

# **MCIS INSURANCE BERHAD**

Registration No. 199701019821 (435318-U)

Head Office: WISMA MCIS, JALAN BARAT,  
46200 PETALING JAYA, SELANGOR DARUL EHSAN, MALAYSIA

## **Merchantrade Insure Medic Pro (MI Medic Pro)** (Non-Participating Policy)

The benefit(s) payable under eligible product are protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MCIS Life or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).

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

## **SECTION A: DEFINITIONS**

In this Policy where consistent with the contents the singular shall include the plural and vice-versa and words importing the masculine gender shall include the feminine gender, and the following words and expressions shall have the meaning as defined below unless the context otherwise requires.

**1. ACCIDENT**

Shall mean a sudden, unforeseen, and unplanned event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

**2. AGE**

Shall mean the age of the Life Assured on the last birthday.

**3. ANY ONE DISABILITY**

Shall mean all of the periods of Disability arising from the same cause including any and all complications therefrom except that if the Life Assured completely recovers and remains free from further treatment (including drugs, medicines, special diet, injection, or advice for the condition) of the Disability for at least ninety (90) days following the latest date of discharge and subsequent Disability from the same cause shall be considered as though it were a new Disability.

**4. CERTIFICATE ANNIVERSARY**

Shall mean the same day as the Certificate Effective Date each year during the duration of the Certificate of Assurance.

**5. CERTIFICATE EFFECTIVE DATE**

Shall mean the issuance date of the Certificate of Assurance and the start of insurance coverage in respect of any Life Assured, as shown in the Certificate of Assurance.

**6. CERTIFICATE EXPIRY DATE**

Shall mean the date as stated in the Certificate of Assurance and after which the Certificate of Assurance will no longer be in-force.

**7. CERTIFICATE OF ASSURANCE**

Shall mean the individual certificate issued for the Life Assured as evidence of the insurance coverage under this Policy.

**8. CERTIFICATE OWNER**

Shall mean the person named in the Certificate of Assurance who owns the Certificate of Assurance and can exercise all rights, privileges, and options available under the Certificate of Assurance.

**9. CERTIFICATE YEAR**

Shall mean one (1) year period from and inclusive of the Certificate Effective Date, or one (1) year period from and inclusive of each Certificate Anniversary.

**10. COMPANY/WE/US/OUR**

Refers to MCIS Insurance Berhad, who is the underwriter of this Policy.

**11. CONGENITAL DISORDER/DISEASE**

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. This would 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 Policy.

**12. DAYCARE SURGERY**

Shall mean a surgical or invasive procedure performed at a Hospital or Daycare Specialist Centre which requires the use of a recovery facility on a pre-plan basis but without an overnight stay at the Hospital or Daycare Specialist Centre.

**13. DEDUCTIBLE**

Shall mean the specified eligible amount as stated in the Certificate of Assurance that the Certificate Owner is liable to pay before any benefits are payable under this Policy.

**14. DISABILITY**

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

**15. DOCTOR/PHYSICIAN/SURGEON/GENERAL PRACTITIONER**

Shall mean a medical practitioner qualified and licensed to practice western medicine. He must be registered in the locality of practice and must practice within the scope of his licensing and training.

A Doctor, Physician, Surgeon, or General Practitioner who is himself the Certificate Owner or the Life Assured under this Policy shall not be considered a Doctor, Physician, Surgeon, or General Practitioner for this Policy when making a claim.

**16. ELIGIBLE EXPENSES**

Shall mean Medically Necessary expenses incurred for treatment of the covered Disability during the period of assurance for the Certificate of Assurance but not exceeding the limits in the Schedule of Benefits.

**17. ELIGIBLE MEMBER**

Shall mean the customer of the Policy Owner who is eligible to participate in the assurance under this Policy.

**18. EMERGENCY TREATMENT**

Shall mean treatment in the event whereby immediate medical attention for preservation of life or limb is required within twenty-four (24) hours arising from an Accident which are sudden and severe, failing which will be life threatening or lead to serious deterioration of health. We have the right to determine if the condition is classified as emergency.

**19. ENDORSEMENT**

Shall mean written evidence of any amendment, variation, or change made to this Policy and the Certificate of Assurance.

**20. GRACE PERIOD**

Shall mean the date when the Premium ought to be paid and received in full by the Company via the Policy Owner in accordance with the Grace Period provision in Section B of this Policy.

**21. HOSPITAL**

Shall mean a registered institution established for the purpose of providing treatment and care of bed-paying sick or injured patients, and which:

- (a) Provides twenty-four (24) hours nursing services by registered and graduate nurses; and
- (b) Has facilities for diagnosis and major Surgery; and
- (c) Is under the supervision of a Physician.

A Hospital is expressly NOT:

- (a) Primarily a clinic; or
- (b) A convalescent, nursing, or rest home; or
- (c) A rehabilitation centre for alcoholics or drug addicts; or
- (d) A home for the elderly or infirmed.

**22. HOSPITAL CONFINEMENT**

Shall mean inpatient confinement in a Hospital for a continuous period of at least twelve (12) consecutive hours, which is deemed Medically Necessary on the recommendation of a Physician, and for which a daily room and board charge is incurred.

**23. HOSPITALISATION/HOSPITALISED**

Shall mean admission to a Hospital as a registered inpatient for Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an inpatient if the patient does not physically stay in the Hospital for the whole period of Hospital Confinement.

All Hospitalisation/Hospitalised referred to in this Policy shall mean Hospitalisation/Hospitalised for a Medically Necessary condition.

**24. INJURY**

Shall mean damage to the body as a result of an Accident.

**25. INTENSIVE CARE UNIT**

Shall mean a section within a Hospital which is designated as an Intensive Care 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.

**26. LIFE ASSURED**

Shall mean the Eligible Member in respect of whom the assurance under this Policy has taken effect as stated in the Certificate of Assurance.

**27. MALAYSIAN GOVERNMENT HOSPITAL**

Shall mean a Hospital established, maintained, operated, or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government Hospitals.

