

GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (93745-A)

GROUP MULTIPLE BENEFITS INSURANCE SCHEME

FOR:

**Great Eastern Life Field Force and Agents Association Malaysia
(1980) (GELFAAM)**

GS NO: 3462

**FOR FURTHER ENQUIRIES PLEASE CALL:
YOUR SERVICING AGENT**

OR

**GROUP ADMINISTRATION
AT 03-4813 3872**

NOW THIS POLICY WITNESSETH AND THE POLICYHOLDER AND ASSURED LIFE HEREBY AGREE AND DECLARE AS FOLLOWS:

GENERAL PROVISIONS

1. In this Policy, where the context so admits, the masculine includes the feminine and the following expressions unless repugnant to the context herein have the following meanings:

1. 'Policy' means this agreement and includes any rider, endorsement or schedule herein, any amendment hereto made, approved and signed by the Company at its sole and absolute discretion without notice thereof to the Policyholder, the application made and proposal form submitted to the Company by the Policyholder, any individual proposal form in any other form signed by the Member or spouse of the Member, which shall collectively constitute and form the entire contract of assurance contained herein.

2. The 'Scheme' means the Group Multiple Benefits Scheme the terms and conditions of which are as set forth herein.

3. The 'Rules' means the Rules of the Scheme imposed by the Company as contained herein and in force at the relevant time in question.

4. 'Member' means a member of the Policyholder as identified by the Policyholder to the Company who has not attained age 55.

5. 'Assured Member' means a Member who becomes entitled to the benefits of this Policy and on whose life an Assurance has or Assurances have been effected according to the provisions of the Schedule hereof and includes any such person so long but only so long as he continues to be entitled to the benefits hereunder pursuant to the terms of this Policy or pursuant to the rules, terms and conditions imposed by the Policyholder. Where the context so admits, the terms 'Insured Member' and 'Assured Member' are interchangeable.

6. 'Assured Spouse' means the spouse of an Assured Member who becomes entitled to the benefits of this Policy and on whose life an Assurance has or Assurances have been effected according to the provisions of the Schedule hereof and includes any such person so long but only so long as he continues to be entitled to the benefits hereunder pursuant to the terms of this Policy or pursuant to the rules, terms and conditions imposed by the Policyholder.

7. 'Assured Life' means an Assured Member or Assured Spouse.

Assured child - in endorsement at 1/10/0

8. 'Effective Date' means the date a Member or spouse of Member becomes an Assured Life which date is the date when both the two following requirements are met:-

8.1 The acceptance by the Company of his proposal for assurance.

8.2 The Company has received the first premium on the Policy for his Assurance.

9. 'Entry Date' means the first day of the month in which the Effective Date falls if the Effective Date falls on the 1st to the 15th day, otherwise it means the first day of the next calendar month following the Effective Date.

10. 'Maturity Date' means the date on which the Assured Life is entitled to receive his maturity benefits under the Scheme and which is:

10.1 for the Assured Member his 65th birthday.

10.2 for the Assured Spouse his 65th birthday or the Assured Member's 55th birthday, whichever date shall come first.

11. 'Grace Period' means the period of grace of 90 days after the premium due date for each premium.

12. 'Termination Date' for an Assured Life means the date when on which any of the following events takes place:-

- a. His death
- b. His Total and Permanent Disablement.
- c. Diagnosis of any one of the 36 Major Events as defined herein.
- d. His withdrawal from the Scheme due to non-payment of premium.
- e. His Maturity Date.
- f. The termination of this Policy in accordance with the terms herein.
- g. For the Assured Member, resigning as or ceasing to be a Member, or withdrawal from the Scheme due to being medically boarded out.
- h. For the Assured Spouse, when the Assured Member ceases to be assured or to be a Member, or divorces him/her.

13. Assurance' means the combination of Assurances A, B and C stated hereinbelow, more particularly described under the Benefits Provision III herein:-
 'Assurance A' means term assurance with Living Assurance benefit.
 'Assurance B' means personal accident benefit.
 'Assurance C' means the benefit where the Investment Value is payable.
14. Living Assurance Benefit' means the insurance benefit payable upon the happening of a Major Event subject to the terms and conditions herein.
15. "Major Event" means an event as defined in Benefits Provision III. 1.3 hereinbelow
16. "Activities of Daily Living" shall mean all of the following:
- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
 - (b) Mobility
The ability to move from room to room without requiring any physical assistance.
 - (c) Contenance
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) Bathing/Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) Eating
All tasks of getting food into the body once it has been prepared.
17. "Consultant Neurologist" shall mean a Medical Practitioner who is board certified in neurology and a Fellow of the Neurological Society in either U.K., U.S.A., Canada or Australia.
18. "Covered Event" shall mean any of the events specified and defined in Section III Benefits Provision 1.3 below.
19. "Diagnosis" shall mean the definitive diagnosis made by a Medical Practitioner or Consultant Neurologist, based upon such specific evidence, as referred to below in the definition of the particular Covered Event concerned or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company. Such diagnosis must be supported by the Company's appointed Medical Practitioner who may base his/her opinion on the medical evidence submitted by the claimant and/or any additional evidence he/she may require.
20. "Medical Practitioner" shall mean a surgeon or physician qualified by degree in Western Medicine, who is legally licensed and duly qualified to practise medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practising Certificate issued by the Malaysian Medical Council.
21. "Fund" means the Lion Progressive Fund established by the Company.
- The Fund is denominated in Units (hereinafter referred to as Fund Unit or Fund Units as the case may be) of equal value. The value of each Fund Unit will fluctuate from time to time.
22. 'Fund Unit Allotment' means the portion of premium allotted to purchase Fund Units and is the

gross premium received less the Risk Charge and less the Service Fees and less the administration expenses as may all be determined by the Company at its sole and absolute discretion.

