

Version 1: Sample policy contract with deductible option

ZURICH INFINITECARE SHIELD SUPPLEMENTARY CONTRACT

FORM NO:

This Supplementary Contract is issued in conjunction with but does not form part of the Basic Policy. It is valid only if the above Form Number is stated on the Policy Information Page or added by Endorsement. It is issued in consideration of insurance charge made to this Supplementary Contract as stated in the Policy Information Page.

While this Supplementary Contract is in-force, upon receipt of due proof and subject to the provisions of this Supplementary Contract, We shall provide the following medical benefits:

SECTION A

SCHEDULE OF BENEFITS

PLANS		Plan 300	Plan 500	Plan 1000
		Limit (RM)		
Annual Limit (for In-Patient Benefit, Out-Patient Benefit plus Other Benefit)		1,800,000	3,000,000	5,000,000
Lifetime Limit		No lifetime limit		
Deductible (amount per Rider Year)		As stated in the Policy Information Page or Endorsement (if any)		
In-Patient Benefit				
1	Daily Hospital Room & Board (limit per day, unlimited number of days)	300	500	1,000
2	Daily Cash Allowance at Government Hospital (limit per day, unlimited number of days)	180		
3	Intensive Care Unit or High Dependency Unit (maximum 210 days per Rider Year)	As Charged, subject to any Deductible. Deductible will be waived for admission to Malaysian Government / Semi-Government Hospital.		
4	Hospital Supplies & Services			
5	Surgical Fees			
6	Anaesthetist Fee			
7	Operating Theatre Fee			
8	Ambulance Fee			
9	Pre-Hospitalisation Diagnostic Tests (within 90 days prior to Hospitalisation) • Diagnostic Tests • Specialist/General Practitioner Consultation • Medication and Treatment			
10	In-Hospital Specialist Visit • Surgical – unlimited number of visits • Non-surgical – max 2 visits per day			
11	Post-Hospitalisation Treatment (within 210 days after discharge) • Diagnostic Tests • Specialist Consultation • Medication and Treatment			
12	Organ Transplant (any organ, unlimited number of transplant)			
13	Hospitalisation due to Covid-19 or Complication arising from Covid-19 Vaccination			
Out-Patient Benefit				
14	Out-Patient Kidney Dialysis Treatment	As Charged, subject to any Deductible. Deductible will be waived for admission to Malaysian Government / Semi-Government Hospital.		
15	Out-Patient Cancer Treatment			
16	Emergency Accidental Out-Patient Treatment (within 72 hours from accident and follow-up treatment up to a maximum of 31 days)			
17	Day-Care Surgery			
18	Out-Patient Physiotherapy Treatment (within 210 days after discharge/ Surgery)			
Other Benefit				
19	Out-Patient Dengue Fever Treatment (limit per event)	3,000	3,000	6,000
20	Intraocular Lens – Monofocal / Multifocal (limit per life on each eye)	6,000		
21	Second Medical Opinion (limit per Rider Year)	2,000		
22	Hospitalisation due to Mental Illness (limit per Rider Year)	3,000	3,000	6,000
23	Medical Assistance Device Benefit - Pacemaker - Defibrillator - Artificial limb (limit per Rider Year, maximum 2 claims per life)	12,000	12,000	20,000

24	Guardian Benefit (limit per day, maximum 210 days per Rider Year)	150	150	250
25	Home Nursing Care (limit per Rider Year, maximum 210 days per life)	12,000	12,000	20,000
26	Medical Report Fees	As Charged		

Special Benefit																
1	Inflation Shield	At the beginning of 6 th Rider Year and at every interval of 5 years thereafter, the Annual Limit will be increased by 20% based on prevailing plan's initial Annual Limit.														
2	No Claim Discount	No Claim Discount (NCD) on the current Rider Year insurance charges if there is no claim paid in the preceding Rider Year. <table><tr><th>Consecutive Years of Without Claim Paid</th><th colspan="2">Discount on Insurance Charges</th></tr><tr><td>0</td><td>0%</td><td></td></tr><tr><td>1</td><td>10%</td><td></td></tr><tr><td>≥2</td><td>20%</td><td></td></tr></table> If any medical claim is paid during a Rider Year, NCD shall reset on the following year.			Consecutive Years of Without Claim Paid	Discount on Insurance Charges		0	0%		1	10%		≥2	20%	
Consecutive Years of Without Claim Paid	Discount on Insurance Charges															
0	0%															
1	10%															
≥2	20%															
3	Infectious Disease Benefit* (lump sum per Infectious Disease)	6,000	6,000	10,000												
4	Emergency Assistance Program (EAP)*	In accordance with the benefit provisions in EAP agreement														

* Infectious Disease Benefit and Emergency Assistance Programme are not included into the Annual Limit.

DESCRIPTION OF BENEFITS

IN-PATIENT BENEFIT

DAILY HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount of the benefit shall be the charges made by the Hospital during the Life Assured's Hospital Confinement, but in no event shall the benefit exceed, for any one day, the rate of Daily Hospital Room and Board Benefit as stated in the Schedule of Benefits.

DAILY CASH ALLOWANCE AT GOVERNMENT HOSPITAL

Pays a daily allowance for each day of Hospital Confinement for a covered Disability in a Malaysian Government Hospital, provided that the Life Assured shall be confined in a room of Room and Board rate that does not exceed the amount as shown in the Schedule of Benefits.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Intensive Care Unit or High Dependency Unit room accommodation and meals. This amount of benefit shall be the charges made by the Hospital subject to the maximum number of days, as stated in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit or High Dependency Unit exceeds the maximum number of days as stated in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Daily Hospital Room and Board Benefits will be payable for the same confinement period where the Intensive Care Unit or High Dependency Unit benefit is payable.

HOSPITAL SUPPLIES & SERVICES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma during the Life Assured's Hospital Confinement.

SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary Surgery by the Specialists, including Specialist's pre-surgical assessment visits to the Life Assured and post-surgical care up to the number of days as indicated in the Schedule of Benefits. If more than one Surgery is performed, the total payments for all the Surgeries performed shall not exceed the Annual Limit stated in the Schedule of Benefits, where applicable.

ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges by the anaesthetist for the Medically Necessary administration of anaesthesia.

OPERATING THEATRE FEES

Reimbursement of the Reasonable and Customary operating room charges incidental to the surgical procedure.

AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for necessary road domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Life Assured is not hospitalised.

PRE-HOSPITALISATION DIAGNOSTIC TEST

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary diagnostic tests which include but not limited to ECG, X-ray and laboratory tests recommended by a General Practitioner and/or a Specialist which are performed for diagnostic purposes on account of an Injury or Illness in connection with the Hospitalisation within the maximum number of days as set forth in the Schedule of Benefits preceding Hospitalisation. No payment shall be made if upon such diagnostic services, it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION SPECIALIST/GENERAL PRACTITIONER CONSULTATION

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time consultation by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such Specialist consultation are Medically Necessary and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION MEDICATION AND TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time treatment and medicines prescribed by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such Specialist medication and treatment are Medically Necessary and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

IN-HOSPITAL SPECIALIST VISIT

Reimbursement of the Reasonable and Customary Charges by a Specialist for Medically Necessary visit during Life Assured's Hospital Confinement for a surgical or non-surgical Disability subject to the maximum number of visits per day as stated in the Schedule of Benefits.

POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary follow-up diagnosis, treatment and consultation by the same attending Specialist, within the maximum number of days as set forth in the Schedule of Benefits immediately following discharge from Hospital. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

ORGAN TRANSPLANT

Reimbursement of the Reasonable and Customary Charges incurred on transplantation Surgery for the Life Assured being the recipient of the transplant of any organ. The costs of acquisition of the organs being transplanted and all costs incurred by the donor are not covered.

HOSPITALISATION DUE TO COVID-19 OR COMPLICATION ARISING FROM COVID-19 VACCINATION

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatments received when the Life Assured is hospitalised due to Covid-19 or complication arising from Covid-19 vaccination. For Medically Necessary Hospitalisation due to Covid-19, the Life Assured must be diagnosed with severe Covid-19 complications including but not limited to pneumonia, hypoxemic respiratory failure, sepsis or septic shock. Life Assured must be vaccinated with at least two (2) doses of vaccine approved by local authority to be entitled for this benefit [except for Life Assured age four (4) years and below].

OUT-PATIENT BENEFIT

OUT-PATIENT KIDNEY DIALYSIS TREATMENT

If a Life Assured is diagnosed with Kidney Failure, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at the Out-patient department of a Hospital or a legally registered dialysis treatment centre.

Kidney Failure means 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.

OUT-PATIENT CANCER TREATMENT

If a Life Assured is diagnosed with Cancer, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer (radiotherapy, chemotherapy, immunotherapy, hormonal therapy and targeted therapy) performed at the Out-patient department of a Hospital or a legally registered Cancer treatment centre.

Cancer is defined as 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. 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

EMERGENCY ACCIDENTAL OUT-PATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum number of days as stated in the Schedule of Benefits, as a result of a covered bodily Injury arising from an Accident for Medically Necessary treatment as an Out-Patient at any registered clinic or Hospital within seventy-two (72) hours of the Accident causing the covered bodily Injury. Follow up treatment by the same General Practitioner and/or Specialist or same registered clinic or Hospital for the same covered bodily Injury will be provided up to the maximum number of days as set forth in the Schedule of Benefits.

DAY-CARE SURGERY

Reimbursement of the Reasonable and Customary Charges for Medically Necessary Surgery incurred for a surgical procedure performed (including all professional fees, services & supplies) in an Out-Patient setting at the Hospital / Specialist clinic / Day Surgery centre on a pre-planned basis.

OUT-PATIENT PHYSIOTHERAPY TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Out-Patient Physiotherapy Treatment in Hospital or a legally registered facility or centre referred in writing by a Specialist to be performed by a licensed physiotherapist after Surgery or in-hospital treatment, within the maximum number of days from the date of Hospital discharge or Surgery, whichever is later as set forth in the Schedule of Benefits.

OTHER BENEFIT

OUT-PATIENT DENGUE FEVER TREATMENT

If a Life Assured is diagnosed with Dengue Fever as defined below, we will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Dengue Fever performed at the Out-Patient department of a Hospital or Clinic subject to the limit of this Disability as specified in the Schedule of Benefits. Such treatment must be received at the Out-Patient department of a Hospital or a Clinic.

Dengue Fever is defined as an acute febrile illness. The diagnosis must be based on laboratory serology or laboratory equivalent test confirming the dengue fever.

INTRAOCULAR LENS

Reimbursement of Reasonable and Customary Charges incurred for the Medically Necessary Intraocular Lens including both monofocal and multifocal lens for cataract or eye Injury, subject to the maximum limit per life as shown in the Schedule of Benefits.

SECOND MEDICAL OPINION

Reimbursement of Reasonable and Customary Charges incurred for second medical opinion obtained from a hospital or medical center in relation to the same Critical Condition or Surgery if the Life Assured is diagnosed by a Specialist with any of the Critical Conditions as defined in the Supplementary Contract or need to undergo Surgery that requires Hospitalisation, subject to the maximum amount per Rider Year as set forth in the Schedule of Benefits.

This benefit cover fees for consultation with another Specialist, as well as costs of imaging, radiology or diagnostic tests and laboratory tests recommended by the Specialist to further examine the medical condition and to establish the second medical opinion.

This benefit does not cover fees for other services or treatments not necessary for the second medical opinion including but not limited to Prescribed Medicines and physiotherapy. All claims for this benefit must be accompanied by an official report from the Hospital or medical centre specifying the nature of Sickness, diagnosis, date and time.