**28. MEDICALLY NECESSARY**

Shall mean a medical service which:

- (a) Is consistent with the diagnosis and customary medical treatment for a covered Disability; and
- (b) Is in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits; and
- (c) Is not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient); and
- (d) Is not of an experimental, investigational or research nature, preventive or screening nature, medical technology/procedure which has not been proven to be effective based on established medical practice, and which has not been approved by a recognised body in Malaysia; and
- (e) The charges are fair, reasonable, and customary for the covered Disability; and
- (f) Provides treatment directly related to the covered Disability.

**29. OUTPATIENT**

Shall mean the Life Assured is receiving medical care or treatment without being Hospitalised and includes treatment in a Daycare Specialist Centre.

**30. POLICY**

Shall mean this agreement, Endorsements, application form and other forms signed by the Policy Owner, the Certificate Owner, or the Life Assured, medical reports, supplementary questionnaires, or statements as may be applicable, shall constitute the entire Policy between the Company, the Policy Owner, the Certificate Owner, and the Life Assured.

**31. POLICY EFFECTIVE DATE**

Shall mean the date from which the assurance under this Policy becomes effective and shall be the date as stated in the Policy Schedule.

**32. POLICY OWNER/YOU/YOUR**

Shall mean the person or entity, whose name and address are as stated in the Policy Schedule and includes its successors in title and assigns, and therefore can exercise all rights, privileges, and options available under this Policy.

Also, shall mean a person or a corporate body to whom this Policy has been issued in respect of cover for persons specifically identified as a Life Assured in this Policy.

**33. POLICY SCHEDULE**

Shall mean an attachment, schedule, amendment, or other writing that is annexed (added) to this Policy in order to modify it.

**34. PRE-EXISTING CONDITIONS**

Shall mean Disabilities that the Certificate Owner or the Life Assured has reasonable knowledge of before the Certificate Effective Date. The Certificate Owner or the Life Assured may be considered to have reasonable knowledge of a pre-existing condition where the Life Assured's condition is one for which:

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

**35. PREMIUM**

Shall mean the premium amount as shown in the Policy Schedule and the Certificate of Assurance, or any subsequent Endorsement(s) amending it.

**36. PREMIUM DUE DATE**

Shall mean the day on which payment of Premium becomes due and payable.

**37. PRESCRIBED MEDICINES**

Shall mean medicines dispensed by a Physician or registered pharmacist for the treatment of a covered Disability.

**38. PRIVATE HOSPITAL**

Shall mean a Hospital which is not established, maintained, operated, or provided by the Malaysian government and includes privatised or corporatised Malaysian Government Hospitals.

**39. 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 within Malaysia according to 13th Schedule of the Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) (Amendment) Order 2013 and its subsequent amendments if any.

Such charges when incurred, taking into consideration to similar or comparable treatment, services, or supplies to individuals of the same gender and of comparable age for a similar Sickness, Disease, or Injury and in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the Life Assured's medical condition.

All charges referred to in this Policy shall mean Reasonable and Customary Charges.

**40. RENEWAL**

Shall mean the Certificate of Assurance has been renewed without any lapse of time from the end of the earlier Certificate Year.

**41. SICKNESS, DISEASE, OR ILLNESS**

Shall mean a physical condition marked by a pathological deviation from the normal healthy state.

**42. SPECIALIST**

Shall mean a medical practitioner who is recognised in a specific field of medicine and who is recognised by the appropriate health authority as an expert in that field. A Specialist shall include a Physician or a Surgeon.

A Specialist who is himself the Certificate Owner or the Life Assured under this Policy shall not be considered a Specialist for this Policy when making a claim.

**43. SPECIFIED ILLNESSES**

Shall mean the following Disabilities or any complications caused by such Disabilities occurring within the first one hundred and twenty (120) days from the Certificate Effective Date:

- (a) Hypertension, diabetes mellitus, or cardiovascular disease; or
- (b) Growths of any kind including tumours, cancers, cysts, nodules, or polyps; or
- (c) Stones of the urinary system and biliary system; or
- (d) Any Disease of the ear, nose (including sinuses), or throat; or
- (e) Hernias, haemorrhoids, fistulae, hydrocele, or varicocele; or
- (f) Any Disease of the reproductive system including endometriosis; or
- (g) Any disorder of the spine (including a slipped disc) or any knee conditions.

**44. SURGERY**

Shall mean any of the following medical procedures:

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

**45. WAITING PERIOD**

Shall mean the first thirty (30) days from the Certificate Effective Date.

## **SECTION B: GENERAL PROVISIONS**

### **1. POLICY**

- 1.1. This Policy, including any Endorsements, application form, other forms signed by the Policy Owner, the Certificate Owner or the Life Assured, medical reports, supplementary questionnaires, or statements as may be applicable shall constitute the entire Policy between the Company, the Policy Owner, the Certificate Owner and the Life Assured.
- 1.2. All statements made by the Policy Owner, the Certificate Owner or the Life Assured shall, in the absence of fraud, be deemed representations and not warranties and no such statement shall void this Policy and/or Certificate of Assurance or be used in defense of a claim thereunder, unless it is in writing.
- 1.3. No agent or broker is authorised to make or to modify this Policy and/or Certificate of Assurance, to extend the time for payment of Premium, to waive any lapse or forfeiture, to waive any of the Company's rights or requirements, or to bind the Company by making any promise or by accepting any representation or information in respect of this Policy and/or Certificate of Assurance. This Policy and/or Certificate of Assurance cannot be varied except in writing by a personnel appointed by the management of the Company or persons duly appointed by the Board of Directors for this specific purpose.
- 1.4. Provided the Premiums are paid and acknowledged, the assurance under this Policy and/or Certificate of Assurance shall be indisputable, except in the case of fraud or willful misrepresentation on the part of the Policy Owner, the Certificate Owner, or the Life Assured.
- 1.5. No receipt for any Premium shall be valid unless it is the Company's official receipt issued in favour of the Certificate Owner and which has been delivered to the Certificate Owner by post, email, or any other means of communication as the Company shall deem fit.
- 1.6. This Policy may at any time be amended and changed by written agreement between the Company and the Policy Owner. Any amendment to this Policy shall be binding on all Life Assured whether assured under this Policy prior to or on or after the effective date of the amendment.
- 1.7. This Policy provides the Life Assured coverage on the events insured in Malaysia only, provided the Life Assured is admitted to a Hospital.