23. 'Risk Charge' means the current cost of providing Assurance A and Assurance B insurance coverage under this Policy, which shall be a portion of each Assured Life's premium as determined by the Company at its sole and absolute discretion, in consultation with the Company's appointed actuary.
 24. 'Service Fee' means the fee that is payable to the Policyholder, which shall be determined by the Company at its sole and absolute discretion based on the premium actually received by the Company in respect of the Policy and insurance coverage provided hereunder.
 25. Any reference to a Business Day is to a day (not being a Saturday, Sunday or a Public Holiday in Kuala Lumpur, Malaysia) on which the Head Office of the Company is open for business in Malaysia and any reference to a day, week, month or year is to that day, week, month or year in accordance with the Gregorian calendar. If the Head Office of the Company is open for business on a Saturday the transactions on the Saturday in question shall be deemed to take place only on the first Business Day of the following week.
 26. "Trading Day" means any day of the week on which the Kuala Lumpur Stock Exchange is open for trading.
 27. Valuation Date refers to a date on which the Company carries out a valuation in order to determine the Offer and Bid Prices of a Fund Unit and shall be the Company's first Business Day of each week and also the first Business Day of every new year.
 28. Investment Value refers to the total value based on the Bid Price determined on the Valuation Date, of all the Fund Units currently allocated to an Assured Life, with reference to the Fund.
 29. Any reference to a statutory provision includes any modification, consolidation or reenactment thereof for the time being in force, and all statutory instruments or orders made pursuant thereto.
- II. The Policyholder shall hold this Policy and all benefits payable hereunder UPON TRUST for the benefit of the persons to whom the said benefits are payable in accordance with the Rules and the Schedules hereto.
 - III. Prior to the commencement of any individual Assurance the Policyholder shall furnish to the Company all information and proofs which the Company may at its sole and absolute discretion require with regard to any matters pertaining to such individual Assurance and/or this Policy. All documents furnished to the Policyholder by any Member or spouse of any Member in connection with the Assurance and all records and documentation as may have a bearing on this Policy, shall at all times be made available and open for inspection by the Policyholder to the Company.
 - IV. The Members and the Policyholder will make their own arrangements (whether collectively or individually) to pay all premiums due under this Policy and/or the Assurance in the manner required in accordance with the provisions of this Policy, and to furnish all such statements and information as may be required by the Company (which statements and information, applications by the Policyholder and/or Assured Life, Rules, all statements referred to in the Policyholder's application and in Clause III hereinabove, and any and all other statements or information already furnished and to be furnished to the Policyholder by the Members or spouses of Members from time to time giving all the variations in their particulars (in so far as such variations have any bearing on the Assurance), shall be the basis of this Policy.
 - V. Upon the provision of cogent evidence to the Company of the occurrence of any of the assured events stated herein, the Company shall pay all appropriate benefits due under the terms and conditions of this Policy (with particular reference to the General Provisions, the General Conditions, and Benefit Provisions clauses herein) to the Policyholder who shall hold the same on trust for the benefit of the person or persons entitled to the same, subject only to the payment of the appropriate premiums specified herein provided always that:
 1. all premiums have been duly paid in accordance with the terms of this Policy and are up to date;

2. there has been no breach of any of the terms and/or conditions of this Policy;
3. this Policy and/or the Assurance have not been terminated for any reason whatsoever.

The provisions of this Clause V as stated hereinabove shall not be applicable to death claims. Upon the occurrence of such an event and subject to the provision to the Company of cogent evidence of the same, the Company shall pay all appropriate benefits due under the terms and conditions of this Policy (with particular reference to the General Provisions, the General Conditions, and Benefit Provisions clauses herein) to such persons as the Company shall deem, at its sole and absolute discretion, to be entitled to such benefits pursuant to the provisions of the Insurance Act 1996 (Act 553).

All payments made by the Company in the manner stated in this Clause V shall provide the Company with a valid discharge for the same.

- VI. The benefits assured hereunder in respect of an Assured Life are strictly personal and may not be charged, pledged nor transferred in any manner whatsoever by the Assured Life, unless the Assured Life is expressly entitled to do so pursuant to the provisions of the Insurance Act 1996 (Act 553).
- VII. Each Assured Life may nominate nominees, change nominees, and assign and reassign his benefits under the Policy and/or Assurance, provided that the same are done in accordance with the provisions of the Insurance Act 1996 (Act 553) and the Rules.
- VIII. All monies payable to or by the Company hereunder shall be paid at the Principal Office of the Company in Kuala Lumpur in the Malaysian Currency and the Assurances effected hereunder shall be expressed in Malaysian Ringgit. A discharge or receipt given to the Company by:
 1. the Policyholder;
 2. the Assured Life;
 3. any person or persons duly authorised in writing by the Policyholder and/or Assured Life to act on their behalf; or
 4. any person which the Company deems, pursuant to the provisions of the Insurance Act 1996 (Act 553), to be entitled to any payments due under this Policy and/or the Assurance;

shall be a good, valid and sufficient discharge to the Company in respect of any payments made by the Company hereunder, and shall provide proof of receipt by such persons of any such payments. A list of the Policyholder's authorized signatories shall, if necessary, be furnished to the Company and be updated when required.

- IX. Premiums paid to the Company on or during the last two Business Days of each year shall not be transacted by the Company nor credited to the account of the relevant Assured Life and/or Policyholder.
- X. In the event of any conflict or discrepancy between any of the provisions of this Policy and any of the provisions of the Rules, such conflict or discrepancy shall, for the purposes of the interpretation and enforcement of this Policy, be resolved by giving the provisions contained in the clauses of this Policy priority and precedence over the provisions contained in the Rules.
- XI. Arbitration

Any dispute, controversy or claim arising out of or in relation to this Policy, or breach hereof, which may not be amicably resolved within [two (2) months] from the date of the Company's receipt of a notice of such dispute, controversy or claim shall be finally settled by arbitration, and shall be referred to the Kuala Lumpur Regional Centre for Arbitration, for arbitration before two (2) Arbitrators, one to be appointed by each party, in accordance with the UNCITRAL Rules.

In the event of a difference of opinion between the Arbitrators, the matter shall be referred to an Umpire to be appointed by the said Arbitrators, for decision. The decision of the Arbitrators or Umpire (as the case may be) shall be final, binding and incontestable and may be used as a basis for judgment thereon in Malaysia or elsewhere. The Policyholder and the Company hereby agree that

they shall execute all acts, deeds and instruments necessary to give effect to any awards made by such Arbitrators or Umpires.

Each party agrees that it will not institute any legal proceedings arising out of or in connection with this Policy, except only as provided in this Clause XI and to enforce in any court having jurisdiction any award rendered by the arbitrators. In the event any legal proceedings are instituted in any court to enforce any arbitration award, the person or persons against whom enforcement of that arbitration award is sought shall pay all costs, including without limitation the costs of legal counsel and translation fees, of the person or persons seeking to enforce the arbitration award. For the purpose of enforcing any arbitration award, the parties hereto are at liberty to enforce any arbitration award in any court having jurisdiction over the other party or its assets.

GENERAL CONDITIONS

I. Eligibility Condition

Members and spouses of Assured Members who are within the ages of 16 years to 54 years shall be eligible to become Assured Lives and be entitled to the benefits of this Policy as from the Effective Date.

II. Evidence Requirements

Every Member or spouse of an Assured Member shall produce evidence of insurability in the form and manner prescribed by the Company before the Assurance on his life or an increase in the Assurance on his life under this Policy shall become effective.

Evidence of age of the Assured Life satisfactory to the Company will be required before any benefits in respect of him are paid under the Policy. In the absence of a birth certificate, an identity card is acceptable as evidence.

