavement Allowance

We will pay 10% of the principal sum for bereavement allowance in the event of death caused by or in consequence of Dengue Fever, Malaria, Japanese Encephalitis (JE) or Chikungunya.

12 Funeral Expenses

We will reimburse the expenses incurred for the purpose of funeral arrangement in the event of an accidental death.

13 Repatriation Expenses

We will reimburse the expenses incurred for the return of your mortal remains back to Malaysia in the event of an accidental death.

14 Prostheses/Wheelchair

We will reimburse you the actual cost of purchasing any of the following medical equipments which is medically necessary and recommended by the attending specialist physician or surgeon if you suffer Permanent Disablement due to an accident:

- i. Wheelchair
- ii. Artificial Arm or Leg
- iii. Crutches

15 Corrective Dental and/or Cosmetic Surgery

We will reimburse you the medically necessary expenses incurred for the treatment or reconstructive surgery for corrective surgical operations and/or corrective dental due to injuries sustained as a result of an accident (including acidic assault).

16 Ambulance Fees

We will reimburse you the actual charges incurred consequent upon an accident.

17 Accommodation Expenses

We will pay you the accommodation cost incurred by your spouse and/or children in the event you are required to be confined as an in-patient in a hospital caused by an accident, and that the hospital is more than 100 kilometers from your home.

18 Modification of Lifestyle Expenses

We will reimburse you for the costs necessarily incurred in modifying your home, motor vehicle or for the relocation to a suitable home in the event you suffer permanent loss of use of two limbs, total loss of sight and total paralysis due to an accident.

Extension of Coverage

Exposure • Disappearance • Unprovoked Murder And Assault • Hijacking • Strike Riot Civil Commotion • Gas Inhalation • Drowning • Food or Drink Poisoning • Harmful Insect / Animal / Snake Bites • Amateur Sports

Exclusions

Major exclusions under the policy:

War • act of foreign enemy • suicide or self-inflicted injury • pre-existing physical or mental infirmity • professional and hazardous sports • aerial activities • winter sports • underwater activities requiring breathing apparatus • pregnancy • flying except as a fare-paying passenger • being involved in activities as armed forces, rescue services, police forces, off-shore workers, wood-working workers, fisherman, seaman or activities involving explosives.

Scale of Permanent Disablement Benefits

Covered Event		Compensation (Percentage of Principal Sum Insured state in the Schedule of Benefit)		
Loss of two limbs		100%		
Loss of both hands, o	or of all fingers and both thumbs	100%		
Total loss of sight of c	one eye or both eyes	100%		
Total Paralysis		100%		
Injuries resulting in be	ing permanently bedridden	100%		
Any other injury causi	ng Permanent Total Disablement	100%		
Loss of one arm betw	een or at shoulder to wrist	100%		
Loss of one leg betwe	een or at hip to ankle	100%		
Loss of	 Sight of eye Sight of eye except perception of light Lens of eyes 	100% 50% 50%		
Loss of four fingers a	nd thumb of one hand	50%		
Loss of four fingers		40%		
Loss of thumb	 both phalanges one phalanx 	25% 10%		
Loss of index finger	 three phalanges two phalanges one phalanx 	10% 8% 4%		
Loss of middle finger	 three phalanges two phalanges one phalanx 	6% 4% 2%		
Loss of ring finger	 three phalanges two phalanges one phalanx 	5% 4% 2%		
Loss of little finger	 three phalanges two phalanges one phalanx 	4% 3% 2%		
Loss of metacarpals	 first or second (additional) third, fourth or fifth (additional) 	3% 2%		
Loss of toes	 all great, both phalanges great, one phalanx other than great, if more than one toe lost, each 	15% 5% 2% 1%		
Loss of Hearing	- both ears - one ear	75% 15%		
Loss of Speech		50%		

(a) Permanent total loss of use of member shall be treated as Loss of Member.

(b) In the event of Permanent Disablement by Loss not specified in the above Scale of Permanent Disablement Benefits, the Company reserves the right to adopt a percentage of Compensation which in its opinion is not inconsistent with the provisions of the above Scale of Permanent Disablement Benefits and without regard to the insured Person's occupation.

(c) The total aggregate of all percentage payable in respect of any one Accident under Accidental Death and Accidental Permanent Disablement shall not exceed 100% of the Principal Sum Insured or 200% of the Principal Sum Insured if Double Indemnity applies. In the event of a total 100% having been paid, all insurance under Accidental Death and Accidental Permanent Disablement coverage shall immediately cease to be in force. All other losses smaller than 100% if having been paid shall reduce the coverage under Accidental Death and Accidental Permanent Disablement by that amount from the date of the accident until expiration of this Policy.