HOSPITALISATION DUE TO MENTAL ILLNESS

Reimbursement for the Reasonable and Customary Charges for a Medically Necessary Hospitalisation referred in writing by a licensed psychiatrist due to Mental Illness as defined below subject to a minimum of three (3) consecutive days confinement in the hospital and the limit as set forth in the Schedule of Benefits.

List of Mental Illnesses as follows:

No	Mental Illnesses	Description
1	SEVERE MAJOR DEPRESSIVE DISORDER (MDD)	A severe mental disorder characterized by a persistent feeling of sadness and loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning. Benefit under MDD will only be payable if the Life Assured have received electroconvulsive therapy (ECT) which is conducted by a psychiatrist. The definition does not include other mood disorders (dysthymia, disruptive mood regulation, etc), adjustment disorders or anxiety disorders according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
2	BIPOLAR DISORDER I	Bipolar disorder I is a mental disorder that causes unusual shifts in mood, energy, activity levels, and clinically significant distress or impairment in social, occupational, or other important areas of day-to-day functioning. The Life Assured must exhibit symptoms that are markedly severe and which interfere with social and occupational functioning.
3	SEVERE OBSESSIVE COMPULSIVE DISORDER (OCD)	Chronic and long-lasting disorder characterised by both obsessions and compulsions and has resulted in marked severe impairment in social or occupational functioning. The Severe OCD suffered by the Life Assured must be classified as "severe" or "extreme" under the Y-BOCS scale (score of 24 and above) which is assessed by a registered psychiatrist. The definition does not include other related disorders (anxiety, hoarding disorder, body dysmorphic disorder, etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
4	SCHIZOPHRENIA	A psychotic disorder that is characterised by major disturbances in cognitive functioning, emotion and behaviour and where the Life Assured experiences hallucinations or delusions. The definition does not include other psychotic illnesses (delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
5	SCHIZOAFFECTIVE DISORDER	Schizoaffective disorder is characterised primarily by symptoms of schizophrenia such as hallucinations or delusions, and concurrent with symptoms of a mood disorder such as mania and depression. The definition does not include other psychotic illnesses (delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.

Additionally, the diagnosis for item 1, 2, 3, 4 and 5 above must fulfil the following criteria:

- An unequivocal diagnosis must be confirmed by a psychiatrist based on the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
- The Life Assured must have received a combination of 2 or more specific medication therapy to treat the mental illnesses which is mood stabilisers or atypical antipsychotics or antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis.

All substance/ medication or alcohol induced diagnosis of depression are excluded.

MEDICAL ASSISTANCE DEVICE BENEFIT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary use or acquisition of medical devices in connection with the Life Assured's Disability but shall not exceed the amount per Rider Year as set forth in the Schedule of Benefits. However, payment will not be made if the Disability is due to Pre-Existing Condition. Only two (2) claims per life is allowed for this Benefit.

The medical devices refer to pacemaker, artificial limb, and implantable cardio-defibrillator.

GUARDIAN BENEFIT

Reimburses the expenses for meals and lodging incurred to accompany a junior Life Assured [aged fifteen (15) years and below] or senior Life Assured [aged sixty-one (61) years and above] in the Hospital but shall not exceed the daily amount and number of days per Rider Year as set forth in the Schedule of Benefits.

HOME NURSING CARE

Reimbursement of Reasonable and Customary Charges, up to the amount per Rider Year stated in the Schedule of Benefits, for Medically Necessary continued nursing care by a Registered Nurse to the Life Assured in a home. Such nursing care must be recommended by the attending physician and be for a minimum duration of four (4) hours each day. The reimbursement shall not exceed the number of days per life as set forth in the Schedule of Benefits,

This benefit is only payable if there has been an earlier claim paid for Hospital Benefits in respect of the medical condition for which Hospitalisation was required by the Life Assured.

MEDICAL REPORT FEES

Reimbursement of the fee charged for completion of a medical report by the attending General Practitioner and/or Specialist in respect of the covered Disability.

SPECIAL BENEFIT

INFECTIOUS DISEASE BENEFIT

If the Life Assured is diagnosed with any infectious diseases listed below before attaining age seventy (70), a lump sum of the amount as set forth in the Schedule of Benefits shall be payable. Each Infectious Disease is only claimable once.

Waiting Period of ninety (90) days is applicable to any symptoms of any of the Infectious Diseases that is manifested after the policy has commenced or reinstated.

Disease Diagnosed prior to attaining age 16 years old	Disease Diagnosed from age 16 up to age 70 years old
1. Cholera 2. Tuberculosis	1. Influenza A – Avian Influenza A(H7N9) & A(H5N1) 2. Malaria

DEFINITIONS

ACCIDENT shall mean a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place, which shall, independently of any other cause, be the sole cause of bodily Injury.

ANNUAL LIMIT shall mean benefits payable in respect of expenses incurred for treatment provided to the Life Assured during the period of insurance shall be limited to Annual Limit as stated in the Schedule of Benefits. Infectious Disease Benefit and Emergency Assistance Programme are not included into the Annual Limit. Once the Annual Limit is reached, all insurance coverage for the Life Assured shall immediately cease to be payable for that remaining rider year except for Infectious Disease Benefit and Emergency Assistance Programme.

AS CHARGED refers to charges incurred for reasonable, necessary and customary medical care provided in the treatment of a covered Disability.

CONGENITAL CONDITIONS shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. These will include hernias of all types and epilepsy except when caused by a trauma, which occurred after the date that the Life Assured was continuously covered under this Supplementary Contract.

CRITICAL CONDITION shall mean Cancer, Stroke, Heart Attack, Kidney Failure, Coronary Artery Surgery and Critical Admission. Each type of Critical Condition is defined as follows:

No	Critical Condition	Definition
1	Cancer	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
2	Stroke	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.
3	Heart Attack	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.
4	Kidney Failure	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.
5	Coronary Artery 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	Critical Admission	Admission or Confinement to the Intensive Care Unit for at least five (5) consecutive days. Admission or Confinement to the High Dependency Unit is excluded.
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DAY SURGERY shall mean a pre-planned surgical procedure where the patient needs the use of a recovery facility for less than twelve (12) consecutive hours (but not for overnight stay at the Hospital).

DEDUCTIBLE shall mean the initial Eligible Expenses amount paid per Rider Year by the Life Assured/ Policyowner before the insurer pays the balance Eligible Expenses. The Deductible amount is up to the selected amount per Rider Year, chosen by the Policyowner. Only the Eligible Expenses of the following benefits as set forth in the Schedule of Benefits are subject to Deductible:

- 1) In-Patient Benefit (except Daily Hospital Room & Board and Daily Cash Allowance at Government Hospital)
- 2) Out-Patient Benefit

Deductible will be waived for admission to Malaysian Government/Semi-Government Hospital (due to any cause).

Life Assured who purchase Plan 500 and 1000 with a RM100,000 deductible can choose to reduce the deductible amount to a lower amount without underwriting, on the policy anniversary immediately following the sixtieth (60th) birthday. We shall notify Life Assured of the option ninety (90) days prior to the policy anniversary immediately following his fifty fifth (55th) birthday. Life Assured must exercise the option by replying to us no later than the specified timeline. Only Life Assured with entry age fifty (50) years old and below is eligible for this benefit.

DENTIST shall mean a person who is duly licensed or registered dental practitioner that specialises in the diagnosis, prevention and treatment of diseases or conditions of the oral cavity in the geographical area in which the service is provided but excluding a Dentist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

DISABILITY shall mean Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

ELIGIBLE EXPENSES shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule of Benefits.

GENERAL PRACTITIONER shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice but excluding a General Practitioner who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

HOSPITAL shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- a) Has facilities for diagnosis and major Surgery,
- b) Provides twenty-four (24) hour a day nursing services by registered and qualified nurses,
- c) Is under the supervision of a Specialist, and
- d) Is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

HOSPITAL CONFINEMENT shall mean the Life Assured being registered and admitted as an in-patient in a Hospital for more than twelve (12) consecutive hours.

HOSPITALISATION shall mean admission to a hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a General Practitioner or Specialist. A patient shall not be considered as an in-patient if the patient does not physically stay in the Hospital for the whole period of confinement.

INFECTIOUS DISEASE shall mean any one of the following covered diseases that fulfil the descriptions and terms as follows:

No	Infectious Disease	Definition
1	Cholera	An acute intestinal infection caused by the bacteria Vibrio Cholerae resulting in severe watery diarrhoea and electrolyte imbalance. The diagnosis must be confirmed with the positive isolation of Vibrio Cholerae virus and certified by an Infectious Disease Specialist.
2	Tuberculosis ("TB")	An infection caused by the bacteria Mycobacterium Tuberculosis. Classically it affects the lungs resulting in cough, fever and haemoptysis, but the infection can also affect other body systems. The diagnosis must be confirmed with the positive isolation of Mycobacterium Tuberculosis and certified by an Infectious Disease Specialist. Clinical suspicious cases treated empirically by drugs are specifically excluded.
3	Influenza A - Avian Influenza A(H7N9) & A(H5N1)	The definite diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist.
4	Malaria	The definite diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of $\geq 100,000$ parasites/mL of blood and certified by the Specialist in the relevant field.

INJURY shall mean bodily injury caused solely by Accident.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT shall mean a section within a Hospital which is designated as an Intensive Care Unit or High Dependency Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

LIFE ASSURED shall mean the person described in the Policy Information Page of the Basic Policy.

MALAYSIAN GOVERNMENT HOSPITAL shall mean a Hospital established, maintained, operated or provided by the Malaysian government which charges of services are subject to the Fee Act 1951 - Fees (Medical) Order 1982 and/or its subsequent amendments if any, but excludes privatised or corporatised Malaysian Government Hospital.

MALAYSIAN SEMI-GOVERNMENT HOSPITAL shall mean a Hospital which is operated by government-linked companies (GLC) in Malaysia.

MANAGED CARE ORGANISATION (MCO) shall mean a third party appointed by Zurich Life Insurance Malaysia Berhad to provide service in managing the hospital admission and claims administration as per provisions of this Supplementary Contract.

MEDICALLY NECESSARY shall mean a medical service which is:

- a) Consistent with the diagnosis and customary medical treatment for a covered Disability, and
- b) In accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- c) Not for the convenience of the Life Assured or the General Practitioner and/or Specialist, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient), and
- d) Not of an experimental, investigational or research nature, preventive or screening nature, and
- e) For which the charges are fair and reasonable and customary for the Disability.

MONTHLY ANNIVERSARY shall refer to the date in any subsequent month corresponding numerically with the Policy Commencement Date shown in Policy Information Page.

OUT-PATIENT shall mean the Life Assured is receiving medical care or treatment without being hospitalized and includes treatment in a day-care centre.

POLICYOWNER shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Life Assured in the Policy Information Page.

PRE-EXISTING CONDITION shall mean any conditions, illnesses or Disabilities which existed before the Commencement Date or effective date of change or date of reinstatement, or the date the Life Assured attaining fourteen (14) days old, whichever is later, and for which the Life Assured has reasonable knowledge of. A Life Assured is considered to have reasonable knowledge of a pre-existing condition is one for which:-

- a) The Life Assured had received or is receiving treatment;
- b) Medical advice, consultation, diagnosis, care or treatment has been recommended;
- c) Clear and distinct signs or symptoms are or were evident; or
- d) Its existence would have been apparent to a reasonable person in the circumstances.

PRESCRIBED MEDICINES shall mean medicines that are dispensed by a General Practitioner, a Specialist, a registered pharmacist or a Hospital and which have been prescribed by a General Practitioner or Specialist in respect of treatment of a covered Disability.

PRIVATE HOSPITAL shall mean any other Hospital which is not under the definition of Malaysian Government Hospital or Malaysian Semi-Government Hospital.

REASONABLE AND CUSTOMARY CHARGES shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Sickness, Disease or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured medical condition.