III. Conditions Governing Initial Group

1. The Initial Group shall consist of the total number of Members and Members' spouses whose completed forms are received by the Company within a period of one hundred and eighty (180) days immediately after the Application Date (herein after referred to as the "Time Period") and, if granted, any extension time period.
2. The Company shall, at its sole and absolute discretion, have the right to:
 - a) at its option, immediately after the expiry of the Time Period, extend the Time Period by a further one hundred and eighty days (180) days (hereinafter referred to as the "Extended Time Period"); and
 - b) defer the underwriting of the proposal forms / applications submitted by the Initial Group until the Company has received at least five hundred (500) such forms / applications within the Time Period or Extended Time Period (if granted).

IV. When The Policy Terminates

1. The Policy shall terminate on the earliest of the following dates:
 - a. upon the occurrence of a breach of any of the terms of this Policy or an event of default under this Policy.
2. Provided that where the Policy is to be terminated in accordance with Clause IV 1(a) of the General Conditions as stated hereinabove, then:
 - a. the Company shall give three (3) months' advance notice of such termination to the Policyholder; and
 - b. the Assured Lives' Assurance C value (if any) shall be granted by the Company.

V. Premiums

"Premium(s)" shall refer to monthly premium(s) and shall be due on the first day of each month starting from the Entry Date.

Premiums are due and payable until the end of the month in which the Termination Date occurs except that if the Termination Date is the Maturity Date the premiums shall be due and payable until the end of the month prior to this Maturity Date.

The total premiums due in each month shall be the sum total of the respective monthly premiums due inclusive of all arrears (if any) for each Assured Life as shown in the Schedules of Benefit and Assurance attached hereto.

VI. Alteration to Premium Rates and Policy Conditions

The Company reserves the right, at its sole and absolute discretion, to vary the rates in the Schedules of Benefits and/or the Premium Rates and/or the terms and provisions of this Policy (including the General Conditions and the General Provisions) from time to time as it may deem fit, upon giving the Policyholder three (3) months' advance notice in writing of its intention to do so.

VII. Policy Documentation

The Policyholder shall deliver the original Policy to the Company upon the Company's request to do so, whether the same is necessary for, inter alia, making any endorsements, stamping, reference purposes or otherwise.

VIII. Grace Period

Ninety (90) days of grace from the premium due date are allowed for the payment of a renewal premium. If any premium remains unpaid at the end of the grace period, the Assurance on the Assured Life shall lapse and be null and void and ineffective and all premiums paid shall be forfeited by the Company unless otherwise provided for in this Policy. However, in the event that the Assured Life dies within the said grace period before the premium due is paid, the Assurance on the Assured Life shall nevertheless continue to be as valid and effective as if the premium had been paid on its due date, but any payment made by the Company to the Assured Life under the same shall be subject to deduction of all unpaid premiums necessary in order to complete payment of the full years' premium

IX. Reinstatement

Notwithstanding the Assurance on the life of the Assured Life terminating due to a continuing default in payment of the premium due after the expiry of the Grace Period, such Assurance may nevertheless, upon the Assured Life's application and at the Company's sole and absolute discretion, be reinstated within six (6) months after the expiry of the Grace Period. Such reinstatement shall also be conditional on the Company being furnished with evidence of assurability satisfactory to the Company at its sole and absolute discretion, and on payment in full of all unpaid premiums to the date of reinstatement. The Company reserves the right, at its sole and absolute discretion, to charge interest (whether compounded and calculated on a daily basis or otherwise) on such unpaid premiums accrued from the date on which the same became due to the date of reinstatement.

X. Spouses' Maximum Benefits

The premium levied by the Company for an Assurance on the life of a spouse of any Assured Member shall not exceed the premium levied for the Assurance on the life of the said Assured Member, and the spouse shall not be eligible for more units of Assurance than the Assured Member.

BENEFITS PROVISIONS

I. Assurance Benefit Level

Every eligible Member or spouse of Assured Member shall be entitled to select the number of units of Assurance for which he is to be covered under the Policy, subject to production of evidence of insurability in form and manner prescribed by and satisfactory to the Company at its sole and absolute discretion, and subject to the restrictions stated in the Schedule of Benefits herein.

If the evidence submitted in respect of the Member or spouse of Assured Member is not satisfactory or if insurance on the Assured Life involves special risk or hazard of a medical or other nature, the Company shall modify the terms of acceptance of the Assurance or allot to the Member or spouse of Assured Member a smaller number of units than requested by him. The Member or Assured Member's consent to the Company's allotment of such smaller number of units to him is a condition for coverage under the Assurance.

If such satisfactory evidence is not furnished or if the Member or spouse of Assured Member is deemed by the Company, at its sole and absolute discretion, to be uninsurable, the Assurance shall not be effected in respect of him.

PROVIDED always however, that the maximum and minimum number of units to which a Member is entitled to and to be covered for shall be as shown in the Schedule of Benefits attached hereto.

II LION PROGRESSIVE FUND

1. ADMINISTRATION & INVESTMENT OF THE FUND

1.1 The Company has absolute discretion with regard to the manner of investing the assets of the Fund.

1.2 Income from the assets of the Fund shall be credited to the Fund.

1.3 The Company may at any time and from time to time issue new Fund Units to the Fund.

2. FUND UNIT PRICES

2.1 Each Fund Unit shall have an Offer Price and a Bid Price.

2.2 The Offer Price of a Fund Unit on a Valuation Date shall be determined by the Company at its sole and absolute discretion but shall in any event not be greater than the maximum value (as ascertained in the manner set forth in Clause 6 hereinbelow) of the Fund divided by the number of Fund Units of the Fund in issue on the last Business Day before this Valuation Date, multiplied by 100/95, and the result being rounded up to the nearest tenth of a sen.

2.3 The Bid Price of a Fund Unit on a Valuation Date shall be determined by the Company at its sole and absolute discretion but shall in any event not be less than the minimum value of the Fund (as ascertained in the manner set forth in Clause 3 hereinbelow) divided by the number of Fund Units of the Fund in issue on the last Business Day before this Valuation Date, and the result being rounded down to the nearest tenth of a sen.

2.4 The Offer and Bid Prices of the Fund shall be published at least once a week in such newspapers circulating in Malaysia as the Company at its sole and absolute discretion may select from time to time and in such format and shall contain such details and information as the Company at its sole discretion deems fit.

3. VALUATION OF FUND UNITS

In order to determine the Offer and Bid Prices of each Unit on a Valuation Date, the following principles shall apply:

3.1 The maximum and minimum values of the Fund shall be calculated as being the sum of:

3.1.1 the maximum and minimum values respectively of the assets (as described in sub-

- clauses 2.2 and 2.3 herein respectively) constituting the Fund;
- 3.1.2 cash held uninvested in the Fund on the Business Day before the Valuation Date; and
- 3.1.3 income accrued or attributable to the Fund on the last Business Day before the Valuation Date.

3.2 The maximum value of an asset shall not exceed the market price at which the asset may be purchased on the last Trading Day before the Valuation Date inclusive of any charges, taxes, duties and other incidental expenses which would be incurred in its acquisition.

