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# KONGSI PROTECT

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## IMPORTANT NOTICE

This is Your **Kongsi Protect** Policy. Please read this Policy carefully together with the Schedule of Benefits to ensure that You understand the terms and conditions and that the Cover You require is being provided. If You have any question after reading this document, please contact Your insurance advisor or AXA Affin General Insurance Berhad. If there is any change in Your circumstances that may affect the insurance provided, please notify Us immediately, otherwise You may not receive the full benefits of this Policy.

If, for any reason, You are unhappy with the service You have received from Us, You can take the following steps:-

1. In the first instance, please write to Our Customer Service Department at Our current address. Alternatively, You can e-mail Us at: [customer.service@axa.com.my](mailto:customer.service@axa.com.my)
2. If You are still not satisfied with the way any issue has been handled You can:
  - (a) refer matters concerning claims to:  
Ombudsman for Financial Services - Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.  
Tel: (603) 2272 2811 Fax: (603) 2272 1577
  - (b) submit Your complaints / feedback at Laman Informasi, Nasihat dan Khidmat (LINK), Bank Negara Malaysia; or call BNMTELELINK at 1-300-88-5465; or fax to 03-2174 1515; or e-mail to [bnmtelelink@bnm.gov.my](mailto:bnmtelelink@bnm.gov.my); or send letter to P.O Box 10922, 50929 Kuala Lumpur

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This Policy is issued in consideration of the payment of premium as specified in the Policy Schedule and pursuant to the answers given in Your Proposal Form (or when You applied for this insurance) and any other disclosures made by You between the time of submission of Your Proposal Form (or when You applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by You shall form part of this contract of insurance between You and Us. However, in the event of any pre-contractual misrepresentation made in relation to Your answers or in any disclosures given by You, only the remedies available in Schedule 9 of the Financial Services Act 2013 will apply.

This Policy reflects the terms and conditions of the contract of insurance as agreed between You and Us.

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## ELIGIBILITY AND SCOPE

### 1. Person Eligible

Person eligible to be covered under this Policy must be:-

- (a) eighteen (18) and above up to fifty (50) years of age at the time of application, and the Policy shall be renewable up to fifty-five (55) years of age;
- (b) a Malaysia citizen;
- (c) a Permanent Resident of Malaysia;
- (d) a Malaysian Employment Passholder and / or holder of valid work permit.

### 2. Further Conditions Concerning Cover

- (a) If You are confined in a Hospital on the date when Your Policy would otherwise become effective, such Policy will not become effective until the date following discharge from Hospital.
- (b) Your Cover will cease automatically if You remain outside of Malaysia for a period in excess of ninety (90) consecutive days. In such event, Your Cover will be terminated at Malaysian Standard Time 23:59 (11.59PM) on the ninetieth (90<sup>th</sup>) day after Your departure from Malaysia.

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## OPERATION OF INSURANCE

For Benefits under **Section A – Benefit A1 (Daily Hospital Allowance)**, the Cover for Your Illness/Disease/Sickness provided by this Policy commences sixty (60) days after You have been included in the Policy (Waiting Period), except for Injury caused solely & directly by a covered Accident occurring after the effective date of Coverage.

For Benefits under **Section B – Benefit B1 (Accidental Death)** and **Benefit B2 (Accidental Permanent Disablement)**, the Cover is effective upon the issuance of the Policy.

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## GENERAL POLICY DEFINITIONS

Any word or expression, which has a specific meaning, should have this meaning attached to the word or expression found in the Policy and / or Schedule of Benefits.