RIDER ANNIVERSARY shall be one (1) year after the effective date of this Supplementary Contract and annually thereafter.

RIDER POLICY YEAR

shall mean the one (1) year period from:-

- (a) The Monthly Anniversary on the month of Expected Delivery Date or on the month of birth, whichever is earlier; or
- (b) The one month earlier than (a) if fourteen (14) days old is earlier than (a); or
- (c) Commencement Date if (a) and (b) is earlier than Commencement Date.

or the one (1) year period following the Renewal of this Supplementary Contract.

SICKNESS, DISEASE OR ILLNESS shall mean a physical condition marked by a pathological deviation from the normal healthy state.

SPECIALIST shall mean a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding a Specialist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured. A Specialist shall also include a physician or a surgeon.

SPECIFIED ILLNESSES shall mean the following Disabilities and its related complications, occurring within the Waiting Period of hundred and twenty (120) days:

- a) Hypertension, diabetes mellitus and cardiovascular disease;
- b) All tumours, Cancers, cysts, nodules, polyps, stones of the urinary system 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) Vertebro-spinal disorders (including disc) and knee conditions.

SUPPLEMENTARY CONTRACT shall mean this Zurich InfiniteCare Shield Supplementary Contract.

SURGERY shall mean any of the following medical procedures:

- a) To incise, excise or electrocauterize any organ or body part, except for dental services.
- b) To repair, revise, or reconstruct any organ or body part.
- c) To reduce by manipulation a fracture or dislocation.
- d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

WAITING PERIOD shall mean the period of time after Life Assured attaining fourteen (14) days old or effective date of change or date of reinstatement of this Supplementary Contract, whichever is later, and the beginning of a Life Assured's symptoms of the Illness, after which the Life Assured is eligible for the Illness benefit described herein.

WE, US and OUR shall mean Zurich Life Insurance Malaysia Berhad.

YOU and YOUR shall mean the owner of this Contract.

GENERAL PROVISIONS

AGE AND SEX

This Supplementary Contract is issued at the age shown on the Policy Information Page, which is the Life Assured's age at last birthday. If the age or sex was misstated in the application form, the benefits or premium will be adjusted according to the Policy which had been purchased based on the true age or sex.

ALTERATIONS

The provisions of this Supplementary Contract cannot be waived or altered by Us except by a notification letter detailing the reason of change and an Endorsement to the Supplementary Contract and signed by Our authorized personnel with three (3) months prior written notice.

TERMINATION

The coverage of a Life Assured shall automatically terminate on the earliest happening of the following events:

- a) If the Investment Account balance of the Basic Policy becomes a zero or negative value; or
- b) On the expiry date of this Supplementary Contract as stated in Policy Information Page or Endorsement, or Rider Anniversary immediately following the one hundredth (100th) birthday of a Life Assured, whichever is earlier; or
- c) If any insurance charge on this Supplementary Contract or Basic Policy remains unpaid at the end of the Grace Period; or
- d) If the Basic Policy becomes terminated, lapsed, matures/expires, or is surrendered; or
- e) When the change in risk as stated in the Change In Risk clause below has rendered the Life Assured to be no longer insurable by us; or
- f) When a written request for termination of this Supplementary Contract is submitted to us for endorsement to that effect.

Termination of this Supplementary Contract will have no effect to any claim arising prior to such termination.

We reserve the right to terminate this Supplementary Contract if the Life Assured makes any claim which is fraudulent or exaggerated, or if the Life Assured makes any false declaration or statements in support of any claim.

CERTIFICATION, INFORMATION AND EVIDENCE

All Contracts, information, medical reports and evidence as required by Us shall be furnished at the expense of the Life Assured, and in such a form that We may require. In any event all notices which We shall require the Policyowner to give must be in writing and addressed to Us. The Life Assured shall, at our request and expense, submit to Us a medical examination whenever such is deemed necessary.

CHANGE IN RISK

The Policyowner shall give immediate notice in writing to Us of any material change in the Life Assured's occupation, business, duties or pursuits and any additional insurance charge that may be required by Us shall be collected accordingly. If such change in risk has rendered the Life Assured to be no longer insurable by Us, this Supplementary Contract will be terminated.

CLAIM PROCEDURES

- a) The Life Assured shall within thirty (30) days of a covered Disability, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full General Practitioner and/or Specialist's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the General Practitioner and/or Specialist's opinion and the summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the timeline stipulated shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- b) The Life Assured shall immediately procure and act on proper medical advice and we shall not be held liable in the event a treatment or service becomes necessary due to failure of the Life Assured to do so.

INCOMPLETE CLAIMS

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all original bills and receipts for such claims have been submitted and agreed upon by Us. Only Reasonable and Customary Charges incurred shall be considered for reimbursement.

CLAIM PERIOD SPANNING ACROSS TWO RIDER YEAR

If the Eligible Expenses flow into the next Rider Year, the benefits to be reimbursed will be apportioned based on the itemized

expenses incurred on a daily basis in the relevant Rider Year.

If there is no itemization of the expenses by daily breakdown, such expenses shall be apportioned as a percentage of the days of confinement (including day of admission) for each respective Rider Year.

In no situations will the benefit limit exceed the Rider Year as stipulated in the Schedule of Benefits and evidence of Hospitalisation is required for other than out-patient benefits and day procedure benefits.

OTHER CONTRACT

If the Life Assured is covered under other Life policy covering any Disability covered by this Supplementary Contract, We shall only pay the remaining of Eligible Expenses incurred if the Life Assured received any reimbursement from other Life policy covering any Disability covered by this Supplementary Contract.

CONVERSION OF POLICIES

If the eligible benefits as stipulated under the Schedule of Benefits provided under this Supplementary Contract shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were converted the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the eligible benefits were converted.

GEOGRAPHICAL TERRITORY

All benefits provided in this Supplementary Contract are applicable worldwide for twenty-four (24) hours a day subject to Overseas Treatment and Residence Overseas clause.

HOSPITAL CONSULTATION, PROCEDURE AND MISCELLANEOUS FEE

Fees or charges as mentioned under the Schedule of Benefits for various descriptions of medical services and/or treatment in this Supplementary Contract shall refer to the Thirteenth Schedule of the Private Healthcare Facilities and Services (Private Hospital and Other Private Healthcare Facilities) Regulations 2006 and as amended from time to time.

INSURANCE CHARGE

The insurance charges are not guaranteed. We reserve the right to establish, at the end of any subsequent Policy Year thereafter or whenever the terms of this Supplementary Contract, new insurance charges shall be applied to the Life Assured. We reserve the right to adjust the Basic Policy premium payable to ensure the Policy's sustainability. We will, at least thirty (30) days before the policy anniversary, notify the Applicant/Owner in writing of the new insurance charges and new premium payable by providing valid reason.

The insurance charges of this Supplementary Contract shall include the fee for the services provided by a Service Provider and any fee of the Referral Emergency Assistance Programme.

OVERSEAS TREATMENT

If the Life Assured is referred to be treated outside Malaysia by the attending Specialist, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Life Assured outside Malaysia, if the Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.

OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Supplementary Contract, We shall be at liberty to treat the Policyowner as the absolute owner of the Policy. We shall not be bound to recognise any equitable or other claim to or interest in the Supplementary Contract.

PERIOD OF COVER AND RENEWAL

This Supplementary Contract shall become effective on the day Life Assured attained fourteen (14) days old. The anniversary shall be one (1) year after:-

- (a) The Monthly Anniversary on the month of Expected Delivery Date or on the month of birth, whichever is earlier; or
- (b) The one month earlier than (a) if fourteen (14) days old is earlier than (a); or
- (c) Commencement Date if either (a) or (b) is earlier than Commencement Date, and annually thereafter.

This Supplementary Contract is renewable up to age ninety-nine (99).

SUBROGATION

If We shall become liable for any payment under this Supplementary Contract, We shall be subrogated to the extent of such payment to all the rights and remedies of the Policyowner against any party and shall be entitled at its own expense to sue in the name of the Policyowner. The Policyowner shall give or cause to be given to Us all such assistance in his/her power as We shall require to secure the rights and remedies and at our request shall execute or cause to be executed all documents necessary to enable Us to effectively to bring suit in the name of the Policyowner.

TAKE-OVER POLICIES

This Supplementary Contract shall commence immediately upon termination of a preceding Policy if take-over benefit is granted. If the Waiting Period of the previous Policy has not expired immediately before the take-over, the said Waiting Period shall continue until they are fulfilled.

UPGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits covering any Life Assured under the terms of this Supplementary Contract be upgraded while it is in force or at the time of renewal or replacement and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were upgraded the limits of benefits payable in respect of such Disability shall not exceed the limit of benefits prior to the date the benefits were upgraded. The amount of the benefits that have been paid in respect of such Disability, if any, shall reduce the Annual Limit of the upgraded plan. If the Waiting Period of

the previous plan have not expired immediately before the upgrade, the said Waiting Period shall continue in this Supplementary Contract until the remaining Waiting Period have been fulfilled.

DOWNGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits covering any Life Assured under the terms of this Supplementary Contract be downgraded while it is in force or at the time of renewal or replacement and if such Life Assured shall have been afflicted with a Disability prior or at the time the benefits were downgraded, the amount of the benefits that have been paid in respect of such Disability, if any, shall reduce the Annual Limit of the downgraded plan. If the Waiting Period of the previous plan have not expired immediately before the downgrade, the said Waiting Period shall continue in this Supplementary Contract until the remaining Waiting Period have been fulfilled.

WAITING PERIOD

Eligibility for benefits begins thirty (30) days after the Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the date of reinstatement, whichever is the latest under this Supplementary Contract, except for a covered Accident occurring after Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the date of reinstatement, whichever is the latest, as stated in the Policy Information Page of the Basic Policy or Endorsement. For Specified Illnesses, including Cancer, the Waiting Period occurs during the first one hundred and twenty (120) days after the Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the reinstatement date, whichever is the latest. For Infectious Diseases, the Waiting Period is ninety (90) days.

EXCLUSIONS

This Supplementary Contract shall not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 1) Pre-existing Conditions; or
- 2) Plastic/Cosmetic Surgery or treatment (except medically necessary Surgery), circumcision (except circumcision due to infection), eye examination, glasses and refraction or surgical correction of near sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices except for those covered under Medical Assistance Device Benefit; or
- 3) Dental conditions including dental treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the coverage period of the Supplementary Contract; or
- 4) Private nursing (except if recommended by the attending Physician as stated in the Home Nursing Care clause), 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 except for the Eligible Expenses covered under Hospitalisation Due To Covid-19 Or Complication Arising From Covid-19 Vaccination; or
- 5) Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions; or
- 6) Pregnancy, childbirth (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; or
- 7) Hospitalisation 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 General Practitioner and/or Specialist except for those covered under Total Critical Care's Genomic Cancer Test and Survivor Benefit, if any; or
- 8) Treatments specifically for weight reduction or gain; or
- 9) Attempted suicide or intentionally self-inflicted injury while sane or insane; or
- 10) 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; or
- 11) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 12) Expenses incurred for donation of any body organ by the Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
- 13) 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 except for the Eligible Expenses covered under Total Critical Care's Alternative Treatment Benefit, Genomic Cancer Test and Survivor Benefit, if any; or
- 14) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations) except for the Eligible Expenses covered under Hospitalisation due to Mental Illness benefit; or
- 15) 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; or
- 16) 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; or
- 17) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes; or
- 18) Expenses incurred for sex changes.

Infectious Disease Benefit shall not be paid as a consequence of:

- 1) Infectious Diseases arise directly or indirectly from any Pre-existing Conditions; or
- 2) the history of drug, substance or alcohol abuse of the Life Assured; or
- 3) war (declared or undeclared) foreign invasion to another country, hostile acts against another country, terrorism, civil war, rebellion, revolution, riot, civil unrest, military operation, or coup d'état; or
- 4) the presence of the Acquired Immune Deficiency Syndrome ("AIDS") / Human Immunodeficiency Virus ("HIV") infection.