3.3 The minimum value of an asset shall not be less than the market price for which the asset may be sold on the last Trading Day before the Valuation Date less any charges, taxes, duties and other expenses which would be incurred in its disposal.

3.4 The number of Fund Units allocated to any one Assured Life under this Policy shall be rounded off to the nearest two decimal places.

4. FUND UNIT PURCHASE

The Fund Unit Purchase shall be determined by reference to the Offer Price established on the Next Valuation Date where the calculated Units shall be rounded off to the nearest two (2) decimal places.

5. ADDITIONAL FUND UNIT ALLOCATION

Additional Fund Units shall be credited to the respective Assured Lives who purchase each week's Fund Units based on the following formula:

Number of Assured Lives	Percent of the Fund Units Purchased
500 to 4,999	2.5%
5,000 to 9,999	3.0 %
10,000 and more	3.5 %

The number of Assured Lives shall be determined as follows:

In the initial period it shall be based on the expected number of Assured Lives under this Policy after the Assurance on the first Assured Life has been in force for 6 months. The initial period is the period from the time the first Assured Life's Assurance commences till the end of the calendar year in which the first Assured Life's Assurance has been effective for more than six months.

Thereafter, it shall be determined based on the number of Assured Lives at the beginning of the year.

6. FUND UNIT ALLOTMENT REVIEW

The Company shall review the Fund Unit Allotment at the end of each calendar year after the Policy Commencement Date and the Company shall revise the Fund Unit Allotment if there is a material change in the risk profile of the Assured Lives and/or as warranted by the claims experience under this Policy and/or if there is a material change in the administration expense incurred by this Policy.

III. Benefits

1.0 ASSURANCE A

1.1 Upon receipt by the Company, to the Company's satisfaction, of proof of age and documentary proof that the Assured Life died while insured under this Policy, the Sum Assured and the Funeral Expenses as specified in the Schedule of Benefit and the Schedule of Assurance attached hereto shall become payable by the Company, subject always to all the terms, conditions and provisions of this Policy.

1.2 Benefits for Total and Permanent Disability under Assurance A

Upon receipt by the Company, to the Company's satisfaction, of proof of age and documentary proof that the Assured Life has become Totally and Permanently Disabled as a result of



sickness, disease or accident while insured under this Policy and prior to the Policy anniversary on which he will attain age sixty next birthday, one-tenth (1/10th) of the Sum Assured shall be advanced immediately by the Company followed by the balance nine-tenths (9/10th) one calendar year later, subject always to all the terms, conditions and provisions of this Policy. The Assurance A on the Assured Life shall terminate immediately upon payment of the second (2nd) instalment as aforesaid, but in the event of the death of the Assured Life before the full sum of the contemplated advances of Sum Assured have been paid the amount payable by the Company shall, notwithstanding Benefits Provisions III 1.1 herein, be limited to the amount of such contemplated advances not paid at the time of death plus the Funeral Expenses in one lump sum. During the period in which an Assured Life is totally and permanently disabled, no premiums in respect of that Assured Life shall be payable for the said period.

When the Assured Life becomes Totally and Permanently Disabled, his Assurance B and Assurance C shall be automatically terminated. In the event that the Total and Permanent Disability ceases before the completion of the contemplated advances, no further advances shall be made and no further Assurance on his life shall subsist or be permitted.

Total and Permanent Disability is defined as a state of incapacity which:

- (a) becomes total and permanent, such that there is neither then nor at any time thereafter any work, occupation or profession which the Assured Life may ever sufficiently do or carry out in order to earn or obtain any wages, compensation or profit; or
- (b) is caused by any of the following:
 - (i) total and irrecoverable loss of sight in both eyes, or
 - (ii) loss of use of two limbs at or above the wrist or ankle; or
 - (iii) total and irrecoverable loss of sight in one eye and loss of use of one limb at or above the wrist or ankle.

Renders the Assured Life disabled to such an extent as to be totally and permanently unable to perform at least three (3) of the listed Activities of Daily Living even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology.

The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company's medical officer.

The aggregate amount of Disability Sum Assured to be made under this Assurance and all other policies on the life of the Assured Life shall not exceed RM3, 500,000.

1.3 Living Assurance Benefit

1.3.1 Entitlement to the Living Assurance Benefit (Sum Assured A) shall arise if after the Effective Date of his Assurance the Assured Life is diagnosed by a recognised medical practitioner as suffering from or as having one of the following Major Events:

- (1) "Heart Attack" : The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by:-
 - (a) A history of typical prolonged chest pain; and
 - (b) New electrocardiographic changes resulting from this occurrence; and
 - (c) Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.
- (2) "Stroke" : Defined as a cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than six months. Infarction of brain tissue, hemorrhage and embolisation from an extra-cranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Consultant Neurologist.



Specifically excluded are cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions.

- (3) "Coronary Artery Disease Requiring Surgery" : Refers to the actual undergoing of coronary artery by-pass surgery by way of thoracotomy to correct or treat coronary artery disease but not including angioplasty, other intra-arterial, keyhole or laser procedures.
- (4) "Cancer" : 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
(b) Ductal Carcinoma in situ of the breast
(c) Papillary Carcinoma of the bladder and Stage I Prostate Cancer
(d) All skin cancers except malignant melanoma
(e) Stage I Hodgkin's disease
(f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome.
- (5) "Kidney Failure" : End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.
- (6) "Fulminant Viral Hepatitis" : This is defined as a sub massive to massive necrosis of the liver caused by any virus leading precipitously to liver failure. The diagnostic criteria to be met are:
(a) A rapidly decreasing liver size as confirmed by abdominal ultrasound; and
(b) Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
(c) Rapidly deteriorating liver functions tests; and
(d) Deepening jaundice.
Hepatitis B infection or carrier status alone does not meet the diagnostic criteria.
- (7) "Major Organ Transplant" : The actual undergoing of a transplant as a recipient of one of the following human organs:
(a) Kidney
(b) Lung(s)
(c) Liver
(d) Heart
(e) Bone marrow
- (8) "Paralysis / Paraplegia" : The complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury persisting for at least six (6) months from the date of trauma or illness.
- (9) "Multiple Sclerosis" : Unequivocal diagnosis by a Consultant Neurologist confirming the following combination, which has persisted for at least a continuous period of six (6) months:
(a) Symptoms referable to tracts (white matter) involving the optic nerves, brain stem and spinal cord, producing well-defined neurological deficits; and
(b) A multiplicity or discrete lesions; and



(c) A well-documented history of exacerbation and remissions of said symptoms / neurological deficits.