<b>TERMS</b>	<b>MEANING</b>
<b>1. Accident</b>	means a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.
<b>2. Accidental Death</b>	means death by reason of Accident.
<b>3. Congenital Conditions</b>	means any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. This will include all congenital conditions as classified and listed by World Health Organization on Congenital Malformations, Deformations & Chromosomal Abnormalities. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the insured person was continuously covered under this Policy.
<b>4. Cover(s)/Coverage</b>	means the extent of insurance protection afforded by this Policy
<b>5. Dental Treatment</b>	means Treatment required to establish or maintain oral health, tooth repair, scaling, fillings, tooth extraction, malocclusion, restoration of tooth function and alignment.
<b>6. Disability/Medical Condition</b>	means a Illness/Disease/Sickness or the entire Injuries arising of a single or continuous series of causes.
<b>7. Doctor/Physician/Surgeon</b>	means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such Treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured himself.
<b>8. Hospital</b>	Hospital shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which: (a) has facilities for diagnosis and major surgery, (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses, (c) is under the supervision of a Physician, and (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.
<b>9. Hospitalisation/Hospitalised</b>	means admission to a Hospital as a registered In-patient for Medical Necessary Treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an In-patient if the patient does not physically stay in the Hospital for the whole period of confinement.
<b>10. Injury</b>	means bodily injury caused solely & directly by an Accident, independent of all other causes.
<b>11. Illness/Disease/Sickness</b>	means a physical condition marked by a pathological deviation from the normal healthy state.
<b>12. In-patient</b>	refers to Your admission overnight into a Hospital in order to receive Treatment.
<b>13. Insured Person/Insured</b>	means the person described in the Policy Schedule.
<b>14. Lifetime</b>	means the entire duration which the Policy under the Policyholder is in force, taking into account Renewals or Replacemements.
<b>15. Loss</b>	means any Injury sustained by You in consequence of the happening of any Accident.
<b>16. Loss of Use</b>	means permanent and irrecoverable functional disablement of the body member.
<b>17. Medically Necessary</b>	means a medical Treatment which is:- (a) consistent with the diagnosis and customary medical treatment for a covered medical condition/disability, and (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and (c) not for the convenience of the insured person or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an inpatient), and (d) not of an experimental, investigational or research nature, preventive or screening nature, and (e) when admitted to a hospital, could not have been reasonably rendered out of a hospital.
<b>18. Permanent</b>	means a condition that had lasted for twelve (12) consecutive months or more and at the expiry of that period, without hope of improvement.
<b>19. Permanent Total Disablement</b>	injury which, having lasted for a continuous period of twelve (12) calendar months from the date of Accident, entirely prevents the person(s) covered under this Policy from engaging in gainful employment of any and every kind and for which there is no hope of recovery.
<b>20. Period of Insurance</b>	means the period of insurance specified in the Policy Schedule.

<b>21. Policy</b>	shall include collectively this document, Schedule of Benefits, Policy Schedule, Certificate of Insurance and all Endorsements specifically listed in the Policy Schedule.
<b>22. Policy Year</b>	means the one (1) year period including the effective date of commencement of Insurance and immediately following that date, or the one (1) year period following the Renewal/Renewed Policy.
<b>23. Premium</b>	means the specified amount of payment required periodically by Us to provide Coverage under this Policy for the Benefits specified in the Schedule of Benefits.
<b>24. Renewal/Renewed Policy</b>	means a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.
<b>25. Schedule of Benefits</b>	means the list of Benefits and Sum Insured.
<b>26. Specialist</b>	means a medical or dental practitioner registered and licensed as such in the geographical area of his practice where Treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a physician or surgeon who is the Insured himself.
<b>27. Sum Insured/Limit of Liability</b>	means the amount specified against each of the Benefits as stipulated in the Schedule of Benefits which is the maximum amount We will pay in the event of claim(s).
<b>28. Treatment</b>	means surgery or medical procedures carried out by a Specialist (other than for diagnostic procedures).
<b>29. Unlawful Act</b>	refers to any act which is an offence or prohibited by the law or rules of the geographical area in which the act is committed. Unlawful act includes but is not limited to driving motorised vehicle without appropriate valid license, exceeding any stipulated speed limit, driving whilst under the influence of alcohol and generally any non-conformance or breach of the Road Transport Act 1987 or any applicable laws and regulations. Unlawful act also includes any participation in or acting as an accessory to any crime or attempted crime or offence.
<b>30. Waiting Period</b>	means the first sixty (60) days between the beginning of Your Illness/Disease/Sickness and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.
<b>31. We/Us/Our</b>	means AXA AFFIN GENERAL INSURANCE BERHAD.
<b>32. You/Your/Yourself/Insured /Policyholder</b>	means the person(s) named as the Policyholder in the Policy Schedule and to whom the Policy is issued to provide Cover for.