SECTION B

REFERRAL EMERGENCY ASSISTANCE PROGRAMME (EAP)

We have an agreement with the service provider to provide a comprehensive international medical assistance programme. This value added service programme is specially provided to all Life Assured (hereinafter known as "the **Member**") under this Supplementary Contract.

Member may place a reverse charge call/call collect to the Service Provider's Service Hotline at any time seven (7) days a week for any of the services described below.

All the benefits under this programme will automatically cease on the earliest happening of the events as stated under Termination clause.

1. International Medical Assistance Programme

Services described herein are available to the Member traveling anywhere outside Malaysia with each trip not exceeding ninety (90) consecutive days.

- 1.1 Tele-medical consultation and evaluation of the Member's condition
When medical advice is needed during travel outside Malaysia, the Member is to call the Service Provider for assistance and advice. The Service Provider's duty doctor will provide help over the phone.

Important:

The telephone conversation does not amount to the establishment of a diagnosis and must be considered as advice only.

- 1.2 Medical Referral and Arrangement of Medical Appointments
Upon request, the Service Provider shall provide the names, addresses and telephone numbers of medical practitioner (including both General Practitioners and Specialists), Hospitals, Dentists, and dental clinics. The Service Provider will attempt upon request to confirm the availability of the applicable medical or dental professional to make an appointment for treatment.
- 1.3 Arrangement of Hospital Admission Guarantee
In the event that the emergency admission is needed and Member has no means for the required Hospital admission deposit, the Service Provider will provide admission guarantee on behalf of the Member, such service shall be subjected to the Service Provider having first securing payment guarantee through credit card or funds from the Member's family.
- 1.4 Dispatch of Medication Not Available Locally
The Service Provider will dispatch the necessary medication not available locally in case of an emergency and where local laws, rules and regulations allow such dispatch. Cost of medicine shall be borne by the Member and the Service Provider shall pay for the cost of such dispatching.
- 1.5 Medical Evacuation
Following a medical emergency and Hospitalisation, when the Service Provider's doctor in consultation with the attending General Practitioner and/or Specialist determines that local medical facility is inadequate to treat the Member, the Service Provider will arrange for medical evacuation under constant medical supervision to the nearest adequate medical facility.
- 1.6 Medical Supervised Repatriation
If the Service Provider's doctor, in consultation with the local attending General Practitioner and/or Specialist, determines the treatment should continue at a medical facility nearer home following stabilisation, the Service Provider will arrange for the repatriation under constant medical supervision.
All decisions as to the means of transportation and the final destination will be made by the Service Provider or its authorised representative, and will be based solely upon medical necessity.

The Medical Evacuation and Medical Supervised Repatriation services described in 1.5 and 1.6 above shall be organised by the Service Provider and paid by Us subject to the provisions of this Supplementary Contract. All costs incurred are subject to a limit of US Dollar One Million (USD 1,000,000) per Member per event.

- 1.7 Medical Monitoring & Emergency Message Transmission
The Service Provider will monitor the Member's condition if the Member is hospitalised and will keep the Member's employer/family informed, with prior agreement of the Member in writing, unless this is not practicable.
- 1.8 Repatriation of Mortal Remains
If the Member dies while on the trip due to a Sickness or an Accident, the Service Provider or its authorized representative will organise and pay for all expense incurred for the return of the body or remains to the Member's country of origin. All costs incurred for such repatriation is subject to a maximum limit of Ringgit Malaysia Fifty Thousand (RM 50,000).
- 1.9 Visit to Bedside by a Friend/Relative
Should the Member's hospitalisation outside Malaysia be expected to last more than seven (7) consecutive days, and the Service Provider's duty doctor agrees that it is medically necessary for a relative/friend to be by the Member's bedside provided no travel companion is with the Member, the Service Provider will arrange and We shall pay for one economy class return transportation and hotel room accommodation for a relative/friend to visit the Member. The cost of hotel room accommodation is subject to a limit of Ringgit Malaysian Eight Hundred (RM 800) per night up to a maximum of Ringgit Malaysian Three Thousand Five Hundred (RM 3,500).

- 1.10 Return of Children Travelling with the Member
In the event of the Member's Hospitalisation and the Member's medical condition prevents the Member from caring for the Member's minor children (below age of eighteen (18) years) travelling with the Member and no relative is on the spot able to care for them, the Service Provider will arrange for one way economy class transportation for the children to be sent back to their country of origin. We shall pay for the cost incurred for the one-way economy class ticket for all minor children travelling with the Member.

2. Travel Assistance

- 2.1 Visa, Passport and Inoculation Requirements
The Service Provider will provide information concerning Visa, inoculation, passport or immunization requirements of the foreign countries in which the Member will be travelling.
- 2.2 Location of Lost Items
The Service Provider will assist the Member in the location of lost luggage, documents and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted, if necessary.
- 2.3 Emergency Message Relay
In case of an emergency, the Service Provider will attempt to establish a national or international message relay to a designated addressee.
- 2.4 Arrangement of Flights
The Service Provider will assist with the arrangement of flights for family return if travelling with the Member.
- 2.5 Legal Referral
Should the Member seek legal assistance for an emergency while on a trip, the Service Provider will refer the Member to local legal advisors.
- 2.6 Referral to Interpreter/Translator
Should the Member needs translation assistance for an emergency in the course of the Member's trip, the Service Provider will refer the Member to a local translator.
- 2.7 Weather and Foreign Exchange Information
The Service Provider shall provide information on foreign weather condition as well as foreign exchange rates when required.

3. Car Assistance

- 3.1 24 hours Emergency Towing and Minor Roadside Repair
In the event that a Member's car is immobilised due to accident or breakdown, the Member shall be entitled to contact the Service Provider for assistance.
Should it be deemed possible to repair the Member's car on the spot, the Service Provider shall arrange for such minor roadside repair. In the event it is not possible to repair the car on the site, the Service Provider shall arrange for the car to be towed to the nearest workshop for repairs. Any cost incurred for the towing and minor roadside repair shall be borne by the Member.
Territorial Limits
The emergency towing and minor roadside repair referred to in this Clause shall be available where such services are required within Peninsular Malaysia and Singapore excluding the islands except for Penang and Langkawi. In East Malaysia, services shall only be available in Kota Kinabalu, Sandakan, Tawau, Labuan, Sibul, Bintulu, Miri and Kuching.
- 3.2 Car Rental Assistance
Should the Member require a car replacement in the event of a car breakdown, the Service Provider shall refer to designated third party service providers and assist the Member in arranging for car rental. Cost of car rental shall be borne by the Member.
- 3.3 Arrangement for Hotel Accommodation
As a result of a car breakdown, should a Member needs hotel accommodation, the Service Provider shall refer the Member to hotels designated by the Service Provider in order to make reservation and arrangement for hotel accommodation. All costs incurred for such hotel accommodation and ancillary charges shall be solely borne by the Member concerned.
- 3.4 Referral to Service Centre
The Member may contact the Service Provider to arrange for referral to the nearest repair and service centre for car servicing or repair. The Service Provider shall also arrange for prior appointment for the Member. All costs incurred in such car repair or servicing shall be borne by the Member.

4. Home Assistance

The following Home Assistance Services shall only be available to Members residing in major towns of Peninsular Malaysia.

- 4.1 Plumbing Assistance
Should the Members requires plumbing services at home, the Service Provider shall provide referral information to plumbers. The Service Provider will also assist in arranging for house call if necessary.
- 4.2 Locksmith Assistance
The Service Provider will arrange for referral or house call service in the event that the Member requires the services of a locksmith.
- 4.3 General Repair Assistance

The Service Provider will also provide information for general repair services such as repairs of home electrical appliances.

- 4.4 Air conditioning Assistance
Should the Member requires repair in relation to air conditioners, the Service Provider shall refer the Member to persons who can provide such services and would also arrange for house call if necessary.
- 4.5 Pest Control Assistance
The Service Provider shall assist the Members by referring them to pest control, pest prevention, soil treatment, anti-termite and mosquito control services. The Service Provider will also arrange for house call if necessary.

The services described in the Travel, Car and Home Assistance above shall be purely on referral and arrangement basis. We and the Service Provider shall not be responsible for any third party cost incurred, such cost shall be borne directly by the Member.

DEFINITIONS

MEDICAL EMERGENCY

A situation which in the opinion of the Service Provider's doctor constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Member's immediate or long term health prospects. The severity of the medical condition will be judged within the context of the Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

MINOR ROADSIDE REPAIR

Minor repairs are such that are deemed possible to be repaired on the spot including but not limited to change of tyres, minor wiring work and change of battery. The minor roadside repairs are also subject to the availability of parts and component at the time of the breakdown.

EXCLUSIONS

The International Medical Assistance Programme described above is subject to the list of exclusions below:

- 1) Emergency medical evacuation, repatriation or costs not approved in advance and in writing by the Service Provider and/or not arranged by the Service Provider. This exclusion shall not apply to Emergency Medical Evacuation from remote or primitive areas which the Service Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the well-being of the Member.
- 2) If the Member is traveling contrary to the advice of a medical practitioner or the purpose of obtaining medical treatment or for the rest and recuperation following any prior accident or illness.
- 3) If in the opinion of the Service Provider the Member is not suffering from a serious medical condition or if the treatment can be reasonably delayed until the Member returns to Malaysia or usual country of residence.
- 4) If the Member is participating or engaging in war or any act of war (whether war be declared or not), invasion acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, illegal activities, active servicing in any of the military or armed forces other than peace time reservist training.
- 5) If the Member is suffering from any condition resulting from ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 6) Failure by the Member to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
- 7) Self-inflicted injury or attempted suicide, mental or psychiatric disorder, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.
- 8) Any expenses arising from childbirth, miscarriage, pregnancy (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children).
- 9) Any Injuries arising from racing of any kind (other than racing on foot), sports exhibitions, bungee jumping, mountaineering or rock climbing necessitating the use of guides or ropes, scuba diving, aeronautics or aviation activities other than as a fare paying passenger in a properly licensed commercial or private aircraft or professional sports.
- 10) Any health condition which constitutes one of the reasons to undertake the trip.

ADDITIONAL CONDITIONS

- a) We and the Service Provider shall not be held responsible for the failure or delay to provide the services caused by strikes or conditions beyond Our and the Service Provider's control including, but not limited to, flight conditions or where local laws of regulatory agencies prohibit the Service Provider from rendering such services.
- b) The legal professionals, medical professionals, car assistance and/or home assistance providers referred by the Service Provider to provide direct services to the Member are not employees or agents of the Service Provider and/or its subsidiaries or affiliated companies. We and the Service Provider and/or its subsidiaries or affiliated companies cannot be held responsible for the quality or results of any services provided by independent practitioners to whom the Service Provider refers the Member.
- c) This programme shall cease in the event that the Supplementary Contract is terminated.
- d) We shall be entitled to, vary any of the provisions herein and withdraw this programme at any time by giving thirty (30) days notice in writing with accompanying notification letter detailing the reason of change.

Version 2 : Sample policy contract without deductible option

ZURICH INFINITECARE SHIELD SUPPLEMENTARY CONTRACT

FORM NO:

This Supplementary Contract is issued in conjunction with but does not form part of the Basic Policy. It is valid only if the above Form Number is stated on the Policy Information Page or added by Endorsement. It is issued in consideration of insurance charge made to this Supplementary Contract as stated in the Policy Information Page.

