

**PERSONAL ACCIDENT INSURANCE**

The BENEFITS provided below applies to the employees covered in the scheme subject to the Policy Terms & Conditions.

**BENEFITS**

- (a) **Death** - RM 50,000.00  
Bodily injury which within 12 calendar months from the occurrence thereof shall solely and directly cause the death of the Insured.
- (b) **Permanent Disablement** - RM 50,000.00  
Bodily injury which within 12 calendar months from the occurrence thereof shall solely and directly cause or necessarily result in loss of limbs or sight or other permanent disablement.
- (c) **Medical Expenses** - RM 2,000.00  
Medical Expenses due to accident only.

**SCOPE OF COVER**

- 01. Personal accident insurance provides an ideal protection against death or disability caused solely by **violent, accidental, external and visible means**.
- 02. This insurance also covers the risks of unprovoked murder/assault, hijacking and Strike Riot Civil Commotion.
- 03. The cover afforded by the Personal Accident Insurance is on 24 hours basis, covering accidents happening during the course of employment as well as accidents happening at home, in the course of travelling to the place of work and during social or sports activities not specifically excluded.
- 04. The Geographical Limits of the Personal Accident Insurance is world-wide. Travelling by air as a passenger in any licensed passenger carrying aircraft on scheduled flights only is automatically covered.

### Scale of Permanent Disablement Benefits Under B of The Table of Benefits

The following percentage of the amount expressed in respect of Permanent Disablement Benefits shall be payable in the event of:

Loss of Limbs			
-	Any part of arm except fingers and thumb		100%
-	Hand at wrist		100%
-	Any part of leg except toes		100%
-	All fingers and thumbs		100%
-	Sight of one or both eyes		100%
-	Whole eye		100%
-	Total paralysis		100%
	Injuries resulting in being permanently bedridden		100%
	Any other injuries causing permanent total disablement		100%
	Loss of sight of eye except perception of light		50%
-	Lens of eye		50%
	Four (4) fingers & thumb of one hand		50%
	Loss of four (4) fingers		40%
	Loss of thumb – both phalanges (bones)		25%
	Loss of thumb – one phalanx		10%
*	Index finger	- 3 phalanges	10%
		- 2 phalanges	8%
		- 1 phalanx	4%
*	Middle finger	- 3 phalanges	6%
		- 2 phalanges	4%
		- 1 phalanx	2%
*	Ring finger	- 3 phalanges	5%
		- 2 phalanges	4%
		- 1 phalanx	2%
*	Little finger	- 3 phalanges	4%
		- 2 phalanges	3%
		- 1 phalanx	2%
*	Metacarpals	- 1 <sup>st</sup> or 2 <sup>nd</sup> (each)	3%
		- 3 <sup>rd</sup> , 4 <sup>th</sup> or 5 <sup>th</sup> (each)	2%
*	Toes	- All	15%
		- Great both phalanges	5%
		- Great one phalanx	2%
		- Other than great, each toe	1%
*	Hearing	- Both ears	75%
		- One ear	15%
*	Loss of Speech		50%



## HOSPITAL & SURGICAL INSURANCE

“Pre-Existing Condition or Illness” means the following:

- (i) a disability which existed before the Effective Date of insurance including those which have been diagnosed or present symptoms which would have required treatment or prescription drugs or any disability manifesting as recurrence of past conditions; and
- (ii) the following disabilities occurring within the first 120 days of insurance of the Insured Person, irrespective of whether the Insured Person was aware of:-
  - (a) Hypertension, diabetes mellitus and cardiovascular disease
  - (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
  - (c) All ear, nose (including sinuses) and throat conditions;
  - (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
  - (e) Endometriosis including disease of the Reproductive System;
  - (f) Vertebro-spinal disorders (including disc) and knee conditions

### EXCLUSIONS

This Policy does not cover the following treatment, items, services, products or conditions:-

1. Pre-Existing Conditions, as defined, unless the Insured Person is treated for such conditions after the expiry of 12 months of uninterrupted insurance.
2. Treatment relating to birth defects and congenital anomalies including hereditary conditions.
3. Dental conditions including dental treatment or oral surgery except as necessitated by an accidental bodily injury.
4. Treatment relating to the surgical, mechanical or chemical methods of birth control, infertility, pregnancy including childbirth, caesarean section, abortion or miscarriage and all complications therefrom.
5. Routine eye or ear examinations including the costs of spectacles, contact lenses or hearing aids.
6. Expenses resulting from self-inflicted injuries, suicide, abuse of alcohol or chemical dependency.
7. Rest cure or sanatoria care including treatment for recuperative purposes such as mental or physical fatigue and the like.