### **2. PERIOD OF COVER AND RENEWAL**

- 2.1. The Certificate of Assurance under this Policy is issued for the term of one (1) year starting from the Certificate Effective Date and shall terminate on the Certificate Expiry Date as stated in the Certificate of Assurance. The Certificate Owner can renew the Certificate of Assurance on each anniversary at the prevailing Premium rate calculated based on the Life Assured's Age on the Renewal.
- 2.2. The premium rates are not guaranteed. We reserve the right to change the premium rates. Any change in premium rates shall apply to all Life Assured purchasing this Policy and shall commence from the next Renewal date. We shall inform the Policy Owner and the Certificate Owner of the change in premium by giving the Policy Owner and the Certificate Owner thirty (30) days' notice.

### **3. GRACE PERIOD**

- 3.1. A Grace Period of thirty (30) days from the Premium Due Date will be allowed for payment of each subsequent Premium and the Certificate of Assurance will remain in-force during the Grace Period.
- 3.2. The Certificate of Assurance will lapse in the event that any Premium is not paid within the Grace Period and the Company shall be discharged from all liability therefrom.

**4. FREE LOOK PERIOD**

- 4.1. Should the Policy Owner or the Certificate Owner decide not to continue with this Policy or the Certificate of Assurance, respectively, the Policy Owner or the Certificate Owner can cancel this Policy or the Certificate of Assurance within fifteen (15) days from the receipt of this Policy or the Certificate of Assurance, respectively and the Company shall refund the Premium paid less any medical expenses incurred to the Certificate Owner without interest.
- 4.2. Upon payment, this Policy or the Certificate of Assurance, whichever is applicable, shall terminate and all benefits and rights on this Policy or the Certificate of Assurance shall cease and be of no effect.

**5. SANCTIONS AND UNLAWFUL ACTIVITIES**

- 5.1. The Company may be subject to restrictions imposed by economic and trade sanctions and laws made either by international bodies/countries or Bank Negara Malaysia.
- 5.2. Therefore, the Company will not provide coverage to the Life Assured or be liable to pay any claims or provide benefits to if that exposes the Company in any way to these sanctions or any other applicable laws and regulations. This is applicable to the Policy Owner, the Certificate Owner, and/or any individuals associated with this Policy and any Certificate of Assurance under it.
- 5.3. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Act 2001 (AMLATFPUAA 2001) and the Malaysian Anti-Corruption Commission Act 2009 and its subsequent amendments, if any, the Company reserves the right to withhold or terminate the business/individual application, policy, or transactions including claims payment and refunds under this Policy and the Certificate of Assurance where it deems fit and proper. The Company shall deal with all monies payable in respect of this Policy and the Certificate of Assurance in a manner it deems appropriate, including but not limited to handing it over to the relevant authorities. The Company shall not be liable for any potential or actual losses arising from or related to any steps taken pursuant to this clause.

**6. CANCELLATION**

- 6.1. The Certificate of Assurance may be cancelled by the Certificate Owner at any time by giving a written notice to the Company. The Company shall refund to the Certificate Owner a percentage of the Premium without interest provided there is no claim made on the Certificate of Assurance during the current Certificate Year. The amount of the Premium refunded shall be based on the duration of which the Certificate of Assurance has been in-force:

Period from Certificate Anniversary, Not Exceeding	Refund of Premium (as a percentage of the Premium paid)	
	Yearly Payment Frequency	Monthly Payment Frequency
15 days (Renewal only)	90%	No Refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	No Refund	

- 6.2. The Certificate of Assurance shall terminate and all benefits and rights on the Certificate of Assurance shall cease and be of no effect.

## **7. DATA REQUIRED**

- 7.1. The Policy Owner shall maintain a record in respect of each Certificate Owner and/or Life Assured under this Policy, showing the Certificate Owner's and/or Life Assured's information and other pertinent information as may be necessary to carry out the terms of this Policy.
- 7.2. The Policy Owner shall obtain express consent from the Certificate Owner and/or Life Assured that their personal data as hereinabove referred to will be shared with the Company and shall document the same for record and audit purposes and for purposes of compliance with the Personal Data Protection Act 2010 and its subsequent amendments, if any.
- 7.3. The Policy Owner shall furnish the Company a complete record containing all the details at the point of enrollment.
- 7.4. Upon or with regard to the happening of any event affecting or relating to the assurance of any Life Assured under this Policy, the Policy Owner shall advise the documents required by the Company for claims processing and then act as the liaison between the Certificate Owner and/or Life Assured and the Company for any further enquiries.
- 7.5. The Company shall be permitted to examine the Policy Owner's records at all reasonable times, as far as they relate to the subject matter of this Policy.

## **8. PREMIUM**

- 8.1. The Premium payable for Life Assured of all ages and genders is the same.
- 8.2. The Premium is not guaranteed and We reserve the right to revise the Premium by giving at least thirty (30) days' prior notice. Any changes in Premium shall take effect on the next Certificate Anniversary.

## **9. ASSIGNMENT OF SUCCESSION**

- 9.1. The assurance provided herein and the benefits payable under such assurance are not assignable.

## **10. EVIDENCE OF AGE**

- 10.1. Documentary evidence of Age satisfactory to the Company shall be required before any benefits under this Policy and the Certificate of Assurance shall be payable. For avoidance of doubt, documentary evidence of Age includes but is not limited to a copy of the Life Assured's National Registration Identity Card (NRIC), passport, birth certificate duly certified, or any other evidence to this effect.

## **11. MISSTATEMENT OF AGE**

- 11.1. The Certificate of Assurance is issued at the Age as stated in the Certificate of Assurance which is the Life Assured's age at last birthday. If the Age was misstated and the Life Assured is not eligible for insurance at the correct Age, the Company shall refund the Premium paid less any medical expenses which may have been incurred to the Certificate Owner without interest. The proof of Age of the Life Assured shall be required prior to payment of any benefits under the Certificate of Assurance.
- 11.2. In the event of misstatement of Age, the Certificate Expiry Date shall be adjusted accordingly based on the correct Age.

## **12. CURRENCY**

- 12.1. All the currency mentioned in this Policy and the Certificate of Assurance refers to Ringgit Malaysia (RM) unless otherwise stated.



### **13. APPLICABLE LAW**

13.1. This Policy and the Certificate of Assurance and all rights, obligations, and liabilities arising hereunder, shall be governed by and construed in accordance with the laws of Malaysia.