Schedule of Benefits & Premium Rates

				Sum Insured (RM)								
Section 1		Benefits			Insured Adult							
			FC 1	FC 2	FC 3	FC 4	FC 5	FC 6	FC 7	Children		
Basic Cover	1	Accidental Dea	100,000	150,000	200,000	300,000	500,000	750,000	1,000,000	0504 -4		
	2	2 Accidental Permanent Disablement		100,000	150,000	200,000	300,000	500,000	750,000		1,000,000	
	3	Medical Expenses		4,000	5,000	6,000	7,000	8,000	9,000		10,000	
Free Cover	4	Human Immun	odeficiency Virus (HIV)	10% of Principal Sum Insured								
	5	5 Kidnap Benefit		25,000								
	6	6 Personal Liability		200,000							N/A	
	7	7 Double Indemnity		200,000	300,000	400,000	600,000	1,000,000	1,500,000	2,000,000		
Premium (RM)			Class 1 & 2	90	132	180	255	450	645	850	N/A	
				Per Adult	Class 3	160	255	360	N/A	N/A	N/A	N/A
		Per Child		18	27	35	53	88	132	175	N/A	

Section 2				Sum Insured (RM)							
		Bend	Insured Adult								
				FC 1	FC 2	FC 3	FC 4	FC 5	FC 6	FC 7	Childre
	8	Weekly Benefits	Class 1 & 2	100	120	150	200	300	400	500	
			Class 3	50	60	75	N/A	N/A	N/A	N/A	
	9	Hospital Income		100	120	150	200	250	280	300	1
	10	10 Hospitalisation Allowance		3,000							1
Optional Cover	11	1 Bereavement Allowance (death caused by or in consequence of Dengue Fever, Malaria, Japanese Encephalitis (JE) or Chikungunya)		10% of Principal Sum Insured							
	12	2 Funeral Expenses		10,000							
	13	13 Repatriation Expenses		10,000							
	14	4 Prostheses / Wheelchair		2,000							
	15	15 Corrective Dental and / or Cosmetic Surgery		10,000							
	16	6 Ambulance Fees		500							
	17	17 Accommodation Expenses		3,000							
	18	Modification of Life	10,000							1	
Premium		Class 1 & 2		100	125	154	195	331	442	541	N/A
(RM)		Class 3		83	102	139	N/A	N/A	N/A	N/A	N/A

Total Premium (Section 1 & Section 2)

	Benefits		Insured Adult/Children								
			FC 1	FC 2	FC 3	FC 4	FC 5	FC 6	FC 7		
Premium (RM)	Durken	Class 1 & 2	190	257	334	450	781	1,087	1,391		
	Per Adult	Class 3	243	357	499	N/A	N/A	N/A	N/A		
	Per Child		18	27	35	53	88	132	175		

Important Notice

- (a) This product is only applicable to Class 1, 2 & 3 Occupation. The Occupational Classification as defined.
- (b) Section 1 is basic cover and Section 2 is an optional cover.
- (c) Coverage is extended to Proposer's legal spouse and plan can either be similar, lower but not superior than the Proposer's plan.
- (d) Children^{*} aged between 6 months and up to 18 years, or up to 23 years if in full time education at an accredited tertiary institution will be covered with NO additional premium provided both parents whose names are mentioned in the child's Birth Certificate and who are also an Insured Person under the same plan in this Policy. Coverage will be 25% of the Proposer's benefits under Accidental Death, Accidental Permanent Disablement and Medical Expenses only.
- (e) Child/ren)'s' premium is applicable if one (1) Insured Adult is covered.
- (f) The Proposer/Proposer's legal spouse/Proposer's legal child(ren)* is only eligible to purchase one (1) policy.
- (g) Premium above is excluding 5% Service Tax and RM10 Stamp Duty.
 - Child(ren) is deemed to exclude adopted and/or step child(ren).

Occupational Classification

- Class 1 Professional, administrative, managerial, clerical and non-manual occupations
- Class 2 Superintending but NOT engaging in manual labour
- Class 3 Engaging either occasionally or generally in manual labour (only involving non-hazardous occupations excluding individuals using woodworking / other dangerous machinery / engaged in heavy or extra hazardous duties)