While this Supplementary Contract is in-force, upon receipt of due proof and subject to the provisions of this Supplementary Contract, We shall provide the following medical benefits:

SECTION A

SCHEDULE OF BENEFITS

PLANS		Plan 300	Plan 500	Plan 1000
		Limit (RM)		
Annual Limit (for In-Patient Benefit, Out-Patient Benefit plus Other Benefit)		1,800,000	3,000,000	5,000,000
Lifetime Limit		No lifetime limit		
In-Patient Benefit				
1	Daily Hospital Room & Board (limit per day, unlimited number of days)	300	500	1,000
2	Daily Cash Allowance at Government Hospital (limit per day, unlimited number of days)	180		
3	Intensive Care Unit or High Dependency Unit (maximum 210 days per Rider Year)	As Charged		
4	Hospital Supplies & Services			
5	Surgical Fees			
6	Anaesthetist Fee			
7	Operating Theatre Fee			
8	Ambulance Fee			
9	Pre-Hospitalisation Diagnostic Tests (within 90 days prior to Hospitalisation) • Diagnostic Tests • Specialist/General Practitioner Consultation • Medication and Treatment			
10	In-Hospital Specialist Visit • Surgical – unlimited number of visits • Non-surgical – max 2 visits per day			
11	Post-Hospitalisation Treatment (within 210 days after discharge) • Diagnostic Tests • Specialist Consultation • Medication and Treatment			
12	Organ Transplant (any organ, unlimited number of transplant)			
13	Hospitalisation due to Covid-19 or Complication arising from Covid-19 Vaccination			
Out-Patient Benefit				
14	Out-Patient Kidney Dialysis Treatment	As Charged		
15	Out-Patient Cancer Treatment			
16	Emergency Accidental Out-Patient Treatment (within 72 hours from accident and follow-up treatment up to a maximum of 31 days)			
17	Day-Care Surgery			
18	Out-Patient Physiotherapy Treatment (within 210 days after discharge/ Surgery)			
Other Benefit				
19	Out-Patient Dengue Fever Treatment (limit per event)	3,000	3,000	6,000
20	Intraocular Lens – Monofocal / Multifocal (limit per life on each eye)	6,000		
21	Second Medical Opinion (limit per Rider Year)	2,000		
22	Hospitalisation due to Mental Illness (limit per Rider Year)	3,000	3,000	6,000
23	Medical Assistance Device Benefit - Pacemaker - Defibrillator - Artificial limb (limit per Rider Year, maximum 2 claims per life)	12,000	12,000	20,000
24	Guardian Benefit (limit per day, maximum 210 days per Rider Year)	150	150	250
25	Home Nursing Care (limit per Rider Year, maximum 210 days per life)	12,000	12,000	20,000
26	Medical Report Fees	As Charged		

Special Benefit											
1	Inflation Shield	At the beginning of 6 th Rider Year and at every interval of 5 years thereafter, the Annual Limit will be increased by 20% based on prevailing plan's initial Annual Limit.									
2	No Claim Discount	No Claim Discount (NCD) on the current Rider Year insurance charges if there is no claim paid in the preceding Rider Year. <table><tr><th>Consecutive Years of Without Claim Paid</th><th>Discount on Insurance Charges</th></tr><tr><td>0</td><td>0%</td></tr><tr><td>1</td><td>10%</td></tr><tr><td>≥2</td><td>20%</td></tr></table> If any medical claim is paid during a Rider Year, NCD shall reset on the following year.		Consecutive Years of Without Claim Paid	Discount on Insurance Charges	0	0%	1	10%	≥2	20%
Consecutive Years of Without Claim Paid	Discount on Insurance Charges										
0	0%										
1	10%										
≥2	20%										
3	Infectious Disease Benefit* (lump sum per Infectious Disease)	6,000	6,000 10,000								
4	Emergency Assistance Program (EAP)*	In accordance with the benefit provisions in EAP agreement									

* Infectious Disease Benefit and Emergency Assistance Programme are not included into the Annual Limit.

DESCRIPTION OF BENEFITS

IN-PATIENT BENEFIT

DAILY HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The amount of the benefit shall be the charges made by the Hospital during the Life Assured's Hospital Confinement, but in no event shall the benefit exceed, for any one day, the rate of Daily Hospital Room and Board Benefit as stated in the Schedule of Benefits.

DAILY CASH ALLOWANCE AT GOVERNMENT HOSPITAL

Pays a daily allowance for each day of Hospital Confinement for a covered Disability in a Malaysian Government Hospital, provided that the Life Assured shall be confined in a room of Room and Board rate that does not exceed the amount as shown in the Schedule of Benefits.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Intensive Care Unit or High Dependency Unit room accommodation and meals. This amount of benefit shall be the charges made by the Hospital subject to the maximum number of days, as stated in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit or High Dependency Unit exceeds the maximum number of days as stated in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Daily Hospital Room and Board Benefits will be payable for the same confinement period where the Intensive Care Unit or High Dependency Unit benefit is payable.

HOSPITAL SUPPLIES & SERVICES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma during the Life Assured's Hospital Confinement.

SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary Surgery by the Specialists, including Specialist's pre-surgical assessment visits to the Life Assured and post-surgical care up to the number of days as indicated in the Schedule of Benefits. If more than one Surgery is performed, the total payments for all the Surgeries performed shall not exceed the Annual Limit stated in the Schedule of Benefits, where applicable.

ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges by the anaesthetist for the Medically Necessary administration of anaesthesia.

OPERATING THEATRE FEES

Reimbursement of the Reasonable and Customary operating room charges incidental to the surgical procedure.

AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for necessary road domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Life Assured is not hospitalised.

PRE-HOSPITALISATION DIAGNOSTIC TEST

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary diagnostic tests which include but not limited to ECG, X-ray and laboratory tests recommended by a General Practitioner and/or a Specialist which are performed for diagnostic purposes on account of an Injury or Illness in connection with the Hospitalisation within the maximum number of days as set forth in the Schedule of Benefits preceding Hospitalisation. No payment shall be made if upon such diagnostic services, it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION SPECIALIST/GENERAL PRACTITIONER CONSULTATION

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time consultation by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such Specialist consultation are Medically Necessary and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

PRE-HOSPITALISATION MEDICATION AND TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for the first (1st) time treatment and medicines prescribed by a General Practitioner and/or a Specialist in connection with an Injury or Illness that leads to Hospitalisation, within the maximum number of days as set forth in the Schedule of Benefits preceding Hospital Confinement and provided that such Specialist medication and treatment are Medically Necessary and the Specialist consultation has been recommended in writing by the attending General Practitioner.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the Illness is diagnosed) where it does not result in Hospital Confinement of the Life Assured for the treatment of the medical condition diagnosed.

IN-HOSPITAL SPECIALIST VISIT

Reimbursement of the Reasonable and Customary Charges by a Specialist for Medically Necessary visit during Life Assured's Hospital Confinement for a surgical or non-surgical Disability subject to the maximum number of visits per day as stated in the Schedule of Benefits.

POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary follow-up diagnosis, treatment and consultation by the same attending Specialist, within the maximum number of days as set forth in the Schedule of Benefits immediately following discharge from Hospital. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

ORGAN TRANSPLANT

Reimbursement of the Reasonable and Customary Charges incurred on transplantation Surgery for the Life Assured being the recipient of the transplant of any organ. The costs of acquisition of the organs being transplanted and all costs incurred by the donor are not covered.

HOSPITALISATION DUE TO COVID-19 OR COMPLICATION ARISING FROM COVID-19 VACCINATION

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatments received when the Life Assured is hospitalised due to Covid-19 or complication arising from Covid-19 vaccination. For Medically Necessary Hospitalisation due to Covid-19, the Life Assured must be diagnosed with severe Covid-19 complications including but not limited to pneumonia, hypoxemic respiratory failure, sepsis or septic shock. Life Assured must be vaccinated with at least two (2) doses of vaccine approved by local authority to be entitled for this benefit [except for Life Assured age four (4) years and below].

OUT-PATIENT BENEFIT

OUT-PATIENT KIDNEY DIALYSIS TREATMENT

If a Life Assured is diagnosed with Kidney Failure, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney dialysis performed at the Out-patient department of a Hospital or a legally registered dialysis treatment centre.

Kidney Failure means 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.

OUT-PATIENT CANCER TREATMENT

If a Life Assured is diagnosed with Cancer, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer (radiotherapy, chemotherapy, immunotherapy, hormonal therapy and targeted therapy) performed at the Out-patient department of a Hospital or a legally registered Cancer treatment centre.

Cancer is defined as 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. The following are not covered:

- (viii) All cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- (ix) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- (x) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (xi) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (xii) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (xiii) All cancers in the presence of HIV
- (xiv) Any skin cancer other than malignant melanoma

EMERGENCY ACCIDENTAL OUT-PATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum number of days as stated in the Schedule of Benefits, as a result of a covered bodily Injury arising from an Accident for Medically Necessary treatment as an Out-Patient at any registered clinic or Hospital within seventy-two (72) hours of the Accident causing the covered bodily Injury. Follow up treatment by the same General Practitioner and/or Specialist or same registered clinic or Hospital for the same covered bodily Injury will be provided up to the maximum number of days as set forth in the Schedule of Benefits.

DAY-CARE SURGERY

Reimbursement of the Reasonable and Customary Charges for Medically Necessary Surgery incurred for a surgical procedure performed (including all professional fees, services & supplies) in an Out-Patient setting at the Hospital / Specialist clinic / Day Surgery centre on a pre-planned basis.

OUT-PATIENT PHYSIOTHERAPY TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Out-Patient Physiotherapy Treatment in Hospital or a legally registered facility or centre referred in writing by a Specialist to be performed by a licensed physiotherapist after Surgery or in-hospital treatment, within the maximum number of days from the date of Hospital discharge or Surgery, whichever is later as set forth in the Schedule of Benefits.

OTHER BENEFIT

OUT-PATIENT DENGUE FEVER TREATMENT

If a Life Assured is diagnosed with Dengue Fever as defined below, we will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Dengue Fever performed at the Out-Patient department of a Hospital or Clinic subject to the limit of this Disability as specified in the Schedule of Benefits. Such treatment must be received at the Out-Patient department of a Hospital or a Clinic.

Dengue Fever is defined as an acute febrile illness. The diagnosis must be based on laboratory serology or laboratory equivalent test confirming the dengue fever.

INTRAOCULAR LENS

Reimbursement of Reasonable and Customary Charges incurred for the Medically Necessary Intraocular Lens including both monofocal and multifocal lens for cataract or eye Injury, subject to the maximum limit per life as shown in the Schedule of Benefits.

SECOND MEDICAL OPINION

Reimbursement of Reasonable and Customary Charges incurred for second medical opinion obtained from a hospital or medical center in relation to the same Critical Condition or Surgery if the Life Assured is diagnosed by a Specialist with any of the Critical Conditions as defined in the Supplementary Contract or need to undergo Surgery that requires Hospitalisation, subject to the maximum amount per Rider Year as set forth in the Schedule of Benefits.

This benefit cover fees for consultation with another Specialist, as well as costs of imaging, radiology or diagnostic tests and laboratory tests recommended by the Specialist to further examine the medical condition and to establish the second medical opinion.

This benefit does not cover fees for other services or treatments not necessary for the second medical opinion including but not limited to Prescribed Medicines and physiotherapy. All claims for this benefit must be accompanied by an official report from the Hospital or medical centre specifying the nature of Sickness, diagnosis, date and time.

HOSPITALISATION DUE TO MENTAL ILLNESS

Reimbursement for the Reasonable and Customary Charges for a Medically Necessary Hospitalisation referred in writing by a licensed psychiatrist due to Mental Illness as defined below subject to a minimum of three (3) consecutive days confinement in the hospital and the limit as set forth in the Schedule of Benefits.