### **14. TAXES**

14.1. The Company will charge the Policy Owner or the Certificate Owner, where applicable, any applicable taxes at the prevailing rate as may be prescribed by the Government of Malaysia from time to time, on the applicable processing fee, policy fee, service fee, Premium, insurance charge or on any supply or services rendered hereunder. Where necessary, the Company will amend the terms of this Policy to take into account any such taxes.

### **15. DISPUTE**

15.1. In the event of a claim dispute arising from this Policy and/or the Certificate of Assurance that the Policy Owner and/or the Certificate Owner and/or the Life Assured might feel has not been fairly not satisfactorily resolved, the Policy Owner and/or the Certificate Owner and/or the Life Assured can refer to the Ombudsman for Financial Services.

15.2. If the Ombudsman for Financial Services is not eligible to handle the claim dispute, the Company can write to appoint an arbitrator, whereby the fee of the service of the arbitrator will be payable by the Policy Owner and/or the Certificate Owner and/or Life Assured. If the Policy Owner and/or the Certificate Owner and/or the Life Assured does not agree with the appointment of the Company's arbitrator, the Policy Owner and/or the Certificate Owner and/or the Life Assured can appoint his/her own arbitrator within one (1) month from the date the Company appoints an arbitrator.

15.3. Both arbitrators shall then appoint an umpire who will hear the claim dispute.

15.4. The referral of any claim dispute to an arbitrator must be done within twelve (12) calendar months from the date the Company declines or varies the claim.

### **16. STAMP DUTY**

16.1. The stamp duty of Ringgit Malaysia ten (RM10) will be borne by Us.

### **17. NON-PARTICIPATING**

17.1. This Policy and the Certificate of Assurance do not participate in the profits of the Company's life insurance business.

### **18. CLAIM**

#### **18.1. Claim Procedure**

18.1.1. The Certificate Owner or lawful executor shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, referral letter (if applicable), and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including Prescribed Medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalidate 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.

18.1.2. The following documents must be provided by the Certificate Owner to the Company via the Policy Owner's branches or representatives:

- (a) Certified True Copy of Identity Card of the Certificate Owner.
- (b) Fully completed Claim Form.
- (c) Any other documents as the Company requires.

- 18.1.3. The Life Assured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Life Assured to do so.
- 18.1.4. Before payment of any benefit, the Company shall be entitled to apply the payment of the benefit under the Certificate of Assurance to offset all outstanding sums due to the Company including the unpaid premium for the whole Certificate Year, where applicable.
- 18.1.5. All claims under this Policy will be settled directly between the Company and the Certificate Owner or lawful executor where applicable, when the claim shall have been proved to the satisfaction of the Company and the total amount of the compensation shall have been ascertained and agreed upon.

## **18.2. Proof of Claim**

- 18.2.1. The Certificate Owner shall undertake where relevant to furnish the Company with the original itemised bills and receipts with respect to the medical expenses and fees incurred.
- 18.2.2. All certificates, information and evidence required by the Company shall be furnished at the expense of the Certificate Owner or the Life Assured and shall be in such form and of such nature as the Company shall prescribe.
- 18.2.3. The Company shall have the right to have the Life Assured's Injury or Disability to be examined by a Physician appointed by Us, when and as often as it may reasonably require during the pendency of a claim under the Certificate of Assurance of the Life Assured. If the Life Assured is residing in a country outside Malaysia, the Company may at its discretion require the Life Assured to come to Malaysia for medical examination by a Physician in Malaysia.
- 18.2.4. Any medical reports requested by the Company or submitted to the Company, the diagnosis of such medical reports must be provided by Hospitals or certified clinics in Malaysia.

## **18.3. Incomplete Claim**

- 18.3.1. All claims must be submitted to the Company 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 the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

## **19. GEOGRAPHICAL COVERAGE**

- 19.1. This Policy and the Certificate of Assurance provides Life Assured insurance coverage within Malaysia only.
- 19.2. We will not reimburse the charge incurred for overseas treatment if the Life Assured has travelled or resides out of Malaysia.

## **20. ALTERATIONS**

- 20.1. We reserve the right to change the terms and provisions of this Policy and/or the Certificate of Assurance. Such changes shall take effect from the next date of Renewal.
- 20.2. We will write to the Policy Owner and the Certificate Owner to inform of any change of terms and conditions thirty (30) days before the date of Renewal. No alteration to this Policy shall be valid unless authorised by the Company and such approval is endorsed.

## **21. MISREPRESENTATION / FRAUD**

- 21.1. If the proposal or declaration by the Certificate Owner or the Life Assured is untrue in any respect or if any material fact affecting the risk be incorrectly stated or omitted, or if the assurance or any renewal shall have been obtained through any misstatement, misrepresentation, or suppression, or if any claim made shall be fraudulent or

exaggerated, or if any false declaration or statement shall be made, then in any of these cases, the Certificate of Assurance shall be voided.

## **22. LEGAL PROCEEDINGS**

- 22.1. No action at law or in equity shall be brought to recover on this Policy and the Certificate of Assurance prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy and the Certificate of Assurance.
- 22.2. If the Certificate Owner or the Life Assured fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of this Policy and the Certificate of Assurance, the Certificate Owner or the Life Assured may, within a grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy and the Certificate of Assurance terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

## **23. CASH VALUE**

- 23.1. The Certificate of Assurance does not acquire any cash value.

## **24. INCONTESTABILITY**

- 24.1. The Certificate of Assurance shall be incontestable after it has been in-force during the lifetime of the Life Assured for a period of more than two (2) years from the Certificate Effective Date except for:
- (a) Non-payment of Premium; or
  - (b) Suppression, omission, or misrepresentation of a statement on a material matter made by the Life Assured; or
  - (c) Fraudulent statements made by the Life Assured.

For the purposes of this clause, "material matter" means a matter or fact which, if known by the Company, would not have resulted in the issuance of the Certificate of Assurance to the Life Assured, or would have resulted in the terms imposed to be less favourable to the Life Assured than those imposed in the Certificate of Assurance.

- 24.2. In the event that the Certificate of Assurance is invalidated or voided for any reasons whatsoever, the Company's liability shall be limited to the Premium paid less any medical expense incurred on the Certificate of Assurance without interest, and the Certificate of Assurance shall terminate thereafter.