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**SCHEDULE OF BENEFITS**

<b>BENEFITS</b>		<b>SUM INSURED</b>
<b>SECTION A</b>	<b>DAILY HOSPITAL ALLOWANCE</b>	
Benefit A1	Daily Hospital Allowance (up to maximum 180 days per Lifetime)	RM100 Per day
<b>SECTION B</b>	<b>ACCIDENTAL DEATH &amp; ACCIDENTAL PERMANENT DISABLEMENT (as per Scale of Compensation)</b>	
Benefit B1	Accidental Death	RM15,000 <i>per adult</i>
Benefit B2	Accidental Permanent Disablement	RM15,000 <i>per adult</i>

**PROVISIONS RELATING TO THE SCHEDULE OF BENEFITS**

**Important Notice:** The following provisions should be read in conjunction with the Schedule of Benefits.

1. We will be discharged from any further liability to Your next Policy Renewal, if the Sum Insured is paid out under **Benefit A1 (Daily Hospital Allowance)** of which You have fully exhausted the Policy specified Lifetime limit of 180 days. You may still make a claim for the other benefits during the Period of Insurance.
  2. We will be discharged from any further liability for benefits under **Section B** of this Policy if 100% of the corresponding Sum Insured is paid out under **Benefit B2 (Accidental Permanent Disablement)**.
  3. Upon Your death, payment will be made under **Benefit B1 (Accidental Death)** only.
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## DESCRIPTION OF BENEFITS

**Important Notice:** The Benefits described below may be subject to maximum limits. Please check the Schedule of Benefits for details.

### SECTION A: DAILY HOSPITAL ALLOWANCE

#### Benefit A1 – Daily Hospital Allowance

We will pay the amount stated in the Schedule of Benefits for each complete twenty-four (24) hours by You as an In-patient in a Hospital, if during the Period of Insurance, You are Hospitalised for Treatment for a covered Disability, due to an Accident or if Your Hospitalisation is on account of a covered Illness/Disease/Sickness, up to a maximum of one hundred eighty (180) days per Lifetime.

### SECTION B: ACCIDENTAL DEATH & ACCIDENTAL PERMANENT DISABLEMENT

#### Benefit B1 – Accidental Death

We will pay the compensation as provided in the Schedule of Benefits in accordance with the Scale of Compensation for Accidental Death if, during the Period of Insurance, You sustain Injury resulting in Your death within three hundred sixty-five (365) days of the Injury. Death shall be established by an official death certificate.

#### Benefit B2 – Accidental Permanent Disablement

We will pay the compensation as provided in the Schedule of Benefits in accordance with the Scale of Compensation for Accidental Permanent Disablement if, during the Period of Insurance, You sustain Injury resulting in Your Permanent Disablement (total or partial) within three hundred sixty-five (365) days of the Injury.

### SCALE OF COMPENSATION

BENEFITS	DESCRIPTION OF LOSS	PERCENTAGE OF SUM INSURED	
B1	ACCIDENTAL DEATH	100%	
B2	ACCIDENTAL PERMANENT DISABLEMENT		
B2.1	Loss of limb	100%	
B2.2	Total Loss of sight of one (1) eye or both eyes	100%	
B2.3	Total paralysis	100%	
B2.4	Complete and incurable insanity	100%	
B2.5	Loss of hand at or above the wrist	100%	
B2.6	Loss of foot at or above the ankle	100%	
B2.7	Loss of sight of eye except perception of light	50%	
B2.8	Loss of lens of eye	50%	
B2.9	Loss of four (4) fingers and thumb of one (1) hand	50%	
B2.10	Loss of four (4) fingers of one (1) hand	40%	
B2.11	Loss of thumb	- both phalanges - one (1) phalanx	25% 10%
B2.12	Loss of index finger	- three (3) phalanges - two (2) phalanges - one (1) phalanx	15% 10% 5%
B2.13	Loss of middle finger	- three (3) phalanges - two (2) phalanges - one (1) phalanx	10% 7% 3%
B2.14	Loss of ring finger	- three (3) phalanges - two (2) phalanges - one (1) phalanx	10% 7% 3%