- (10) "Primary Pulmonary Arterial Hypertension" : Means primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment, and resulting in the Life Assured being unable to perform his/her usual occupation.
- (11) "Blindness" : The total, permanent and irrecoverable loss of the sight of both eyes. Certification by an ophthalmologist is necessary.
- (12) "Heart Valve Replacement" : The actual undergoing of open-chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities that have occurred after the date of issue or date of reinstatement of this contract.
Repair, via valvotomy, intra-arterial procedure, key-hole surgery or similar techniques are specifically excluded.
- (13) "Loss Of Hearing / Deafness" : Total, permanent and irreversible loss of hearing in both ears as a result of disease or accident. Medical evidence in the form of an audiometry and sound-threshold test must be provided.
- (14) "Surgery To Aorta" : The actual undergoing of surgery via a thoracotomy or laprotomy to repair or correct an aortic aneurysm, an obstruction of the aorta or a coarctation of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.
- (15) "Loss of Speech" : Total and irrecoverable loss of the ability to speak for a continuous period of 12 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist.
All psychiatric related causes are excluded.
- (16) "Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders" : Deterioration or loss of intellectual capacity or abnormal behavior as evidenced by the clinical state and accepted standardized questionnaires or tests arising from Alzheimer's Disease or irreversible organic degenerative brain disorders excluding neurosis, psychiatric illness, and any drug or alcohol related organic disorder, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. The diagnosis must be clinically confirmed by an appropriate consultant.
- (17) "Major Burns" : Third degree burns covering at least twenty percent (20%) of the Life Assured's body surface area as measured by "The Rule of 9" of the Lund & Browder Body Surface Chart.
- (18) "Coma" : A state of unconsciousness with no reaction or response to external stimuli or internal needs, persisting continuously for at least 96 hours, requiring the use of life support systems and resulting in a neurological deficit, lasting more than 30 days. Confirmation by a Consultant Neurologist must be present.
Coma resulting directly from self-inflicted injury, alcohol or drug misuse is excluded.
- (19) "Terminal Illness" : The Life Assured must be suffering from a condition, which in the opinion of an appropriate Medical Practitioner is highly likely to lead to death within 12 months. The Life Assured

must no longer be receiving active treatment other than that for pain relief.

- (20) "Motor Neurone Disease" : Motor neurone disease of unknown aetiology is characterized by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. Diagnosis must be confirmed by a Consultant Neurologist.
- (21) "AIDS Due To Blood Transfusion" : The Life Assured being infected by HIV virus or AIDS provided that:
(a) the infection is due to blood transfusion received in Malaysia or Singapore after the commencement of the Policy; and
(b) the Life Assured is not a haemophiliac; and
(c) the Life Assured is not a member of any high risk groups such as but not limited to homosexuals, intravenous drug users or sex workers.
Notification and proof of incident will be required via a statement from a statutory Health Authority that the infection is medically acquired.
- (22) "Parkinson's Disease" : Unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist where the condition:
(a) Cannot be controlled with medication; and
(b) Shows signs of progressive impairment; and
(c) Activities of Daily Living assessment confirm the inability of the Life Assured to perform without assistance three (3) or more of the Activities of Daily Living.
Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinsonism are excluded.
- (23) "Chronic Liver Disease" : End stage liver failure evidenced by permanent jaundice, ascites, encephalopathy and portal hypertension. Wernicke's encephalopathy and liver failure secondary to alcohol or drug misuse is excluded.
- (24) "Chronic Lung Disease" : End stage respiratory failure including chronic interstitial lung disease.
The following criteria must be met:
(a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one liter. (Forced Expiratory Volume during the first second of a forced exhalation); and
(b) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less; and
(c) Dyspnoea at rest.
- (25) "Major Head Trauma" : Physical head injury causing significant permanent functional impairment lasting for a minimum period of three (3) months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a Consultant Neurologist and duly concurred by the Company's Medical Officer and must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.
- (26) "Aplastic Anaemia" : Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least

one of the following:

- (a) Regular blood product transfusion
- (b) Marrow stimulating agents
- (c) Immunosuppressive agents
- (d) Bone marrow transplantation

- (27) "Muscular Dystrophy" : The diagnosis of muscular dystrophy shall require a confirmation by a Consultant Neurologist of the combination of 3 out of 4 of the following conditions:
- (a) Family history of other affected individuals
 - (b) Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction
 - (c) Characteristic electromyogram
 - (d) Clinical suspicion confirmed by muscle biopsy
- No benefit will be payable under this Covered Event before the Life Assured had reached the age of 12 years next birthday.
- (28) "Benign Brain Tumor" : A life-threatening, non-cancerous tumor in the brain giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumor must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, tumors in the pituitary gland or spine and tumors of the acoustic nerve are excluded.
- (29) "Encephalitis" : Defined as severe inflammation of brain substance, resulting in permanent neurological deficit lasting for a minimum period of 30 days and certified by a Consultant Neurologist. The permanent deficit must result in an inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology. Encephalitis as a result of HIV infection is excluded.
- (30) "Poliomyelitis" : Unequivocal diagnosis by a Consultant Neurologist of infection with the Poliovirus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis will not be eligible for this benefit. Other causes of paralysis (such as Guillain-Barre syndrome) are specifically excluded.
- (31) "Brain Surgery" : The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed. Bur Hole and brain surgery as a result of an accident is excluded.
- (32) "Bacterial Meningitis" : Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days and resulting in a permanent inability to perform at least three (3) of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.
- (33) "Other Serious Coronary Artery Disease" : The narrowing of the lumen of at least three major arteries i.e. Circumflex, Right Coronary Artery (RCA), Left Anterior Descending Artery (LAD), by a minimum of 60 percent or more as proven by coronary arteriography. This benefit is

payable regardless of whether or not any form of coronary artery surgery has been performed.

- (34) "Apallic Syndrome" : Universal necrosis of the brain cortex, with the brainstem remaining intact. Diagnosis must be confirmed by a Consultant Neurologist and condition must be documented for at least one month.
- (35) "AIDS Cover of Medical Staff" : Infection by any Human Immunodeficiency Virus (HIV) only if the Life Assured is a Medical Staff as defined below, and that such infection was considered by the medical authorities involved to be caused by a needlestick/sharp instrument injury or by exposure to blood or bloodstained body fluid which occurred after the commencement of the Policy. The accident must have occurred whilst the Life Assured was following his normal occupational duties and reported in accordance with the established occupational procedures for such accidents. The Life Assured must, within 5 days of the accident have undergone a blood test indicating the absence of HIV or its antibodies but a further blood test performed within 6 months of the accident must indicate the presence of HIV or its antibodies after the commencement of the Policy. However, the benefit payable will not apply if any medical cure is found for Acquired Immune Deficiency Syndrome or the effects of the HIV virus or a medical treatment is developed which results in the prevention of the occurrence of AIDS. "Medical Staff" is defined as Doctors (General Physicians and Specialists), nurses, laboratory technicians, dentists (surgeons and nurses), ambulance workers who are working in the medical centre or hospital or dental clinics/polyclinics in Malaysia.
- (36) "Full Blown AIDS" : The clinical manifestation of AIDS (Acquired Immune-deficiency Syndrome) must be supported by the results of a positive HIV (Human Immuno-deficiency Virus) antibody test and a confirmatory Western Blot test. In addition, the Life Assured must have a CD4 cell count of less than two hundred (200) and one or more of the following criteria are met:
- (a) Weight loss of more than 10% of body weight over a period of six (6) months or less (wasting syndrome)
 - (b) Kaposi Sarcoma
 - (c) Pneumocystic Carinii Pneumonia
 - (d) Progressive multifocal leukoencephalopathy
 - (e) Active Tuberculosis
 - (f) Less than one-thousand (1000) lymphocytes
 - (g) Malignant Lymphoma

The Company, at its own expense, shall have the right and opportunity to examine by physician the Assured Life whose Major Event is the basis of the Living Assurance Benefit claim. Such a physician shall be designated by the Company and shall have the right to conduct medical tests which he deems necessary on the Assured Life.