## **25. DISPUTE OR AMBIGUITY ARISING FROM TRANSLATION**

- 25.1. In the event of conflict of interpretation between English and Bahasa Malaysia or ambiguity arising out of the translation to Bahasa Malaysia language, the English text and its interpretation shall prevail.

## **26. PORTFOLIO WITHDRAWAL CONDITION**

- 26.1. The Company reserves the right not to continue the underwriting of this insurance product. In doing so, We will stop accepting any new Policy and Certificate of Assurance and will not offer renewal of this Policy and the Certificate of Assurance once it has expired.
- 26.2. The Company will write to inform the Policy Owner and Certificate Owner of Our intention by giving at least thirty (30) days' notice and the Company will run off all Certificates of Assurance up to the Certificate Anniversary within the portfolio.

## **27. CHANGE IN RISK**

- 27.1. The Certificate Owner or the Life Assured has a duty to tell the Company immediately at any time while the Certificate of Assurance is in-force, any of the information given in the application form or its equivalent or when the

Certificate Owner applied for the Certificate of Assurance is inaccurate or has changed. This includes any change in occupation, hobby, or sporting activities of the Life Assured that may increase the risk.

27.2. The Company reserves the right to alter the terms and conditions including the Premium of the Certificate of Assurance if warranted by the occupation or sporting activities change.

## **28. CONDITION PRECEDENT TO LIABILITY**

28.1. The due observance and fulfilment of the terms, provisions, and conditions in this Policy and/or Certificate of Assurance by the Certificate Owner or the Life Assured, and in so far as they relate to anything to be done or complied with by the Certificate Owner or the Life Assured and the truth of the statements and answers in any forms for the assurance in respect of any person or in respect of any claim shall be conditions precedent to any liability of the Company.

## **29. NOTIFICATION**

29.1. The Company shall not be affected by notice of any fact relating to this Policy or the Certificate of Assurance unless and until notice in writing of such fact is received by the Company and no variation in the terms of this Policy or the Certificate of Assurance shall bind the Company unless reduced in writing and signed by an officer the Company authorised for the purpose.

## **30. SUBROGATION**

30.1. If the Company shall become liable for any payment under this Policy and the Certificate of Assurance, the Company shall be subrogated to the extent of such payment to all the rights and remedies of the Life Assured or the Certificate Owner against any party and shall be entitled at Our own expense to sue in the name of the Life Assured or the Certificate Owner. The Life Assured or the Certificate Owner shall give or cause to be given to the Company all such assistance in his power as the Company shall require to secure the rights and remedies and at the Company's request shall execute or cause to be executed all documents necessary to enable the Company to effectively to bring suit in the name of the Life Assured or the Certificate Owner.

## **31. COORDINATION OF BENEFITS**

31.1. We reserve the right to reduce the amount of eligible benefits reimbursed to the Certificate Owner if the Certificate Owner has been reimbursed for the medical expenses incurred for the event from other sources. The total amount of claim reimbursed shall not exceed the expenses actually incurred for the same event.

## **32. OWNERSHIP OF POLICY**

32.1. Unless otherwise expressly provided for by Endorsement in this Policy and/or the Certificate of Assurance, the Company shall be entitled to treat the Policy Owner as the absolute owner of this Policy and the Certificate Owner as the absolute owner of the Certificate of Assurance. The Company shall not be bound to recognise any equitable or other claim to or interest in this Policy, and the receipt of this Policy or a benefit by the Certificate Owner (or by his legal or authorised representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Certificate Owner shall be deemed to be the responsible principal or agent of the Life Assured covered under this Policy and the Certificate of Assurance, respectively.

## **33. WAITING PERIOD**

33.1. We will not reimburse the Certificate Owner for any charges incurred by the Life Assured if the onset of the Disability occurs within the first thirty (30) days from the Certificate Effective Date, unless the Hospitalisation is the result of an Accident.

#### **34. REINSTATEMENT**

34.1. No reinstatement is allowed for a Certificate of Assurance that lapses, terminates, or becomes void pursuant to the provisions of this Policy. An Life Assured whose assurance is lapsed, terminated, or becomes void pursuant to the provisions of this Policy due to any reason and who re-applies for assurance shall be considered as a new applicant under this Policy.

## **SECTION C: BENEFITS**

We shall reimburse the Eligible Expenses for the following benefits if the Life Assured has been Hospitalised or undergoes Outpatient treatment as a result of Disability:

### **1. LIMITS**

#### **1.1. Annual Limit (Malaysian Government Hospital)**

- 1.1.1. Benefits payable in respect of the expenses incurred for treatments provided to the Life Assured in any Malaysian Government Hospital during the period of assurance shall be limited to the Annual Limit (Malaysian Government Hospital) as stated in the Schedule of Benefits irrespective of the type(s) of Disability.
- 1.1.2. In the event the Annual Limit (Malaysian Government Hospital) has been paid for the Certificate Year, all assurance for the respective Life Assured shall immediately cease to be payable for that remaining Certificate Year.

#### **1.2. Annual Limit (Private Hospital)**

- 1.2.1. Benefits payable in respect of the expenses incurred for treatments provided to the Life Assured in any Private Hospital within Malaysia during the period of assurance shall be limited to the Annual Limit (Private Hospital) as stated in the Schedule of Benefits irrespective of the type(s) of Disability.
- 1.2.2. In the event the Annual Limit (Private Hospital) has been paid for the Certificate Year, all assurance for the respective Life Assured shall immediately cease for that remaining Certificate Year.
- 1.2.3. The benefit amount payable under the Annual Limit (Private Hospital) shall reduce the Annual Limit (Malaysian Government Hospital) accordingly.

#### **1.3. Deductible**

- 1.3.1. The Deductible amount as specified in the Certificate of Assurance is the amount for which the Certificate Owner is liable to pay each Certificate Year before the total Eligible Expenses incurred for any benefits from Item 1 to 11 in the Schedule of Benefits except for benefits due to Emergency Treatment sought at a Private Hospital will be payable under the Certificate of Assurance, subject to the Annual Limit (Private Hospital).
- 1.3.2. The Deductible is not applicable to Item 12 and 13 as stated in the Schedule of Benefits and also for benefits due to Emergency Treatment.
- 1.3.3. Any treatment sought at a Malaysian Government Hospital is not subject to the Deductible.