B2.15	Loss of little finger	- three (3) phalanges	10%
		- two (2) phalanges	7%
		- one (1) phalanx	3%
B2.16	Loss of metacarpals	- first (1 <sup>st</sup> ) or second (2 <sup>nd</sup> )	3%
		- third (3 <sup>rd</sup> ), fourth (4 <sup>th</sup> ) or fifth (5 <sup>th</sup> )	2%
B2.17	Loss of toes	- all	18%
		- big, both phalanges	5%
		- big, one (1) phalanx	2%
		- big, one (1) phalanx or any toes	2%
B2.18	Permanent and total Loss of hearing	- both ears	75%
		- one (1) ears	20%
B2.19	Permanent and total Loss of speech		50%
B2.20	Permanent Disablement which is not specified above (excluding Loss of sense of taste or smell)	A percentage determined by Us based on medical assessment and the opinion of Our advisor(s)	

#### GENERAL EXCLUSIONS (APPLICABLE TO THE WHOLE POLICY)

1. Any medical or physical conditions arising within the first sixty (60) days of the Insured's cover or reinstatement date, whichever is latest, except for Accidental Injuries.
2. Any Unlawful Act or willful exposure to danger (other than in an attempt to save human life), intentional self Injury, suicide or attempted suicide, while sane or insane.
3. Any Treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
4. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
5. Any Treatment related to cosmetic surgery for purposes of beautification irrespective of such treatment is rendered as a result of burns.
6. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immunisation Deficiency Syndrome), ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases required quarantine by law.
7. Pregnancy, pregnancy related or its complications, childbirth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or Treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation.
8. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to Treatment or diagnosis of a covered Disability or any Treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
9. In-patient rehabilitation.
10. Effect or influence of drugs not prescribed by a qualified medical practitioner.
11. Travel or flight in any vehicle or device for aerial navigation, other than solely as a passenger on a certificated passenger aircraft operated by a regularly established airline or any regularly scheduled, non-scheduled, special or chartered flight.
12. Regular or temporary, military or police duties or fire service of any country.
13. Declared or undeclared war or any act thereof, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, insurrection, exercise of military or Usurped power.
14. Riot and civil commotion where You are actively participating.
15. Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel, or from any nuclear waste from the combustion of nuclear fuel.
16. Radioactive toxic explosive, or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.
17. Engaging or participating in any professional sports.
18. Any Injury whilst engaged in:-
  - (a) racing other than on foot (except ultra-marathons), motor rallies or competitions;

- (b) mountaineering with the use of climbing equipment, ropes or guides or outdoor rock climbing, hiking or trekking unless conducted under the supervision of qualified licensed personnel/guide of a registered tour operator;
  - (c) extreme sports or activities;
  - (d) pot-holing, private hunting trips, private white water rafting grade 4 or above;
  - (e) any activity involving You being airborne (whether suspended or not) except leisure parachuting, leisure bungee jumping, leisure sky diving and leisure hot air balloon rides; or
  - (f) underwater activities which require the use of breathing apparatus.
19. Any injury arising from these occupations or whilst performing these occupational activities:
- (a) Working onboard any sea vessel or as a ship crew;
  - (b) Underground worker in a tunnel or quarry;
  - (c) Any occupation dealing with explosives or hazardous substances; or
  - (d) Working at heights above 30 feet.

