
**COMPLIMENTARY EASY PAYMENT PROTECTION PLAN
GROUP PERSONAL ACCIDENT MASTER POLICY**

HONG LEONG ASSURANCE BERHAD [94613-X] specifies in this Policy the Terms under which it insures the Insured Person stated in the Certificate of Insurance.

The Company agrees to pay the Benefit stated herein in accordance with the Conditions, Definitions, Exclusions and Provisions stated herein.

The application in respect of this Policy, the proposal form and/or any written or verbal declaration by the Insured Person shall form the basis of this contract and be deemed to be incorporated herein and shall constitute the entire contract.

Warranty

It is hereby warranted that the Insured Person is in good health at time of inception of this insurance and is not suffering from any known or unknown physical or mental impairment or ill health, disability or physical, health or mental condition and/or undergoing any form of medical treatment or observation. The Company reserves the right to rescind coverage to any Insured Person at any time during the currency of this insurance even after a claim is filed, for breach of this Warranty.

SECTION 1: BENEFIT PROVIDED UNDER THIS POLICY

If the Insured Person shall suffer Death arising solely, directly and independently of all other causes from Accidental Bodily Injury and occurring within twelve (12) months from the date of the Accident, the Company shall pay the Sum Insured, subject to the terms, conditions and exclusions of this Policy.

SECTION 2: DEFINITION

The words defined here shall carry the same meaning whenever it is mentioned in this Policy or any document issued under this Policy.

Accident / Accidental: a sudden, violent, unintentional, unexpected and fortuitous event, which occurs at an identifiable time and place. This Accident must occur within the Period of Insurance.

Accidental Bodily Injury: an injury suffered or caused solely by a violent, Accidental, external and visible means and which was caused solely and independently of any other cause by the Accident, and which must occur within twelve (12) months of the Accident. It does not include sickness, disease or gradual physical or mental deformity or infirmity.

Certificate of Insurance: the document issued to the Insured Person as proof of insurance affected and which forms an integral part of this Policy.

Company: Hong Leong Assurance Berhad.

EPP Repayment Amount	the amount applied for by the Insured Person to the Policy Holder, and agreed to by the Policy Holder, to be paid in instalments by the Insured Person for the purchase of any products from the Policy Holder's retail business partners.
EPP Repayment Period	the period granted by the Policy Holder to the Insured Person to repay in instalments the EPP Repayment Amount.
Insured Person:	the person who is insured under this Policy as specified in the Certificate of Insurance and who is the customer of EPP Solution Sdn Bhd.
Policy Holder:	EPP Solution Sdn Bhd.
Doctor:	a registered medical practitioner qualified and licensed to practise western medicine and who, in rendering such treatment, is practising within the scope of his license and training in the geographical area of practice but excluding a doctor who is the Insured Person.
Period of Insurance:	the period stated in the Certificate of Insurance, which shall be the EPP Repayment Period and always subject to a maximum period of thirty-six (36) months.
Pre-Existing Medical Condition:	any medical condition that the Insured Person has reasonable knowledge of. The Insured Person is considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:- <ul style="list-style-type: none"> a) the Insured Person has received or is receiving treatment; b) medical advice, diagnosis, care or treatment has been recommended; c) clear and distinct symptoms are or were evident; or d) its existence would have been apparent to a reasonable person in the circumstances.
Policy:	this Policy wordings, any schedule or certificate of insurance and/or endorsement issued under this Policy.
Sum Insured:	the sum stated in the Certificate of Insurance, which shall be the EPP Repayment Amount, provided always that it shall not in any event be below RM500 or exceed RM5,000.00 and rounded up to the nearest RM100.00 of the EPP Repayment Amount.

SECTION 3: EXCLUSION

The Company will not pay any benefits for Accidental Bodily Injury resulting directly or indirectly from: -

1. the Insured Person committing or attempting to commit suicide or intentionally inflicting self-injury or suffering from insanity.
2. the Insured Person flying or taking part in other aerial activities except where travelling in an aircraft as a fare-paying passenger and not as aircrew nor for the purpose of any trade or technical operation in or on the aircraft.