### **2. HOSPITAL AND SURGICAL BENEFITS**

#### **2.1. Hospital Room and Board**

- 2.1.1. The actual daily charge by the Hospital for the use of room accommodation and meals during the Life Assured's stay in the Hospital up to the maximum daily charge for this benefit specified in the Schedule of Benefits.
- 2.1.2. The maximum number of days We will reimburse for this benefit is as stated in the Schedule of Benefits.

#### **2.2. Intensive Care Unit**

- 2.2.1. The actual daily charge by the Hospital for the Life Assured's stay in the Intensive Care Unit up to the maximum daily charge for this benefit specified in the Schedule of Benefits.
- 2.2.2. The maximum number of days We will reimburse for this benefit is specified in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum period specified in the Schedule of Benefits, reimbursement will be restricted to the standard daily charge for Hospital Room and Board.

2.2.3. We will not reimburse for any Hospital Room and Board charge for the days the Life Assured stayed in the Intensive Care Unit.

### **2.3. Hospital Supplies and Services**

2.3.1. Reimbursement of the Reasonable and Customary Charges actually 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, rental of appliances, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Life Assured is confined as an inpatient in a Hospital and implants except for pacemakers, up to the amount stated in the Schedule of Benefits.

### **2.4. Surgical Fees (excluding Organ Transplantation)**

2.4.1. The Reasonable and Customary Charges for Surgery performed on the Life Assured in the Hospital and shall include charges for pre-surgical assessment, in-Hospital visits by a Surgeon or Specialist up to the maximum amount for this benefit as specified in the Schedule of Benefits.

2.4.2. If more than one (1) Surgery is performed for Any One Disability, the total payments for all the Surgeries performed shall not exceed the maximum amount for this benefit as stated in the Schedule of Benefits.

### **2.5. Operating Theatre Fees**

2.5.1. The Reasonable and Customary Charges for the use of the operating theatre or operating room incidental to the surgical procedure up to the maximum amount for this benefit as specified in the Schedule of Benefits.

### **2.6. Anaesthetist Fees**

2.6.1. The Reasonable and Customary Charges for the administration of anaesthesia on the Life Assured by an anaesthetist up to the maximum amount for this benefit as specified in the Schedule of Benefits.

### **2.7. In-Hospital Physician Visit (for non-surgical Hospitalisation)**

2.7.1. The Reasonable and Customary Charges for ward visits by the attending Physician while the Life Assured is being admitted as a non-surgical patient in the Hospital.

2.7.2. The maximum number of days for such visits for this benefit is as stated in the Schedule of Benefits.

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

### **2.8. Daycare Surgery**

2.8.1. A surgical procedure performed at a Hospital or Daycare Specialist Centre which requires the use of a recovery facility, but without an overnight stay at the Hospital or Daycare Specialist Centre.

2.8.2. Medical procedures shall include Endoscopy (all types), Intravenous Pyelography (IVP/IVU), Barium studies and Angiographic studies and other such diagnostic procedures as deemed Medically Necessary and duly referred by a Physician.

2.8.3. This benefit will not cover for medical procedures primarily for investigatory purposes such as 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 duly referred by a Physician, any preventive treatments, preventive medicines, or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.

2.8.4. The maximum amount for this benefit is stated in the Schedule of Benefits.

## **2.9. Ambulance Fees**

- 2.9.1. The Reasonable and Customary Charges (inclusive of attendant's fee) for the use of ground ambulance services by the Life Assured to and/or from the Hospital.
- 2.9.2. We will not reimburse this fee if the Life Assured was not admitted to a Hospital.
- 2.9.3. The maximum amount for this benefit is stated in the Schedule of Benefits.

## **2.10. Applicable Tax**

- 2.10.1. The Reasonable and Customary Charges imposed for applicable tax incurred on taxable supplies and services.
- 2.10.2. The maximum amount payable for this benefit is stated in the Schedule of Benefits. The amount payable for this benefit shall be included in the Annual Limit (Malaysian Government Hospital) or Annual Limit (Private Hospital), where applicable.
- 2.10.3. The maximum amount for this benefit is stated in the Schedule of Benefits.

## **2.11. Hospital Administration Fee and Medical Report Fee**

- 2.11.1. The Reasonable and Customary Charges incurred for the Life Assured's medical report relating to the Disability.
- 2.11.2. The maximum amount for this benefit is stated in the Schedule of Benefits.

## **3. OUTPATIENT TREATMENT BENEFITS**

### **3.1. Outpatient Cancer Treatment**

- 3.1.1. The Reasonable and Customary Charges incurred for the radiotherapy or chemotherapy (excluding consultation, examination tests, and take-home drugs) for the treatment of Cancer on the Life Assured as an Outpatient in a legally registered cancer treatment centre or a Hospital.
- 3.1.2. The maximum amount We will reimburse for this benefit is specified in the Schedule of Benefits.
- 3.1.3. Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or Surgery (excluding endoscopic procedures alone) is considered necessary. The Cancer must be confirmed by histological evidence of malignancy. The following conditions are excluded:
  - (a) Carcinoma in situ including of the cervix; and
  - (b) Ductal carcinoma in situ of the breast; and
  - (c) Papillary carcinoma of the bladder & stage 1 prostate cancer; and
  - (d) All skin cancers except malignant melanoma; and
  - (e) Stage 1 Hodgkin's disease; and
  - (f) Tumours manifesting as complications of AIDS.
- 3.1.4. It is a specific condition of this benefit that notwithstanding the exclusion of Pre-existing Conditions, this benefit will not be payable for any Life Assured who had been diagnosed as a Cancer patient and/or was receiving Cancer treatment prior to the Certificate Effective Date.

### **3.2. Outpatient Kidney Dialysis Treatment**

- 3.2.1. The Reasonable and Customary Charges incurred for kidney dialysis (excluding consultation, examination tests, and take-home drugs) on the Life Assured as an Outpatient performed in a legally registered dialysis centre or a Hospital.
- 3.2.2. The maximum amount We will reimburse for this benefit is specified in the Schedule of Benefits.
- 3.2.3. Kidney Failure means end-stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which regular renal dialysis is initiated.