List of Mental Illnesses as follows:

No	Mental Illnesses	Description
1	SEVERE MAJOR DEPRESSIVE DISORDER (MDD)	A severe mental disorder characterized by a persistent feeling of sadness and loss of interest, with clinically significant distress or impairment in social, occupational, or other important areas of functioning. Benefit under MDD will only be payable if the Life Assured have received electroconvulsive therapy (ECT) which is conducted by a psychiatrist. The definition does not include other mood disorders (dysthymia, disruptive mood regulation, etc), adjustment disorders or anxiety disorders according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
2	BIPOLAR DISORDER I	Bipolar disorder I is a mental disorder that causes unusual shifts in mood, energy, activity levels, and clinically significant distress or impairment in social, occupational, or other important areas of day-to-day functioning. The Life Assured must exhibit symptoms that are markedly severe and which interfere with social and occupational functioning.
3	SEVERE OBSESSIVE COMPULSIVE DISORDER (OCD)	Chronic and long-lasting disorder characterised by both obsessions and compulsions and has resulted in marked severe impairment in social or occupational functioning. The Severe OCD suffered by the Life Assured must be classified as "severe" or "extreme" under the Y-BOCS scale (score of 24 and above) which is assessed by a registered psychiatrist. The definition does not include other related disorders (anxiety, hoarding disorder, body dysmorphic disorder, etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
4	SCHIZOPHRENIA	A psychotic disorder that is characterised by major disturbances in cognitive functioning, emotion and behaviour and where the Life Assured experiences hallucinations or delusions. The definition does not include other psychotic illnesses (delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
5	SCHIZOAFFECTIVE DISORDER	Schizoaffective disorder is characterised primarily by symptoms of schizophrenia such as hallucinations or delusions, and concurrent with symptoms of a mood disorder such as mania and depression. The definition does not include other psychotic illnesses (delusional disorder, psychotic depression etc) according to the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.

Additionally, the diagnosis for item 1, 2, 3, 4 and 5 above must fulfil the following criteria:

- iii. An unequivocal diagnosis must be confirmed by a psychiatrist based on the DSM-5 criteria or any subsequent DSM update or any alternative criteria that supersedes DSM.
- iv. The Life Assured must have received a combination of 2 or more specific medication therapy to treat the mental illnesses which is mood stabilisers or atypical antipsychotics or antidepressants, without interruption for a period of at least one hundred and eighty (180) days after diagnosis.

All substance/ medication or alcohol induced diagnosis of depression are excluded.

MEDICAL ASSISTANCE DEVICE BENEFIT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary use or acquisition of medical devices in connection with the Life Assured's Disability but shall not exceed the amount per Rider Year as set forth in the Schedule of Benefits. However, payment will not be made if the Disability is due to Pre-Existing Condition. Only two (2) claims per life is allowed for this Benefit.

The medical devices refer to pacemaker, artificial limb, and implantable cardio-defibrillator.

GUARDIAN BENEFIT

Reimburses the expenses for meals and lodging incurred to accompany a junior Life Assured [aged fifteen (15) years and below] or senior Life Assured [aged sixty-one (61) years and above] in the Hospital but shall not exceed the daily amount and number of days per Rider Year as set forth in the Schedule of Benefits.

HOME NURSING CARE

Reimbursement of Reasonable and Customary Charges, up to the amount per Rider Year stated in the Schedule of Benefits, for Medically Necessary continued nursing care by a Registered Nurse to the Life Assured in a home. Such nursing care must be recommended by the attending physician and be for a minimum duration of four (4) hours each day. The reimbursement shall not exceed the number of days per life as set forth in the Schedule of Benefits,

This benefit is only payable if there has been an earlier claim paid for Hospital Benefits in respect of the medical condition for which Hospitalisation was required by the Life Assured.

MEDICAL REPORT FEES

Reimbursement of the fee charged for completion of a medical report by the attending General Practitioner and/or Specialist in respect of the covered Disability.

SPECIAL BENEFIT

INFECTIOUS DISEASE BENEFIT

If the Life Assured is diagnosed with any infectious diseases listed below before attaining age seventy (70), a lump sum of the amount as set forth in the Schedule of Benefits shall be payable. Each Infectious Disease is only claimable once.

Waiting Period of ninety (90) days is applicable to any symptoms of any of the Infectious Diseases that is manifested after the policy has commenced or reinstated.

Disease Diagnosed prior to attaining age 16 years old	Disease Diagnosed from age 16 up to age 70 years old
1. Cholera 2. Tuberculosis	1. Influenza A – Avian Influenza A(H7N9) & A(H5N1) 2. Malaria

DEFINITIONS

ACCIDENT shall mean a sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place, which shall, independently of any other cause, be the sole cause of bodily Injury.

ANNUAL LIMIT shall mean benefits payable in respect of expenses incurred for treatment provided to the Life Assured during the period of insurance shall be limited to Annual Limit as stated in the Schedule of Benefits. Infectious Disease Benefit and Emergency Assistance Programme are not included into the Annual Limit. Once the Annual Limit is reached, all insurance coverage for the Life Assured shall immediately cease to be payable for that remaining rider year except for Infectious Disease Benefit and Emergency Assistance Programme.

AS CHARGED refers to charges incurred for reasonable, necessary and customary medical care provided in the treatment of a covered Disability.

CONGENITAL CONDITIONS shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. These will include hernias of all types and epilepsy except when caused by a trauma, which occurred after the date that the Life Assured was continuously covered under this Supplementary Contract.

CRITICAL CONDITION shall mean Cancer, Stroke, Heart Attack, Kidney Failure, Coronary Artery Surgery and Critical Admission. Each type of Critical Condition is defined as follows:

No	Critical Condition	Definition
1	Cancer	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
2	Stroke	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: (v) Transient ischemic attacks (vi) Cerebral symptoms due to migraine (vii) Traumatic injury to brain tissue or blood vessels (viii) Vascular disease affecting the eye or optic nerve or vestibular functions.
3	Heart Attack	Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: (iv) A history of typical chest pain; (v) 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 (vi) 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.
4	Kidney Failure	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.
5	Coronary Artery 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: (v) angioplasty; (vi) other intra-arterial or catheter based techniques; (vii) keyhole procedures; (viii) laser procedures.

6	Critical Admission	Admission or Confinement to the Intensive Care Unit for at least five (5) consecutive days. Admission or Confinement to the High Dependency Unit is excluded.
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DAY SURGERY shall mean a pre-planned surgical procedure where the patient needs the use of a recovery facility for less than twelve (12) consecutive hours (but not for overnight stay at the Hospital).

DENTIST shall mean a person who is duly licensed or registered dental practitioner that specialises in the diagnosis, prevention and treatment of diseases or conditions of the oral cavity in the geographical area in which the service is provided but excluding a Dentist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

DISABILITY shall mean Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

ELIGIBLE EXPENSES shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule of Benefits.

GENERAL PRACTITIONER shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice but excluding a General Practitioner who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured.

HOSPITAL shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- e) Has facilities for diagnosis and major Surgery,
- f) Provides twenty-four (24) hour a day nursing services by registered and qualified nurses,
- g) Is under the supervision of a Specialist, and
- h) Is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

HOSPITAL CONFINEMENT shall mean the Life Assured being registered and admitted as an in-patient in a Hospital for more than twelve (12) consecutive hours.

HOSPITALISATION shall mean admission to a hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a General Practitioner or Specialist. A patient shall not be considered as an in-patient if the patient does not physically stay in the Hospital for the whole period of confinement.

INFECTIOUS DISEASE shall mean any one of the following covered diseases that fulfil the descriptions and terms as follows:

No	Infectious Disease	Definition
1	Cholera	An acute intestinal infection caused by the bacteria Vibrio Cholerae resulting in severe watery diarrhoea and electrolyte imbalance. The diagnosis must be confirmed with the positive isolation of Vibrio Cholerae virus and certified by an Infectious Disease Specialist.
2	Tuberculosis ("TB")	An infection caused by the bacteria Mycobacterium Tuberculosis. Classically it affects the lungs resulting in cough, fever and haemoptysis, but the infection can also affect other body systems. The diagnosis must be confirmed with the positive isolation of Mycobacterium Tuberculosis and certified by an Infectious Disease Specialist. Clinical suspicious cases treated empirically by drugs are specifically excluded.
3	Influenza A - Avian Influenza A(H7N9) & A(H5N1)	The definite diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist.
4	Malaria	The definite diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of $\geq 100,000$ parasites/mL of blood and certified by the Specialist in the relevant field.

INJURY shall mean bodily injury caused solely by Accident.

INTENSIVE CARE UNIT OR HIGH DEPENDENCY UNIT shall mean a section within a Hospital which is designated as an Intensive Care Unit or High Dependency Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

LIFE ASSURED shall mean the person described in the Policy Information Page of the Basic Policy.

MALAYSIAN GOVERNMENT HOSPITAL shall mean a Hospital established, maintained, operated or provided by the Malaysian government which charges of services are subject to the Fee Act 1951 - Fees (Medical) Order 1982 and/or its subsequent amendments if any, but excludes privatised or corporatised Malaysian Government Hospital.

MALAYSIAN SEMI-GOVERNMENT HOSPITAL shall mean a Hospital which is operated by government-linked companies (GLC) in Malaysia.

MANAGED CARE ORGANISATION (MCO) shall mean a third party appointed by Zurich Life Insurance Malaysia Berhad to provide service in managing the hospital admission and claims administration as per provisions of this Supplementary Contract.

MEDICALLY NECESSARY shall mean a medical service which is:

- f) Consistent with the diagnosis and customary medical treatment for a covered Disability, and
- g) In accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- h) Not for the convenience of the Life Assured or the General Practitioner and/or Specialist, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient), and
- i) Not of an experimental, investigational or research nature, preventive or screening nature, and
- j) For which the charges are fair and reasonable and customary for the Disability.

MONTHLY ANNIVERSARY shall refer to the date in any subsequent month corresponding numerically with the Policy Commencement Date shown in Policy Information Page.

OUT-PATIENT shall mean the Life Assured is receiving medical care or treatment without being hospitalized and includes treatment in a day-care centre.

POLICYOWNER shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Life Assured in the Policy Information Page.

PRE-EXISTING CONDITION shall mean any conditions, illnesses or Disabilities which existed before the Commencement Date or effective date of change or date of reinstatement, or the date the Life Assured attaining fourteen (14) days old, whichever is later, and for which the Life Assured has reasonable knowledge of. A Life Assured is considered to have reasonable knowledge of a pre-existing condition is one for which:-

- e) The Life Assured had received or is receiving treatment;
- f) Medical advice, consultation, diagnosis, care or treatment has been recommended;
- g) Clear and distinct signs or symptoms are or were evident; or
- h) Its existence would have been apparent to a reasonable person in the circumstances.

PRESCRIBED MEDICINES shall mean medicines that are dispensed by a General Practitioner, a Specialist, a registered pharmacist or a Hospital and which have been prescribed by a General Practitioner or Specialist in respect of treatment of a covered Disability.

PRIVATE HOSPITAL shall mean any other Hospital which is not under the definition of Malaysian Government Hospital or Malaysian Semi-Government Hospital.

REASONABLE AND CUSTOMARY CHARGES shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Sickness, Disease or Injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Life Assured medical condition.

RIDER ANNIVERSARY shall be one (1) year after the effective date of this Supplementary Contract and annually thereafter.

RIDER POLICY YEAR

shall mean the one (1) year period from:-

- (d) The Monthly Anniversary on the month of Expected Delivery Date or on the month of birth, whichever is earlier; or
- (e) The one month earlier than (a) if fourteen (14) days old is earlier than (a); or
- (f) Commencement Date if (a) and (b) is earlier than Commencement Date.

or the one (1) year period following the Renewal of this Supplementary Contract.