3. the Insured Person taking part or engaging in racing of any kind (other than on foot or while yachting on inland or territorial waters) mountain or rock climbing necessitating the use of ropes or guides, winter sports, underwater pastimes, water skiing, football, polo, hunting, show jumping, caving, pot-holing, boxing or wrestling.
4. the Insured Person having any physical or mental defect or infirmity which he/she knew at time the Accidental Bodily Injury occurred.
5. the Insured Person having fits, hernia, illness or any venereal disease or sexually transmitted disease.
6. the Insured Person suffering from Human Immune-deficiency Virus (HIV) and/or any HIV related illness including AIDS and/or any mutant derivations or variation thereof.
7. the Insured Person being under the influence of drugs unless under medical supervision.
8. the Insured Person committing or attempting to commit any unlawful act.
9. the Insured Person wilfully exposing to unnecessary danger except in an attempt to save human life.
10. any Pre-Existing Medical Conditions.
11. pregnancy, childbirth, confinement, miscarriage or any complication thereof.
12. Sickness or disease unless resulting from Accidental Bodily Injury.
13. Sickness or disease of any kind caused or infected by or in any way attributed to virus, parasite, bacteria or any micro-organism including where the virus, parasite, bacteria or micro-organism is introduced and/or caused by bites of insects or is sexually transmitted.
14. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, or military or usurped power.

SECTION 4: THIS POLICY IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

1. CONSIDERATION

This Policy is issued in consideration of the written proposal and/or declaration together with all the statements given by the Insured Person to the Company, which shall be the basis of this contract of insurance and is incorporated into the terms of this contract.

2. COMPLIANCE WITH TERMS OF POLICY

The due observance and fulfilment of the terms, provisions and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to the liability of the Company to make any payment under this Policy.

3. INTERPRETATION OF POLICY

This Policy, including the proposal form, Schedule, endorsements and amendments, if any, shall be read together as one contract and any word or expression to which a specific meaning has been attached shall, unless the context otherwise requires bear that specific meaning wherever it may appear.

4. ELIGIBILITY

To be eligible for this Policy, the Insured Person:-

- (a) must be a customer of the Policy Holder; AND
- (b) must be between eighteen (18) and fifty five (55) years of age at the last birthday prior to the inception of the Certificate of Insurance; AND
- (c) be of good health, free from any physical defect or infirmity and not undergoing any form of medical treatment or observation.

4. VALIDITY

- (i) This Master Policy shall only be valid for a period of thirty-six (36) months from the inception date of this Master Policy.
- (ii) Any Certificate of Insurance issued under this Master Policy shall be valid for the Period of Insurance stated hereunder, which period shall be effective from the purchase date of the product and shall not exceed the EPP Repayment Period, subject to a maximum period of thirty-six (36) months.
- (iii) Upon the expiry of the Master Policy, as stated in 4(i) above, any unexpired Certificates of Insurance shall continue for the unexpired Period of Insurance subject to the terms, conditions and exclusion of this Policy.

5. GEOGRAPHICAL LIMIT

The insurance provided under this Policy shall apply twenty four (24) hours a day anywhere in the world unless otherwise endorsed or amended.

6. ASSIGNMENT

The Insured Person cannot assign this Policy and the benefits payable under this Policy.

7. FRAUDULENT CLAIMS

If any claim under this Policy is in any way fraudulent or if any fraudulent means or devices shall be used by the Insured Person or anyone acting on his/her behalf to obtain benefits under this Policy, the Company shall be under no liability in respect of such claim and shall be entitled to terminate this Policy immediately.

8. ALTERATION OF TERMS

The Company reserves the right to amend the terms and conditions of this Policy and such alteration to this Policy shall only be valid if authorised by the Company and endorsed hereon.

9. GOVERNING LAW AND JURISDICTION

This Policy is subject to the laws of Malaysia and all disputes relating to this Policy must be submitted to the exclusive jurisdiction of the courts in Malaysia.

10. CHANGE OF RISK

The Insured Person must give the Company immediate notice in writing of any material change to his/her occupation, business, duties or pursuits.