3.2.4. It is a specific condition of this benefit that notwithstanding the exclusion of Pre-existing Conditions, this benefit will not be payable for any Life Assured who has developed chronic renal diseases and/or was receiving dialysis treatment prior to the Certificate Effective Date.

## **SECTION D: TERMINATION**

### **1. TERMINATION OF POLICY**

- 1.1. This Policy may be terminated either by the Policy Owner or the Company providing thirty (30) days' notice of termination to the other party before the date on which such termination shall become effective.
- 1.2. This Policy shall automatically terminate when the Company withdraws this Policy and the Certificate of Assurance completely from the market in accordance with the Portfolio Withdrawal Condition as stated in Section B of this Policy.
- 1.3. This Policy shall automatically terminate when this Policy becomes void, lapses, or terminated pursuant to the provisions of this Policy.
- 1.4. The Company shall be discharged from all liability under this Policy following the effective date of termination of this Policy.
- 1.5. If for any reason Premium is received by the Company after this Policy is terminated as foresaid, the Premium received by the Company shall not constitute a continuation of this Policy and any Premium received shall be refunded without any interest and the Company shall be under no liability in respect of the assurance provided under this Policy.

### **2. TERMINATION OF CERTIFICATE OF ASSURANCE**

- 2.1. The Certificate of Assurance shall automatically terminate on the earliest of any of the following circumstances:
  - (a) Upon death of the Life Assured; or
  - (b) When the Company withdraws this Policy and Certificate of Assurance completely from the market in accordance with the Portfolio Withdrawal Condition as stated in Section B of this Policy; or
  - (c) When the Certificate of Assurance becomes void, lapses, or terminates pursuant to the provisions of this Policy; or
  - (d) Upon non-payment of Premium within the Grace Period as stated in Section B of this Policy; or
  - (e) At any other date on which the Life Assured ceases to be eligible for assurance; or
  - (f) On the Certificate Expiry Date as stipulated in the Certificate of Assurance; or
  - (g) When a written request from the Certificate Owner for the termination of the Certificate of Assurance is received by the Company; or
  - (h) On the next Certificate Anniversary following the termination of this Policy; or
  - (i) Change of risk which is not insurable under this Policy and Certificate of Assurance; or
  - (j) Upon cancellation of the Certificate of Assurance within the Free Look Period as stated in Section B of this Policy.
- 2.2. The Company shall be discharged from all liability in respect of the assurance under the Certificate of Assurance following the effective date of termination of the Certificate of Assurance.
- 2.3. If for any reason Premium is received by the Company after the Certificate of Assurance is terminated as aforesaid, the Premium received by the Company shall not constitute a continuation of the Certificate of Assurance and any Premium received shall be refunded without any interest and the Company shall be under no liability in respect of the assurance provided under the Certificate of Assurance.

## **SECTION E: EXCLUSION**

This Policy does not cover any Hospitalisation, Surgery, or charges caused directly or indirectly, wholly or partially by or arising from or in consequence of or contributed to by any one of the following occurrences:

1. Pre-existing Conditions.
2. Specified Illnesses.
3. Any Disability and its signs or symptoms that appear within the Waiting Period except for Accidental Injuries.
4. Any communicable diseases requiring quarantine by law.
5. Plastic/Cosmetic surgery, circumcision, eye examination, glasses, lens and refraction or surgical correction of nearsightedness and farsightedness (radial keratotomy or lasik), the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, and prescriptions thereof.
6. Dental conditions including dental treatment, oral surgery; except as necessitated due to Accidental Injuries to sound natural teeth occurring wholly during the period of assurance. Expenses arising from placement of denture and prosthetic services such as bridges and crowns or their replacement for Accidental Injury cases will not be payable.
7. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication (including but not limited to alcohol and drugs), sterilisation, venereal disease and its sequelae, Acquired Immuno-deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and Human Immunodeficiency Virus (HIV) related diseases.
8. Any treatment, assessment, or surgical operation for Congenital Disorders/Diseases or deformities including hereditary conditions.
9. Pregnancy, childbirth (including surgical delivery and any surgical or non-surgical procedures on the female reproductive system during surgical delivery), miscarriage, abortion, and prenatal or postnatal care and surgical, mechanical, or chemical contraceptive methods of birth control or treatment pertaining to infertility.
10. Erectile dysfunction and tests or treatment related to impotence or sterilization.
11. 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 Physician, and treatments specifically for weight reduction or gain.
12. Injuries or Hospitalisation as a result of drug abuse, addictive disorders from substance misuse, or while under the influence of alcohol.
13. Attempted suicide, threat, or self-inflicted injury while sane or insane.
14. 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, rebellions, nuclear war, biological and chemical warfare/activities.
15. 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. Expenses incurred for donation of any body organ by an Life Assured and cost of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
17. Investigations and treatment of sleep and snoring disorders, hyperhidrosis treatment, hormone replacement therapy, stem cell therapy, PET scan, and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, reflexology, bone setting, herbalist treatment, massage, hyperbaric oxygen therapy or aromatherapy, or other alternative treatment.
18. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Life Assured and Disabilities arising out of duties of employment or profession that is covered under a

Workman's Compensation Insurance Contract or from either sources in respect of Injury or Illness or Disease for which the claim is made.

19. Psychotic, mental, or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
20. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, broadband services, electricity bills for handphone charging, radios or similar facilities, admission kit/pack, newspaper and other ineligible non-medical items.
21. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to parachuting, skydiving, water skiing, underwater activities requiring breathing apparatus, mountaineering, winter sports, or professional sports.
22. Engaging in aerial flights and private flying other than as a crew member or as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
23. Expenses incurred for sex changes.
24. Any Outpatient treatment not related to inpatient treatment, except as provided under the Certificate of Assurance.
25. As a result of committing, attempting an unlawful act or provoking an assault or a felony or from any violation of law.

## POLICY INFORMATION STATEMENT

To be read in conjunction with the attached Policy and the Certificate of Assurance.

1. The proof of Age of the Life Assured will be required prior to payment of any benefits under the Policy and the Certificate of Assurance unless the Age has already been admitted. If it is not admitted, please submit a photocopy of the Life Assured's identification documents to admit the Age.
2. The premium payment facility available to the Certificate Owner is via the Merchantrade Money App or Merchantrade Money Visa Prepaid Card, whereas the premium payment facility available for the Policy Owner is online banking.