SICKNESS, DISEASE OR ILLNESS shall mean a physical condition marked by a pathological deviation from the normal healthy state.

SPECIALIST shall mean a medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding a Specialist who is the Life Assured himself/herself or the spouse or the immediate family member of the Life Assured. A Specialist shall also include a physician or a surgeon.

SPECIFIED ILLNESSES shall mean the following Disabilities and its related complications, occurring within the Waiting Period of hundred and twenty (120) days:

- g) Hypertension, diabetes mellitus and cardiovascular disease;
- h) All tumours, Cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- i) All ear, nose (including sinuses) and throat conditions;
- j) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- k) Endometriosis including disease of the reproduction system;
- l) Vertebro-spinal disorders (including disc) and knee conditions.

SUPPLEMENTARY CONTRACT shall mean this Zurich InfiniteCare Shield Supplementary Contract.

SURGERY shall mean any of the following medical procedures:

- e) To incise, excise or electrocauterize any organ or body part, except for dental services.
- f) To repair, revise, or reconstruct any organ or body part.
- g) To reduce by manipulation a fracture or dislocation.
- h) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

WAITING PERIOD shall mean the period of time after Life Assured attaining fourteen (14) days old or effective date of change or date of reinstatement of this Supplementary Contract, whichever is later, and the beginning of a Life Assured's symptoms of the Illness, after which the Life Assured is eligible for the Illness benefit described herein.

WE, US and OUR shall mean Zurich Life Insurance Malaysia Berhad.

YOU and YOUR shall mean the owner of this Contract.

GENERAL PROVISIONS

AGE AND SEX

This Supplementary Contract is issued at the age shown on the Policy Information Page, which is the Life Assured's age at last birthday. If the age or sex was misstated in the application form, the benefits or premium will be adjusted according to the Policy which had been purchased based on the true age or sex.

ALTERATIONS

The provisions of this Supplementary Contract cannot be waived or altered by Us except by a notification letter detailing the reason of change and an Endorsement to the Supplementary Contract and signed by Our authorized personnel with three (3) months prior written notice.

TERMINATION

The coverage of a Life Assured shall automatically terminate on the earliest happening of the following events:

- g) If the Investment Account balance of the Basic Policy becomes a zero or negative value; or
- h) On the expiry date of this Supplementary Contract as stated in Policy Information Page or Endorsement, or Rider Anniversary immediately following the one hundredth (100th) birthday of a Life Assured, whichever is earlier; or
- i) If any insurance charge on this Supplementary Contract or Basic Policy remains unpaid at the end of the Grace Period; or
- j) If the Basic Policy becomes terminated, lapsed, matures/expires, or is surrendered; or
- k) When the change in risk as stated in the Change In Risk clause below has rendered the Life Assured to be no longer insurable by us; or
- l) When a written request for termination of this Supplementary Contract is submitted to us for endorsement to that effect.

Termination of this Supplementary Contract will have no effect to any claim arising prior to such termination.

We reserve the right to terminate this Supplementary Contract if the Life Assured makes any claim which is fraudulent or exaggerated, or if the Life Assured makes any false declaration or statements in support of any claim.

CERTIFICATION, INFORMATION AND EVIDENCE

All Contracts, information, medical reports and evidence as required by Us shall be furnished at the expense of the Life Assured, and in such a form that We may require. In any event all notices which We shall require the Policyowner to give must be in writing and addressed to Us. The Life Assured shall, at our request and expense, submit to Us a medical examination whenever such is deemed necessary.

CHANGE IN RISK

The Policyowner shall give immediate notice in writing to Us of any material change in the Life Assured's occupation, business, duties or pursuits and any additional insurance charge that may be required by Us shall be collected accordingly. If such change in risk has rendered the Life Assured to be no longer insurable by Us, this Supplementary Contract will be terminated.

CLAIM PROCEDURES

- c) The Life Assured shall within thirty (30) days of a covered Disability, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full General Practitioner and/or Specialist's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the General Practitioner and/or Specialist's opinion and the summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the timeline stipulated shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- d) The Life Assured shall immediately procure and act on proper medical advice and we shall not be held liable in the event a treatment or service becomes necessary due to failure of the Life Assured to do so.

INCOMPLETE CLAIMS

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all original bills and receipts for such claims have been submitted and agreed upon by Us. Only Reasonable and Customary Charges incurred shall be considered for reimbursement.

CLAIM PERIOD SPANNING ACROSS TWO RIDER YEAR

If the Eligible Expenses flow into the next Rider Year, the benefits to be reimbursed will be apportioned based on the itemized expenses incurred on a daily basis in the relevant Rider Year.

If there is no itemization of the expenses by daily breakdown, such expenses shall be apportioned as a percentage of the days of confinement (including day of admission) for each respective Rider Year.

In no situations will the benefit limit exceed the Rider Year as stipulated in the Schedule of Benefits and evidence of Hospitalisation is required for other than out-patient benefits and day procedure benefits.

OTHER CONTRACT

If the Life Assured is covered under other Life policy covering any Disability covered by this Supplementary Contract, We shall only pay the remaining of Eligible Expenses incurred if the Life Assured received any reimbursement from other Life policy covering any Disability covered by this Supplementary Contract.

CONVERSION OF POLICIES

If the eligible benefits as stipulated under the Schedule of Benefits provided under this Supplementary Contract shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Life

Assured shall have been afflicted with a Disability prior to or at the time the benefits were converted the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the eligible benefits were converted.

GEOGRAPHICAL TERRITORY

All benefits provided in this Supplementary Contract are applicable worldwide for twenty-four (24) hours a day subject to Overseas Treatment and Residence Overseas clause.

HOSPITAL CONSULTATION, PROCEDURE AND MISCELLANEOUS FEE

Fees or charges as mentioned under the Schedule of Benefits for various descriptions of medical services and/or treatment in this Supplementary Contract shall refer to the Thirteenth Schedule of the Private Healthcare Facilities and Services (Private Hospital and Other Private Healthcare Facilities) Regulations 2006 and as amended from time to time.

INSURANCE CHARGE

The insurance charges are not guaranteed. We reserve the right to establish, at the end of any subsequent Policy Year thereafter or whenever the terms of this Supplementary Contract, new insurance charges shall be applied to the Life Assured. We reserve the right to adjust the Basic Policy premium payable to ensure the Policy's sustainability. We will, at least thirty (30) days before the policy anniversary, notify the Applicant/Owner in writing of the new insurance charges and new premium payable by providing valid reason.

The insurance charges of this Supplementary Contract shall include the fee for the services provided by a Service Provider and any fee of the Referral Emergency Assistance Programme.

OVERSEAS TREATMENT

If the Life Assured is referred to be treated outside Malaysia by the attending Specialist, benefits in respect of the treatment shall be limited to the Reasonable and Customary and Medically Necessary charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

RESIDENCE OVERSEAS

No benefit whatsoever shall be payable for any medical treatment received by the Life Assured outside Malaysia, if the Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.

OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Supplementary Contract, We shall be at liberty to treat the Policyowner as the absolute owner of the Policy. We shall not be bound to recognise any equitable or other claim to or interest in the Supplementary Contract.

PERIOD OF COVER AND RENEWAL

This Supplementary Contract shall become effective on the day Life Assured attained fourteen (14) days old. The anniversary shall be one (1) year after:-

- (d) The Monthly Anniversary on the month of Expected Delivery Date or on the month of birth, whichever is earlier; or
- (e) The one month earlier than (a) if fourteen (14) days old is earlier than (a); or
- (f) Commencement Date if either (a) or (b) is earlier than Commencement Date, and annually thereafter.

This Supplementary Contract is renewable up to age ninety-nine (99).

SUBROGATION

If We shall become liable for any payment under this Supplementary Contract, We shall be subrogated to the extent of such payment to all the rights and remedies of the Policyowner against any party and shall be entitled at its own expense to sue in the name of the Policyowner. The Policyowner shall give or cause to be given to Us all such assistance in his/her power as We shall require to secure the rights and remedies and at our request shall execute or cause to be executed all documents necessary to enable Us to effectively to bring suit in the name of the Policyowner.

TAKE-OVER POLICIES

This Supplementary Contract shall commence immediately upon termination of a preceding Policy if take-over benefit is granted. If the Waiting Period of the previous Policy has not expired immediately before the take-over, the said Waiting Period shall continue until they are fulfilled.

UPGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits covering any Life Assured under the terms of this Supplementary Contract be upgraded while it is in force or at the time of renewal or replacement and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were upgraded the limits of benefits payable in respect of such Disability shall not exceed the limit of benefits prior to the date the benefits were upgraded. The amount of the benefits that have been paid in respect of such Disability, if any, shall reduce the Annual Limit of the upgraded plan. If the Waiting Period of the previous plan have not expired immediately before the upgrade, the said Waiting Period shall continue in this Supplementary Contract until the remaining Waiting Period have been fulfilled.

DOWNGRADED PLAN

If the eligible benefits as stipulated under Schedule of Benefits covering any Life Assured under the terms of this Supplementary Contract be downgraded while it is in force or at the time of renewal or replacement and if such Life Assured shall have been afflicted with a Disability prior to or at the time the benefits were downgraded, the amount of the benefits that have been paid in respect of such Disability, if any, shall reduce the Annual Limit of the downgraded plan. If the Waiting Period of the previous plan have not expired immediately before the downgrade, the said Waiting Period shall continue in this Supplementary Contract until the remaining Waiting Period have been fulfilled.

WAITING PERIOD

Eligibility for benefits begins thirty (30) days after the Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the date of reinstatement, whichever is the latest under this Supplementary Contract, except for

a covered Accident occurring after Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the date of reinstatement, whichever is the latest, as stated in the Policy Information Page of the Basic Policy or Endorsement. For Specified Illnesses, including Cancer, the Waiting Period occurs during the first one hundred and twenty (120) days after the Life Assured attains fourteen (14) days old, or the Commencement Date, or the effective date of change, or the reinstatement date, whichever is the latest. For Infectious Diseases, the Waiting Period is ninety (90) days.

EXCLUSIONS

This Supplementary Contract shall not cover any Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- 19) Pre-existing Conditions; or
- 20) Plastic/Cosmetic Surgery or treatment (except medically necessary Surgery), circumcision (except circumcision due to infection), eye examination, glasses and refraction or surgical correction of near sightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices except for those covered under Medical Assistance Device Benefit; or
- 21) Dental conditions including dental treatment or oral Surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the coverage period of the Supplementary Contract; or
- 22) Private nursing (except if recommended by the attending Physician as stated in the Home Nursing Care clause), 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 except for the Eligible Expenses covered under Hospitalisation Due To Covid-19 Or Complication Arising From Covid-19 Vaccination; or
- 23) Any treatment or surgical operation for Congenital Conditions or deformities including hereditary conditions; or
- 24) Pregnancy, childbirth (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; or
- 25) Hospitalisation 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 General Practitioner and/or Specialist except for those covered under Total Critical Care's Genomic Cancer Test and Survivor Benefit, if any; or
- 26) Treatments specifically for weight reduction or gain; or
- 27) Attempted suicide or intentionally self-inflicted injury while sane or insane; or
- 28) 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; or
- 29) Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 30) Expenses incurred for donation of any body organ by the Life Assured and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications; or
- 31) 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 except for the Eligible Expenses covered under Total Critical Care's Alternative Treatment Benefit, Genomic Cancer Test and Survivor Benefit, if any; or
- 32) Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations) except for the Eligible Expenses covered under Hospitalisation due to Mental Illness benefit; or
- 33) 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; or
- 34) 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; or
- 35) Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes; or
- 36) Expenses incurred for sex changes.