1.3.2 Sixty-Day Waiting Period

A Living Assurance Benefit shall not be payable in the first sixty (60) days from the Assured Life's first Effective Date of cover or date of reinstatement for any Covered Event which the Assured Life should have been aware of, or which symptoms were evident, or for which the Assured Life has received medical attention or treatment.

1.3.3 When Benefit Becomes Payable

The Living Assurance Benefit shall become payable on the date on which the Company receives proof to its satisfaction of the occurrence of a Covered Event Notwithstanding anything to the contrary contained in the Policy and subject to the Waiting Period and to the terms, exceptions and



conditions herein contained, upon the occurrence of a Covered Event to the Life Assured in which the Company receives proof to its satisfaction of the occurrence of a Covered Event, the Company shall pay the Living Benefit

1.4. Condition of Payment of Claims

- (a) Adequate documentary proof of Total and Permanent Disability must be furnished to the Company. Documentary proof must also be provided to the Company evidencing such continuing disability at the time of the first annual advance payment and on each subsequent annual advance payment.
- (b) As from the date of his Total and Permanent Disability, the Assured Life shall automatically be disqualified from claiming any death benefits as stated under Assurance A Benefits Provision III(1.1), and the same shall automatically cancel and be null and void.
- (c) Benefits under Living Assurance
Subject always to compliance with all the terms, conditions and provisions of this Policy, upon the Company's receipt of proof of age and satisfactory proof that the Assured Life is entitled to the Living Assurance Benefit, Sum Assured as specified in the Schedule of Assurance herein shall become payable. However, the aggregate amount payable for any one Assured Life against the contingency of a Major Event under all his group insurance covering such contingency shall not exceed Ringgit Malaysia 330,000/- .

1.5 Benefit Coverage Limitations

An Assured Life shall only be entitled and eligible to claim under only one of the three benefits defined under Benefit Provision III 1.1, 1.2 and 1.3 hereinabove, and only one claim shall be payable in his lifetime whilst insured under this Policy. An Assured Life's Assurance terminates immediately once a claim is payable.

2. ASSURANCE B

Subject always to compliance with all the terms, conditions, exclusions and provisions of this Policy, [upon the Company's receipt of proof of age and adequate documentary proof that the Assured Life has sustained bodily injury caused by accidental causes while covered under Assurance B of this Policy, the Company will pay to the Policyholder benefits which shall not exceed the amount arrived at by multiplying the appropriate percentages shown for death or disablement under the Schedule of Compensation by the Sum Assured according to the units specified in the Schedule of Assurance, but the Assured Life shall not be entitled to compensation under more than one of the sections in the Schedule of Compensation in respect of any one accident.

The maximum benefit payable under any one accident shall not exceed the injured Assured Life's Sum Assured. Where the Assured Life meets with more than one accident during a Policy year, the maximum aggregate benefit payable under all these accidents shall not, at any time whatsoever, exceed his Sum Assured.

3. ASSURANCE C

- 3.1 The benefit under Assurance C is the current value as defined in Benefits Provision II above.
- 3.2 Upon receipt of evidence of being medically boarded out due to ill-health or of divorce where required and proof of age satisfactory to the Company, benefits under Benefits Provision II shall be payable upon the happening of the earliest of the following:-
 - a) For the Assured Member only:
 - i) surviving to the Maturity Date.
 - ii) stopping before Maturity Date due to being medically boarded out as certified by a Medical Practitioner and not being entitled to benefits under Benefits Provisions III 1.2 or 1.3.
 - b) For the Assured Spouse only:
 - iii) withdrawing due to the happening of an event under III. 3 (a) above.
 - iv) divorcing the Assured Member.

vi) attaining age 55 years.

c) The admission of a claim under Assurance A by the Company

IV. EXCLUSIONS

1 Assurance A

- i) No benefit shall be paid in the event of suicide in the first year of Assurance.
- ii) Waiver of premiums and advance payment of Disability Benefits shall not be made for Total and Permanent Disability of the Assured Life which:-
 - (a) resulted from self-inflicted bodily injuries (except in an attempt to save human life) while sane or insane; or
 - (b) resulted from bodily injury sustained as a result of travel or flight in or on any type of aircraft except as a fare-paying passenger on a regularly scheduled passenger flight of a recognised commercial airline; or
 - (c) existed at the Effective Date or at the date of reinstatement of his Assurance under this Policy; or
 - (a) resulted from war, whether declared or undeclared.
- iii) Living Assurance Benefit
 - a) Notwithstanding any provision to the contrary contained herein, the Company shall not, at any time whatsoever, be liable for any Major Event which:
 - (i) existed;
 - (ii) the Assured Life should have been aware of;
 - (iii) symptoms were evident ; or
 - (iv) the Assured Life received medical advice or treatment for; prior to the Effective Date of the Assured Life's Assurance.
 - (v) resulted directly or indirectly from self-inflicted injuries, while sane or insane.
 - b) In addition and without prejudice to any other provision of this Endorsement, the Company shall not have any obligation or liability under this Endorsement unless all of the following conditions are satisfied:
 - (1) After the occurrence of a Covered Event to the Life Assured, the Company must be notified immediately or as soon as it is practicable; otherwise the Company shall not be liable in respect of the Covered Event.
 - (2) The Covered Event must be diagnosed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished at the Life Assured's expense.
 - (3) If required by the Company, the Life Assured must undergo medical examination by the Medical Practitioner appointed by the Company in connection with the Covered Event for which a claim has been made.
 - c) If an Assured Life is found to be infected at any time with the Human Immunodeficiency Virus (HIV) (other than as provided under Benefit Provision III (1.3) (xxi), (xxxv) and (xxxvi) herein), the Assured Life shall immediately cease to be covered and/or eligible for cover under this Policy. For the avoidance of doubt, this exclusion shall take effect when the Company, at its sole and absolute discretion, determines that blood tests on the Assured Life indicate either the presence of any Human Immunodeficiency Virus or antibodies to such a virus.
 - d) With reference to Table 1 hereinbelow, the Company shall not be liable for any Major Event stated in List A if the Assured Life has previously been diagnosed:
 - (i) as having suffered or undergone surgery for a Major Event specified in List B; or



- (ii) as having suffered an illness specified in List C prior to the Effective Date of his Assurance under this Policy.

