

24 - HOUR AND
WORLDWIDE COVER



GELFAAM

GROUP PERSONAL ACCIDENT INSURANCE

Underwritten by
RHB Insurance Berhad

No	Schedule of Compensation – Main Benefit	Only One Plan
		% of Sum Assured
1	Accidental Death	100%
2a	Total and Permanent Disablement from engaging in or attending to employment or occupations of any and every kind	100%
2b	Total and permanent loss of all sight in one or both eyes	100%
2c	Total loss by physical severance or total and permanent loss of use of : One or two limbs One or two hands Arm above the elbow Arm at or below the elbow Leg above the knee Leg at or below the knee	100% 100% 100% 100% 100% 100%
2d	Permanent total insanity	100%
3	Permanent Partial Disablement % payable against each Benefit, but not exceeding in all 100% for any one Insured Person as specified in the policy schedule	% payable – refer to policy schedule
4	Personal Liability All sums which the Insured Person shall become legally liable to pay for compensation in respect of accidental bodily injury to any person or damage to property including cost and expenses of litigation recovered by any claimant against the insured person	Maximum As Per Sum Insured
5	Funeral Expenses	RM 5,000.00
6	Medical Reimbursement	RM 5,000.00
7	Hospitalization Income (Daily Benefit)	N.A.
8	Dental or Cosmetic Surgery	N.A.
9	No Claim Bonus	N.A.
10	Annual Rate Inclusive Service Fee	RM38.00 / RM100K Sum Insured

The above coverage is extended to cover Accidental Death or Bodily Injury caused by or as a result of the following events :

Drowning, Inhalation of Gas, Intoxication of Liquor, Food Poisoning, Snake and Insect Bites, Murder and Assault, Motor Cycling, Amateur Sport, Disappearance and Exposure to the Element.

Error and Omission

Please refer to the Master Policy for the specific terms and conditions of this GELFAAM Group Personal Accident Insurance

Specially Designed Group Family Comprehensive Personal Accident Insurance For GELFAAM Members.

Eligibility to participate this promotion.

- ❖ GELFAAM members and their spouses and dependants (Class 1 & 2 and selective class 3 only)
- ❖ GELFAAM administrative staff, their spouses and dependants (Class 1 & 2 and selective class 3 only)

Term and Conditions

- ❖ Only applicable to GELFAAM's Members, Members' Family
- ❖ Entry age from 1 to 65 years and up to 70 on renewal only.
- ❖ Applicable to Malaysian Citizen only.
- ❖ Maximum Sum Insured per life with RHBI – RM2,500,000.00
- ❖ Members (All Levels) - maximum sum insured is RM750,000.00
- ❖ Members' spouse – maximum sum insured is RM500,000.00
- ❖ Members' parent (Class 1 & 2) – maximum sum insured is RM250,000.00
- ❖ Members' parent (Class 3) – maximum sum insured is RM100,000.00

Limit of Liability

- ❖ Dependants - 1 -16 years old – Maximum RM100,000.00
- ❖ Dependants - 17 - 23 years old – Maximum RM250,000.00 (if under full time education)
- ❖ In accordance with underwriting treaty, maximum liability per conveyance is RM15,000,000.00

Premium Payment Mode

Kindly issue cheque in favour of **GELFAAM** or alternatively you can bank in the said amount into our Maybank current **account No 5143 4722 8880** and fax us the bank in slip with your name and RHB Group PA endorsed on the bank in slip for our record and verification purposes.

Information

Usual facility to deduct the annual premium from members' commission statement is not available!

Should you need any further information, please do not hesitate to contact us at:

Great Eastern Life Field Force And Agents Association, Malaysia (1980)

A-3A-6, Level 6, Menara Uncang Emas, 85 Jalan Loke Yew, 55200 Kuala Lumpur,
Tel : (603)-9200 6300 Fax : (603)-9200 6400 CELCOM : 019-6128532 / 019-6129532
Website : www.gelfaam.com E-mail : gelfaam@gelfaam.com



Proposal Form :

GROUP PERSONAL ACCIDENT INSURANCE – RHB INSURANCE BERHAD

Proposer.....Rank.....Sum Insured.....

New I/C NoOld I/C No.....

Address

.....

.....

Telephone No. (O).....(H).....

Mobile No.Email

Plan : Only One Plan (RM38.00 per RM100,000.00)

I wish to include the following members of my family in this Group Personal Accident Insurance.

Name	Relationship	New IC No.	Age	Sum Insured	Occupation

Highly Important

Please declare if you or any of your family members have any physical impairments or deformities to avoid any technicality in the event a claim arises.

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* Agents who are terminated by GE are required to disclose your current occupation : _____

* The company shall not be liable if the Proposal or Declaration of the Insured is untrue in any respect whatsoever whether it be by any misstatement, non disclosure, Omission or in any manner or of a fact therein.

I hereby confirm that I fully understand the above terms and conditions and wish to participate in this group scheme.

.....
Signature of Proposer

.....
Date

Note:

1. Cover of the above scheme will take effect on receipt of your Proposal Form and payment. It automatically ceases if cheque meant for payment of the above premium is returned by the bank.

2. **Claim Procedure**

Upon the happening of any accident likely to give rise to a claim, the Insured shall within 14 days from the happening of the accident give notice to the Company with full particulars of the accident and the injuries and shall as soon as possible produce and act on proper medical and surgical advice.