Fund transfer with details as follows:

Account Name	: MCIS INSURANCE BERHAD
Co. Registration Number	: 199701019821 (435318-U)
Account No.	: 7011278304
Bank Name	: OCBC Bank (M) Berhad
Swift Code	: OCBCMYKL

MCIS Insurance Berhad reserves the right to revise the available premium payment facilities when deemed necessary.

3. Sub-paragraph 5(1), Schedule 10, Section 130 of the Financial Services Act 2013 provides for nomination of a person or persons to receive the policy monies at the time of applying for life assurance or after the Policy or Certificate of Assurance is issued.

For avoidance of doubt, for the Policy or Certificate of Assurance where the Life Assured is Muslim, the policy monies shall be distributed in accordance with Islamic Laws.

4. Where applicable, under a trust policy, Policy Owner or Certificate Owner shall not deal with the Policy or Certificate of Assurance by varying or surrendering the Policy or Certificate of Assurance or by assigning or pledging the Policy or Certificate of Assurance as security, without the written consent of the trustee.
5. In order for MCIS Insurance Berhad to update the Policy Owner or Certificate Owner with the necessary changes of important information or to send the Policy Owner or Certificate Owner the renewal notice (if applicable) or any Policy or Certificate of Assurance related matters, it is requested that the Policy Owner and Certificate Owner keep MCIS Insurance Berhad informed of their current correspondence address as well as the current correspondence address of the nominee(s) of the Life Assured.
6. Under the Financial Services Act 2013, should the Policy Owner or Certificate Owner decide not to continue with the Policy or Certificate of Assurance, respectively, the Policy Owner or Certificate Owner can cancel the Policy or Certificate of Assurance within fifteen (15) days from the receipt of the Policy or Certificate of Assurance and MCIS Insurance Berhad shall refund the Premium paid less any medical expenses incurred to the Certificate Owner without interest. Upon cancellation, the assurance under the Policy or Certificate of Assurance shall be deemed not effective.
7. Should the Certificate Owner decide not to continue with the Certificate of Assurance after Free Look Period, the Certificate Owner can cancel the Certificate of Assurance by sending a written request for the cancellation to MCIS Insurance Berhad directly or via the Policy Owner. Surrender value (if any) shall be payable. Where applicable, if the Certificate Owner surrenders the Certificate of Assurance prior to the maturity/expiry of the Certificate of Assurance, the Certificate Owner may not get back any amount or may get back less than the amount paid.
8. It may not be to the Policy Owner's or Certificate Owner's advantage to surrender or replace an existing Policy or Certificate of Assurance with a new one. Please consult MCIS Insurance Berhad's Customer Contact Centre before making a final decision.
9. It is important that the Policy Owner or Certificate Owner maintain the Policy or Certificate of Assurance by paying the Premiums on the due dates in order for the Life Assured to be eligible for the benefits under the Policy or Certificate of Assurance. Failure to pay the Premiums within the time stipulated may result in the Policy or Certificate of Assurance being terminated by MCIS Insurance Berhad.

10. For any information enquiry or service relating to the Policy or Certificate of Assurance, please contact:

Merchantrade Asia Sdn. Bhd. Customer Service at:

- (a) Email : [MI\\_enquiries@mtradeasia.com](mailto:MI_enquiries@mtradeasia.com)
- (b) Hotline : 03-8313 8606 [Monday to Friday – 9:00am to 5:30pm (excluding public holidays)]

Alternatively, you may seek assistance from MCIS Insurance Berhad's Customer Contact Centre at:

- (a) Telephone : 03-7652 3388; or
- (b) Email : [customerservice@mcis.my](mailto:customerservice@mcis.my); or
- (c) Write to the address shown in the Policy or Certificate of Assurance.

The Policy Owner or Certificate Owner may also seek assistance from MCIS Insurance Berhad's nearest branch office.

11. If the Policy Owner or Certificate Owner is not satisfied with the services provided by MCIS Insurance Berhad, the following bodies are authorised to oversee public enquiries and complaints on insurance related matters. The Policy Owner or Certificate Owner may contact them for assistance at:

**Ombudsman for Financial Services (OFS)**

(Formerly known as Financial Mediation Bureau)  
Level 14, Main Block,  
Menara Takaful Malaysia,  
No. 4, Jalan Sultan Sulaiman,  
50000, Kuala Lumpur.  
Tel : 03-2272 2811  
Fax : 03-2272 1577

**Bank Negara Malaysia Laman Informasi Nasihat dan  
Khidmat (BNMLINK)**

Bank Negara Malaysia  
P.O. Box 10922  
50929 Kuala Lumpur.  
Tel : 1-300-88-5465 (1-300-88-LINK)  
Overseas Tel : +603-2174-1717  
Fax : +603-2174-1515  
Web : [bnmlink.bnm.gov.my](http://bnmlink.bnm.gov.my)

## IMPORTANT INFORMATION

### Complaint Handling Unit

Dear Policy Owner and Certificate Owner,

The Complaint Handling Unit will deal directly with you. Special and specific procedures are established to handle all complaints in a fair and effective manner. You can direct your complaints to the Complaint Handling Unit as follows:

**Position** : **Complaints Officer**  
**Address** : **Wisma MCIS  
Jalan Barat  
46200 Petaling Jaya  
Selangor Darul Ehsan**  
**Tel No.** : **03-7652 3388**  
**Email** : **complaint@mcis.my**

Complaints should preferably be made in writing and sent to the Complaint Handling Unit by hand, normal mail, or email.

Our corporate website is [www.mcis.my](http://www.mcis.my) (Go to "Talk To Us" and refer to "Complaints Guide" to find out how you can submit a formal complaint).

You may also approach Our Customer Contact Centre staff or branches nearest to you to lodge your complaints.

Policy Owner's and Certificate Owners' complaints received from all locations and sources will be monitored closely by the Complaint Handling Unit to ensure satisfactory resolutions.

We take this opportunity to extend Our sincere thanks to you for choosing to insure with Us. In return, We assure you that you will receive the services and benefits as We have committed to you.

Yours faithfully

**MCIS INSURANCE BERHAD**



Prasheem Seebran  
Chief Executive Officer