Table 1

ITEM	LIST A	LIST B	LIST C
1	Any of the following: (i)Cancer (ii)Heart Attack (iii)Stroke (iv)Kidney Failure (v)Fulminant Hepatitis (vi)Coronary Artery Disease requiring Surgery (vii)Major Organ Transplant	The corresponding Major Event	-
2	Coronary Artery Disease Surgery	Heart Attack	-
3	Heart Attack	Coronary Artery Disease Surgery	-
4	(i)Coronary Artery Disease Surgery; or (ii)Heart Attack	Heart Transplant	-
5	Heart Transplant	(i)Coronary Artery Disease Surgery; or (ii)Heart Attack	-
6	Fulminant Hepatitis	Liver Transplant	-
7	Liver Transplant	-	Chronic Active Hepatitis
8	Chronic Liver Disease	Liver Transplant	Chronic Active Hepatitis
9	Chronic Lung Disease	-	(i)Chronic bronchitis;or (ii)bronchial asthma
10	Heart Valve Surgery	-	Rheumatic Endocarditis

In addition and without prejudice to any other provision of this Policy, the Company shall not be liable nor subject to any obligation under this Policy unless all of the following conditions are satisfied :-

- a) after the Assured Life suffers from a Major Event, the Company must be notified immediately or as soon as it is practicable of the same; otherwise the Company shall not be liable in respect of the Major Event;
- b) the Major Event must be diagnosed by a recognised Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be obtained and furnished to the Company at the Policyholder's sole expense;
- c) if required by the Company, the Assured Life must undergo medical examination by the Medical Practitioner appointed by the Company, in connection with the Major Event for which a claim has been made;
- d) the Living Assurance Benefit shall only be payable once if multiple Major Events are contracted by the same Assured Life; and
- e) the aggregate amount of the sum assured payable by the Company shall not at any time whatsoever exceed RM330,000.00 under this and all group policies or group life riders or provisions for similar Major Event benefit on the same life.

Assurance B

No benefit shall be payable in respect of the following events/occurrences, nor in respect of any injuries or death sustained during or arising out of the following events/occurrences:

- (a) Self-inflicted injuries or any attempt thereat, whether whilst sane or insane.
- (b) Insurrection, war (declared or undeclared) or any warlike operations or military or naval service under orders for warlike operations.
- (c) Participation in a strike, riot or civil commotion or committing an assault or felony.
- (d) Any form of flying except as a passenger in an aircraft licensed to carry passengers.
- (e) Hunting, mountaineering, racing in any form (other than on foot), winter sports and scuba-diving.
- (f) Any form of radioactivity or radiation.

V. When the Assurance Becomes Payable

Assurances A, B or C shall only be payable if the Assured Life's Assurance is valid and in force at the time of the occurrence/happening of the event giving rise to the claim and provided that no breach of the terms and conditions of this Policy has occurred, unless the circumstances are as provided for under Benefit Provision III 1.2 herein.

VI. To Whom Payable

All assured Benefits herein shall be payable to the Policyholder on trust for the benefit of the Assured Life and/or person(s) entitled to the same upon the occurrence of the contingencies stated, except for death claims which the Company shall pay to such persons as the Company shall deem, at its sole and absolute discretion (in reliance on cogent evidence provided by the claimants to the Company), to be entitled to the same pursuant to the provisions of the Insurance Act 1996 (Act 553).

VII. When The Assurance Terminates

The Assurances on the life of an Assured Life shall terminate on the Termination Date as defined in General Provisions I Clause (12).

VIII. Withdrawal Benefits – SURRENDER VALUE

There is no surrender value under this Policy.

IX. Fund Unit Redemption – Withdrawals and Lapses

An Assured Life is eligible to redeem his Fund Units under Assurance C in accordance with Benefits Provision III 3.1 hereinabove provided that the Company has received twelve (12) full months' premiums from him whilst his Assurance is in force.

Where an Assured Life's Assurance has lapsed due to non-payment of premium(s) within the grace period no benefit is payable if the Company does not receive at least twelve (12) full months' premiums from him whilst his Assurance is in force otherwise where an Assured Life's Assurance has lapsed due to non-payment of premium(s) within the grace period, Assurance C shall be payable in accordance with Benefit Provision III 3.1 but the Investment Value, if payable, shall only be determined at the end of six (6) months after the date of lapse, unless the Company receives prior notification confirming the withdrawal. No interest nor any compensation whatsoever shall be payable by Company if there is a diminution of the Fund Unit value as a result of the deferment of the disbursement of this benefit.

X. Fund Unit Redemption Whilst Continuing to be an Assured Life

An Assured Life whose Assurance has been in force for at least twelve (12) months and who intends to remain an Assured Life is eligible to redeem a portion or the whole of his current Fund Units, subject to:

- i) a minimum redemption of Fund Units with a value of Ringgit Malaysia Two Hundred (RM200.00) based on the latest Valuation Date; and
- ii) payment to the Company of a processing fee of Ringgit Malaysia Ten (RM10.00) per redemption.

The Company reserves the right, at its sole and absolute discretion, to revise the quantum of each of the two amounts stated hereinabove from time to time as it deems fit, by giving one month's advance notice of the same to the Policyholder.

XI. Claims

- (i) Notice of Claim

A written notice of the claim must be given to the Company within thirty (30) days of/after the occurrence or commencement of any loss.

- (ii) Proof of Loss

Written proof evidencing the event/occurrence, character and extent of loss, along with a fully completed claim form (supplied by the Company) must be furnished to the Company within ninety (90) days after the occurrence of any loss covered by this Policy for which a claim for compensation is made.

XII. Coverage and Premiums

In the event that premiums have been received by the Company which exceed the limitations on Assurance imposed by the terms, conditions, provisions and exclusions of this Policy, such excess portions of the premiums paid shall be refunded to the payor, and the actual Assurance accepted by the Company shall at all times and notwithstanding the same, be applicable. Excess payment of premiums shall not increase, and shall not at any time whatsoever be construed as increasing, the assurability or Assurance of the Assured Life or the limits of his assurance coverage hereunder.

Where the actual monthly premium received from inception is lower than the amount applied for and accepted by the Company, the Assurance shall be based on the actual monthly premiums paid. A reduction in the sum of the monthly premiums paid shall result in the Assurance and assurance coverage of the Assured Life being correspondingly reduced.

XIII. Discontinuance

This Policy shall terminate once a claim is admitted

XIV. Operation of Law

This Policy shall be governed by and construed in accordance with the laws of Malaysia, and the parties hereto hereby waive any objection on the grounds of venue or forum of convenience or any similar grounds, and consent to service of process by mail or in any manner permitted by the relevant law.