<b>HOSPITAL &amp; SURGICAL INSURANCE</b>
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8. Treatment of sexually transmitted diseases, or caused directly or indirectly by the existence of Human Immunodeficiency Virus (HIV) or AIDS related complex, circumcision whether or not for medical reasons.
9. Treatment relating to nervous disorder or for the functional disorder of the psychic or mental constitution including their physiological or psychosomatic manifestations such as neuropsychosis, schizophrenia and others.(except for in-patient treatment)
10. Any plastic or cosmetic surgery. Treatment relating to weight control or for obesity.
11. Treatment resulting from direct participation in war, declared or undeclared, riot, civil commotion or any illegal activities.
12. Routine medical or physical examinations, outpatient physical therapy, investigative procedures or tests not incident to the treatment or diagnosis of a covered condition or treatment not medically necessary.
13. Regular or long-term renal dialysis in chronic renal failure or any treatment rendered solely to alleviate long-term illness of senile or geriatric conditions of any kind.
14. Expenses relating to cornea, bone marrow, muscular, skeletal or human organ transplants incurred by a donor.
15. Treatment for any covered condition received in HOME COUNTRY. (Excluding Malaysia)  
The term "Home Country" is defined as the country of citizenship or where the insured person has a permanent residence.

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**HOSPITAL & SURGICAL INSURANCE**


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**HOSPITAL & SURGICAL INSURANCE**

The SCHEDULE OF BENEFITS provided below applies to any insured employees or dependent covered in the scheme for the treatment of an illness, disease or injury which requires hospitalisation and / or surgical intervention, subject to the Policy Terms & Conditions

**SCHEDULE OF BENEFITS (Maximum Per Disability)**

	PLANS
	BM60 (a)
	RM
<b><u>HOSPITAL BENEFITS</u></b>	
a) Hospital Room & Board, each day	
- up to 120 days Private Hospital	60
- up to 150 days Government Hospital	
b) Hospital Intensive Care, each day	200
- up to 20 days	
c) Daily Allowance at Government Hospital	15
each day, up to 150 days	
d) Malaysian Government Service Tax	
- on room charges	- 5% Eligible Paid Expenses -
e) Hospital Ancillary Services	3,500
f) Operating Theatre Fees	3,200
<b><u>PROFESSIONAL FEES &amp; SERVICES</u></b>	
a) Pre-Admission Diagnostic Services within	
31 days preceding confinement	550
b) Surgical Fees & Post-Operative Care	8,000
c) Anaesthetic Fees	3,200
d) In-Hospital Physician's Fees, each day	120
- up to 120 days	
e) Post-Hospital Physician Treatment within	250
60 days of discharge from hospital	
f) Ambulance Fees	500
g) Medical Report Fees	50
<b><u>OUTPATIENT/EXTENDED BENEFITS</u></b>	
a) Emergency Accidental Treatment	1,500
b) Emergency Accidental Dental Treatment	500
c) Outpatient Physiotherapy Treatment	5,000
(Within 90 days from discharge)	
d) Annual Outpatient Cancer Treatment	10,000
e) Annual Outpatient Kidney Dialysis	10,000
<b><u>SPECIAL GRANT</u></b>	
a) In-Patient Treatment for Mental Illness - Annual Limit	2,500
b) In-Hospital Treatment in Malaysian Governm't Hospital	25,000



**MSIG**

INTERNATIONAL MEDICAL UNIVERSITY

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<p align="center"><b>MEDICAL MALPRACTICE LIABILITY INSURANCE</b></p>
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The BENEFITS provided below applies to the students covered in the scheme subject to the Policy Terms & Conditions.

**BENEFITS**

To indemnify the insured up to but not exceeding the aggregate limit which the insured become legally liable to pay arising from :

- (a) Bodily injury or death of any patient caused by error, omission or negligence in professional services rendered or which should have been rendered
- (b) The costs and expenses incurred in defence and/or settlement of any claim

Happen during the period of indemnity and caused by or through the fault or negligence of the insured as specified in the schedule whilst undergoing practical training within All Hospitals & Health Centres in Malaysia.

**LIMIT OF INDEMNITY**

- |  |   |           |
|--|---|-----------|
| A) In respect of any one claim or numbers of claims arising out of one cause | - | RM 50,000 |
| B) During the period of indemnity  | - | RM 50,000 |