Infectious Disease Benefit shall not be paid as a consequence of:

- 1) Infectious Diseases arise directly or indirectly from any Pre-existing Conditions; or
- 2) the history of drug, substance or alcohol abuse of the Life Assured; or
- 3) war (declared or undeclared) foreign invasion to another country, hostile acts against another country, terrorism, civil war, rebellion, revolution, riot, civil unrest, military operation, or coup d'état; or
- 4) the presence of the Acquired Immune Deficiency Syndrome ("AIDS") / Human Immunodeficiency Virus ("HIV") infection.

SECTION B

REFERRAL EMERGENCY ASSISTANCE PROGRAMME (EAP)

We have an agreement with “**Service Provider**”), to provide a comprehensive international medical assistance programme. This value added service programme is specially provided to all Life Assured (hereinafter known as “the **Member**”) under this Supplementary Contract.

Member may place a reverse charge call/call collect to the Service Provider’s Service Hotline at any time seven (7) days a week for any of the services described below.

All the benefits under this programme will automatically cease on the earliest happening of the events as stated under Termination clause.

2. International Medical Assistance Programme

Services described herein are available to the Member traveling anywhere outside Malaysia with each trip not exceeding ninety (90) consecutive days.

- 2.1 Tele-medical consultation and evaluation of the Member’s condition
When medical advice is needed during travel outside Malaysia, the Member is to call the Service Provider for assistance and advice. The Service Provider’s duty doctor will provide help over the phone.

Important:

The telephone conversation does not amount to the establishment of a diagnosis and must be considered as advice only.

- 2.2 Medical Referral and Arrangement of Medical Appointments
Upon request, the Service Provider shall provide the names, addresses and telephone numbers of medical practitioner (including both General Practitioners and Specialists), Hospitals, Dentists, and dental clinics. The Service Provider will attempt upon request to confirm the availability of the applicable medical or dental professional to make an appointment for treatment.

- 2.3 Arrangement of Hospital Admission Guarantee
In the event that the emergency admission is needed and Member has no means for the required Hospital admission deposit, the Service Provider will provide admission guarantee on behalf of the Member, such service shall be subjected to the Service Provider having first securing payment guarantee through credit card or funds from the Member’s family.

- 2.4 Dispatch of Medication Not Available Locally
The Service Provider will dispatch the necessary medication not available locally in case of an emergency and where local laws, rules and regulations allow such dispatch. Cost of medicine shall be borne by the Member and the Service Provider shall pay for the cost of such dispatching.

- 2.5 Medical Evacuation
Following a medical emergency and Hospitalisation, when the Service Provider’s doctor in consultation with the attending General Practitioner and/or Specialist determines that local medical facility is inadequate to treat the Member, the Service Provider will arrange for medical evacuation under constant medical supervision to the nearest adequate medical facility.

- 2.6 Medical Supervised Repatriation
If the Service Provider’s doctor, in consultation with the local attending General Practitioner and/or Specialist, determines the treatment should continue at a medical facility nearer home following stabilisation, the Service Provider will arrange for the repatriation under constant medical supervision.
All decisions as to the means of transportation and the final destination will be made by the Service Provider or its authorised representative, and will be based solely upon medical necessity.

The Medical Evacuation and Medical Supervised Repatriation services described in 1.5 and 1.6 above shall be organised by the Service Provider and paid by Us subject to the provisions of this Supplementary Contract. All costs incurred are subject to a limit of US Dollar One Million (USD 1,000,000) per Member per event.

- 2.7 Medical Monitoring & Emergency Message Transmission
The Service Provider will monitor the Member’s condition if the Member is hospitalised and will keep the Member’s employer/family informed, with prior agreement of the Member in writing, unless this is not practicable.

- 1.8 Repatriation of Mortal Remains
If the Member dies while on the trip due to a Sickness or an Accident, the Service Provider or its authorized representative will organise and pay for all expense incurred for the return of the body or remains to the Member’s country of origin. All costs incurred for such repatriation is subject to a maximum limit of Ringgit Malaysia Fifty Thousand (RM 50,000).

- 1.9 Visit to Bedside by a Friend/Relative
Should the Member’s hospitalisation outside Malaysia be expected to last more than seven (7) consecutive days, and the Service Provider’s duty doctor agrees that it is medically necessary for a relative/friend to be by the Member’s bedside provided no travel companion is with the Member, the Service Provider will arrange and We shall pay for one economy class return transportation and hotel room accommodation for a relative/friend to visit the Member. The cost of hotel room accommodation is subject to a limit of Ringgit Malaysian Eight Hundred (RM 800) per night up to a maximum of Ringgit Malaysian Three Thousand Five Hundred (RM 3,500).

- 1.10 Return of Children Travelling with the Member
In the event of the Member's Hospitalisation and the Member's medical condition prevents the Member from caring for the Member's minor children (below age of eighteen (18) years) travelling with the Member and no relative is on the spot able to care for them, the Service Provider will arrange for one way economy class transportation for the children to be sent back to their country of origin. We shall pay for the cost incurred for the one-way economy class ticket for all minor children travelling with the Member.

2. Travel Assistance

- 2.7 Visa, Passport and Inoculation Requirements
The Service Provider will provide information concerning Visa, inoculation, passport or immunization requirements of the foreign countries in which the Member will be travelling.
- 2.8 Location of Lost Items
The Service Provider will assist the Member in the location of lost luggage, documents and personal items. Airlines, government authorities and credit card issuers are among those who will be contacted, if necessary.
- 2.9 Emergency Message Relay
In case of an emergency, the Service Provider will attempt to establish a national or international message relay to a designated addressee.
- 2.10 Arrangement of Flights
The Service Provider will assist with the arrangement of flights for family return if travelling with the Member.
- 2.11 Legal Referral
Should the Member seek legal assistance for an emergency while on a trip, the Service Provider will refer the Member to local legal advisors.
- 2.12 Referral to Interpreter/Translator
Should the Member needs translation assistance for an emergency in the course of the Member's trip, the Service Provider will refer the Member to a local translator.
- 2.7 Weather and Foreign Exchange Information
The Service Provider shall provide information on foreign weather condition as well as foreign exchange rates when required.

3. Car Assistance

- 3.2 24 hours Emergency Towing and Minor Roadside Repair
In the event that a Member's car is immobilised due to accident or breakdown, the Member shall be entitled to contact the Service Provider for assistance.
Should it be deemed possible to repair the Member's car on the spot, the Service Provider shall arrange for such minor roadside repair. In the event it is not possible to repair the car on the site, the Service Provider shall arrange for the car to be towed to the nearest workshop for repairs. Any cost incurred for the towing and minor roadside repair shall be borne by the Member.
Territorial Limits
The emergency towing and minor roadside repair referred to in this Clause shall be available where such services are required within Peninsular Malaysia and Singapore excluding the islands except for Penang and Langkawi. In East Malaysia, services shall only be available in Kota Kinabalu, Sandakan, Tawau, Labuan, Sibul, Bintulu, Miri and Kuching.
- 3.4 Car Rental Assistance
Should the Member require a car replacement in the event of a car breakdown, the Service Provider shall refer to designated third party service providers and assist the Member in arranging for car rental. Cost of car rental shall be borne by the Member.
- 3.5 Arrangement for Hotel Accommodation
As a result of a car breakdown, should a Member needs hotel accommodation, the Service Provider shall refer the Member to hotels designated by the Service Provider in order to make reservation and arrangement for hotel accommodation. All costs incurred for such hotel accommodation and ancillary charges shall be solely borne by the Member concerned.
- 3.4 Referral to Service Centre
The Member may contact the Service Provider to arrange for referral to the nearest repair and service centre for car servicing or repair. The Service Provider shall also arrange for prior appointment for the Member. All costs incurred in such car repair or servicing shall be borne by the Member.

4. Home Assistance

The following Home Assistance Services shall only be available to Members residing in major towns of Peninsular Malaysia.

- 4.2 Plumbing Assistance
Should the Members requires plumbing services at home, the Service Provider shall provide referral information to plumbers. The Service Provider will also assist in arranging for house call if necessary.
- 4.3 Locksmith Assistance
The Service Provider will arrange for referral or house call service in the event that the Member requires the services of a locksmith.
- 4.3 General Repair Assistance

The Service Provider will also provide information for general repair services such as repairs of home electrical appliances.

- 4.5 Air conditioning Assistance
Should the Member requires repair in relation to air conditioners, the Service Provider shall refer the Member to persons who can provide such services and would also arrange for house call if necessary.
- 4.5 Pest Control Assistance
The Service Provider shall assist the Members by referring them to pest control, pest prevention, soil treatment, anti-termite and mosquito control services. The Service Provider will also arrange for house call if necessary.

The services described in the Travel, Car and Home Assistance above shall be purely on referral and arrangement basis. We and the Service Provider shall not be responsible for any third party cost incurred, such cost shall be borne directly by the Member.

DEFINITIONS

MEDICAL EMERGENCY

A situation which in the opinion of the Service Provider's doctor constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Member's immediate or long term health prospects. The severity of the medical condition will be judged within the context of the Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

MINOR ROADSIDE REPAIR

Minor repairs are such that are deemed possible to be repaired on the spot including but not limited to change of tyres, minor wiring work and change of battery. The minor roadside repairs are also subject to the availability of parts and component at the time of the breakdown.

EXCLUSIONS

The International Medical Assistance Programme described above is subject to the list of exclusions below:

- 11) Emergency medical evacuation, repatriation or costs not approved in advance and in writing by the Service Provider and/or not arranged by the Service Provider. This exclusion shall not apply to Emergency Medical Evacuation from remote or primitive areas which the Service Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or extreme prejudice to the well-being of the Member.
- 12) If the Member is traveling contrary to the advice of a medical practitioner or the purpose of obtaining medical treatment or for the rest and recuperation following any prior accident or illness.
- 13) If in the opinion of the Service Provider the Member is not suffering from a serious medical condition or if the treatment can be reasonably delayed until the Member returns to Malaysia or usual country of residence.
- 14) If the Member is participating or engaging in war or any act of war (whether war be declared or not), invasion acts of foreign enemies, hostilities, rebellion, revolution, insurrection, military or usurped power, illegal activities, active servicing in any of the military or armed forces other than peace time reservist training.
- 15) If the Member is suffering from any condition resulting from ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
- 16) Failure by the Member to take reasonable precautions following warnings of any intended strike, riot or civil commotion via the mass media.
- 17) Self-inflicted injury or attempted suicide, mental or psychiatric disorder, drug addiction or abuse, alcohol abuse, sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.
- 18) Any expenses arising from childbirth, miscarriage, pregnancy (except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn children).
- 19) Any Injuries arising from racing of any kind (other than racing on foot), sports exhibitions, bungee jumping, mountaineering or rock climbing necessitating the use of guides or ropes, scuba diving, aeronautics or aviation activities other than as a fare paying passenger in a properly licensed commercial or private aircraft or professional sports.
- 20) Any health condition which constitutes one of the reasons to undertake the trip.

ADDITIONAL CONDITIONS

- e) We and the Service Provider shall not be held responsible for the failure or delay to provide the services caused by strikes or conditions beyond Our and the Service Provider's control including, but not limited to, flight conditions or where local laws of regulatory agencies prohibit the Service Provider from rendering such services.
- f) The legal professionals, medical professionals, car assistance and/or home assistance providers referred by the Service Provider to provide direct services to the Member are not employees or agents of the Service Provider and/or its subsidiaries or affiliated companies. We and the Service Provider and/or its subsidiaries or affiliated companies cannot be held responsible for the quality or results of any services provided by independent practitioners to whom the Service Provider refers the Member.
- g) This programme shall cease in the event that the Supplementary Contract is terminated.
- h) We shall be entitled to, vary any of the provisions herein and withdraw this programme at any time by giving thirty (30) days notice in writing with accompanying notification letter detailing the reason of change.