ASSURANCE B

SCHEDULE OF COMPENSATION

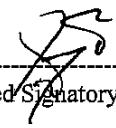
		Percentage Of Compensation Of The Assured Life's <u>Sum Assured.</u>
<u>Section A</u>		
(1)	Death	100%
<u>Section B</u>		
(1)	Loss of both hands	100%
(2)	Loss of both feet	100%
(3)	Complete and irrecoverable loss of sight in both eyes	100%
(4)	Loss of one hand and one foot	100%
(5)	Certified complete and incurable insanity	100%
(6)	Injuries resulting in permanently being bedridden	100%
(7)	Any other injuries resulting in permanent total disablement	100%
(8)	Complete and incurable paralysis	100%
<u>Section C</u>		
(1)	Loss of arm at shoulder	100%
(2)	Loss of arm between shoulder and elbow	100%
(3)	Loss of arm at elbow	100%
(4)	Loss of arm between elbow and wrist	100%
(5)	Loss of hand at wrist	100%
(6)	Loss of leg at hip	100%
(7)	Loss of leg between knee and hip	100%
(8)	Loss of leg below knee	100%
(9)	Loss of eye – whole	100%
(10)	Loss of eye – sight of	100%
(11)	Complete and irrecoverable loss of sight in one eye except for Perception of light	50%
(12)	Loss of lens of eye	50%
(13)	Loss of four fingers and thumb of one hand	50%
(14)	Loss of four fingers	40%
(15)	Loss of thumb	25%
	- both phalanges	10%
	- one phalanx	10%
(16)	Loss of index finger	10%
	- three phalanges	8%
	- two phalanges	4%
	- one phalanx	4%
(17)	Loss of middle finger	6%
	- three phalanges	4%
	- two phalanges	2%
	- one phalanx	2%
(18)	Loss of ring finger	5%
	- three phalanges	4%
	- two phalanges	4%
	- one phalanx	2%

ASSURANCE B

SCHEDULE OF COMPENSATION

		Percentage Of Compensation Of The Assured Life's Sum Assured.
(19)	Loss of little finger	
	- three phalanges	4%
	- two phalanges	3%
	- one phalanx	2%
(20)	Loss of metacarpals	
	- first or second (additional)	3%
	- third, fourth or fifth (additional)	2%
(21)	Loss of toes	
	- all	15%
	- great both phalanges	5%
	- great one phalanx	2%
	- other than great, if more than one toe lost each	1%
(22)	Loss of hearing	
	- both ears	75%
	- one ear	15%
(23)	Total loss of speech	50%

Any other form of permanent disability – Such proportion to be assessed by the Company which in the opinion of the Company's Medical Practitioner is not inconsistent with the above rates of compensation.



 Authorised Signatory

Dated: 1st October 2009



ENDORSEMENT

TO BE ATTACHED TO AND READ AS PART OF
GROUP POLICY NO: 3462

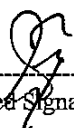
BENEFIT: **GROUP MULTIPLE BENEFITS INSURANCE SCHEME**

SCHEDULE OF BENEFITS AND PREMIUM RATES

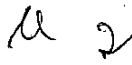
UNIT	MONTHLY PREMIUM ON BASIC POLICY
4	RM20
6	RM30
8	RM40
10	RM50
12	RM60
16	RM80
20	RM100
24	RM120
30	RM150
40	RM200
50	RM250
60	RM300
80	RM400
100	RM500

Effective Date of Schedule: 10th March 2005

Note: The Company reserves the absolute right at its sole and absolute discretion to revise the above rates, as provided in General Conditions Section VI. The rates in any future revised Schedule shall apply to all members with effect from the specified Effective Date of the said revised Schedule.


 Authorised Signatory

Dated: 1st October 2009


 MBS-V.8.140104 (GS3462)



Great
Eastern

ENDORSEMENT

TO BE ATTACHED TO AND READ AS PART OF
GROUP POLICY NO: 3462


BENEFIT: GROUP MULTIPLE BENEFITS INSURANCE SCHEME

SCHEDULE OF BENEFITS

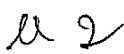
Monthly Premium RM	Sum Assured of Assurance A RM	Sum Assured of Assurance B RM	Assurance A Funeral Expenses RM
20	20,000	20,000	5,000
30	30,000	30,000	5,000
40	40,000	40,000	5,000
50	50,000	50,000	5,000
60	60,000	60,000	5,000
80	80,000	80,000	5,000
100	100,000	100,000	5,000
120	120,000	120,000	5,000
150	150,000	150,000	5,000
200	200,000	200,000	5,000
250	250,000	250,000	5,000
300	300,000	300,000	5,000
400	400,000	400,000	5,000
500	500,000	500,000	5,000

Effective Date of Schedule: 10th March 2005

Note : The Company reserves the absolute right at its sole and absolute discretion to revise the above rates, as provided in General Conditions Section VI. The rates in any future revised Schedule shall apply to all members with effect from the specified Effective Date of the said revised Schedule.


Authorised Signatory

Dated: 1st October 2009


MBS.V.8.140104 (GS3462)



Great
Eastern

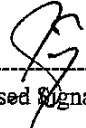
ENDORSEMENT
Group Policy No: 3462

SCHEDULE OF PREMIUM RATES

YEARLY PREMIUM PER RM1000 SUM INSURED			
Age Next Birthday	Assurance A		Assurance B
	Male	Female	
20	1.56	1.57	0.96
21	1.57	1.58	0.96
22	1.59	1.59	0.96
23	1.59	1.59	0.96
24	1.61	1.61	0.96
25	1.63	1.64	0.96
26	1.67	1.67	0.96
27	1.68	1.69	0.96
28	1.69	1.70	0.96
29	1.73	1.73	0.96
30	1.77	1.77	0.96
31	1.80	1.81	0.96
32	1.84	1.84	0.96
33	1.89	1.89	0.96
34	1.91	1.92	0.96
35	1.97	1.98	0.96
36	2.20	2.05	0.96
37	2.39	2.13	0.96
38	2.62	2.25	0.96
39	2.91	2.42	0.96
40	3.22	2.76	0.96
41	3.63	3.10	0.96
42	4.09	3.43	0.96
43	4.64	3.86	0.96
44	5.26	4.30	0.96
45	5.95	4.84	0.96
46	6.72	5.45	0.96
47	7.59	6.16	0.96
48	8.49	6.92	0.96
49	9.43	7.72	0.96
50	10.45	8.58	0.96
51	11.61	9.51	0.96
52	12.88	10.49	0.96
53	14.27	11.55	0.96
54	15.81	12.72	0.96
55	17.51	14.10	0.96

Effective Date of Schedule: 10th March 2005

Note: The Company reserves the absolute right at its sole and absolute discretion to revise the above rates, as provided in General Conditions Section VI. The rates in any future revised Schedule shall apply to all members with effect from the specified Effective Date of the said revised Schedule.



 Authorised Signatory

Dated: 1st October 2009