11. CLAIMS PROCEDURE

On the happening of any event likely to give rise to a claim under this Policy:

- (a) The Insured Person or his legal representative must give the Company written notice as soon as possible and in any event, within thirty (30) days after the date of occurrence.
- (b) The Insured Person must procure and act upon medical advice of a Doctor as soon as possible.
- (c) The Insured Person or his legal representative shall provide the Company, at his/her own expense, with any document or evidence required by the Company to verify the claim, including the original invoices, original official receipts, police report, post mortem report, report(s) by a Doctor

stating the nature and extent of Accidental Bodily Injury sustained, particulars of operation performed or to be performed and generally all other such particulars concerning the Accidental Bodily Injury that the Company may reasonably require.

- (d) Any medical examination required by the Company to verify the claim will be at its expense.
- (e) Claims are not deemed to be complete until all the documents and information requested by the Company have been provided to it.

12. PAYMENT OF BENEFITS

- (a) The Company shall pay the benefit payable under the Policy to the Insured Person's legal representative.
- (b) No amount payable under this Policy shall carry interest unless provided by Law.

13. CURRENCY OF PAYMENT

All amount payable under this Policy shall be paid in the legal currency of Malaysia.

14. RENEWAL

All Certificates of Insurance issued under this Policy shall be effective for the Period of Insurance stated in the Certificate of Insurance and shall not be renewed at the expiry of the Period of Insurance.

15. CANCELLATION

- (a) The Master Policy and Certificate of Insurance may be cancelled by the Company giving the Policy Holder or Insured Person respectively fourteen (14) days notice by way of registered post at their last known address. Such cancellation shall become effective on the date specified in the notice.
- (b) The Insured Person may cancel this Policy by giving the Company fourteen (14) days written notice. Such cancellation shall become effective on the date the notice is received by the Company or the date specified in the notice, whichever is later.

16. TERMINATION

The Certificate of Insurance issued under this Policy shall automatically terminate at the expiry of the Period of Insurance and/or the full payment of the Sum Insured upon a claim, whichever shall occur the earliest.

17. ARBITRATION

All differences, arising out of this policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decisions of two (2) Arbitrators one (1) to be appointed in writing by each of the parties within one (1) calendar month after having been required in writing so to do by either of the parties or in case the Arbitrators do not agree on an Umpire appointed in writing by the Arbitrators before entering upon the reference. The Umpire shall sit with Arbitrators and preside at their meetings and the making of an Award shall be a condition precedent to any right of action against the Company. The costs of and connection with the arbitration shall be in the discretion of the Arbitrator, Arbitrators or Umpire. If the Company shall disclaim liability to the Insured Person for any claim hereunder and such claim shall not within six (6) calendar months from the date of such disclaimer have been referred to arbitration under the provisions herein contained then the claim shall

for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder. The seat of arbitration shall be Kuala Lumpur. The law applicable to the arbitration shall be that of the laws of Malaysia.

18. NOTICE

All notice required under this Policy must be given in writing at the following address: -

- (a) all notice from the Insured Person to the Company shall be at the Company's head office address ; and
- (b) all notice from the Company to the Insured Person shall be at the Insured Person's last known address registered with the Company.

SECTION 6: COMPLAINTS

1. If the Insured Person has any complaints in relation to the Company's services and/or matters relating to this Policy, the Insured Person is advised to contact the Company's Customer Service Improvement Unit:-

Customer Service Improvement Unit
Hong Leong Assurance Berhad
Level 26, Menara HLA
No. 3, Jalan Kia Peng
50450 Kuala Lumpur
Tel : 03-7650 1288
Fax: 03-7650 1299

2. In the event the Insured Person is not satisfied with the Company's response or decision, the Insured Person may submit his/her complaint to either the Financial Mediation Bureau or Corporate Communications Departments of Bank Negara Malaysia. The contact details are as follows:-

The Financial Mediation Bureau
Level 25, Dataran Kewangan Darul Takaful
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel : 03-2272 2811
Fax : 03-2274 5752

Director
Corporate Communications Departments
Bank Negara Malaysia
Level 14B, Postal Box 10922
50929 Kuala Lumpur
Tel : 03-2698 8044
Fax : 03-2693 6919