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## GENERAL CONDITIONS (APPLICABLE TO THE WHOLE POLICY)

### 1. Alterations

We reserve the right to cancel or amend all or any part of Your Policy terms and conditions and provisions by giving You twenty-one (21) days prior notification. Such amendment will be applicable from the next Renewal of this Policy. No alteration to this Policy shall be valid unless Authorized by Us and such approval is endorsed thereon. We will determine the mode of communication as we deem appropriate. We will not change Your Policy simply as a result of Your personal claims. However, We will make changes only to reflect any past or foreseeable changes in claim experience. The purpose of such amendments will be to seek, as far as possible, to maintain substantially the same level and type of cover in place while ensuring that the Cover remains affordable.

We may also change Premium if costs, taxation, regulations or benefit changes make this necessary. In the event that We are required by law to make a change during the Policy Year, for example if a new tax is introduced, We will be obliged to do so before the next Renewal date. The Renewal Premium payable is not guaranteed. We reserve the right to revise the Premium applicable at the time of Renewal. Such changes, if any shall be applicable to all Policyholders irrespective of their claim experience according to Our risk assessment. We do reserve the right to apply underwriting terms to Your Policy at any time as we deem necessary.

### 2. Condition Precedent to Liability

The due observance and fulfilment of the terms provisions conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured and the truth of the statements and answers in the said Proposal shall be conditions precedent to any liability of Us to make any payment under this Policy.

### 3. Fraud

You must not act in a fraudulent manner. If You, or anyone acting for You, makes a claim under the Policy knowing the claim to be false or fraudulently inflated in any respect or if any Loss is caused by Your willful act or with Your connivance We will not pay the claim and all Cover under the Policy will be forfeited.

In the event of any dishonesty or fraud in procurement of this policy or in deriving any benefits, we can:

- (a) refuse to make any payment; and
- (b) refuse to renew your policy; or
- (c) impose different terms to any cover we are prepared to provide; or
- (d) end your policy and all cover under it immediately

### 4. Cancellation

You may cancel your Policy, or part thereof, at any time by giving us notice in writing. Such cancellation shall become effective on the first day of the following month after the day of receipt of notification. We shall refund the Premium received for the following month provided that no claims have been made during the current Policy Year.

Please also note that no claim of any kind will be considered after notification by You and acceptance by Us of any cancellation.

### 5. Period of Cover and Renewal

This Policy shall become effective as of the date of Policy inception. The Policy anniversary shall be one (1) year after the effective date and annually thereafter. On each such anniversary, the Policy is renewable at the Premium rate in effect at that time and any change in the Renewal Premium shall be notified by Us by giving You twenty-one (21) days prior notification before change is effected. We will determine the mode of communication as we deem appropriate. It shall not be incumbent on Us to give notice that any Premium for Renewal is due and such Premium shall be deemed to be due date on which the Policy expires and must be paid prior to the due date.

This Policy will be renewable at Your option subject to the terms and conditions and termination at each of the anniversary of the Policy date. This Policy is renewable at Your option until the occurrence of any of the following:-

- (a) non-payment or Premium or Premium not made on time;
- (b) fraud or misrepresentation of material fact during application;
- (c) the policy is cancelled at Your request;
- (d) You have attained the coverage age limit specified;
- (e) Sum Insured/Limit of Liability of benefit under **Section A – Benefit A1 (Daily Hospital Allowance)** is paid out under this Policy;
- (f) on Your death; and
- (g) termination of coverage for all Policies in a certain market and We withdraw this Policy completely from the market in accordance with the Portfolio Withdrawal Condition.

### 6. Payment of Benefits

Any benefits payable under this Policy will be paid to the beneficiary(ies) or nominee(s) named by You or to Your legal personal representative upon Your death.

### 7. Duplication of Cover

You are only eligible for one Cover under this policy in any one Period of Insurance. In the event of dual or multiple Cover purchased for the same risk, We reserve the right to pay for claims under any one of the policies and forthwith cancel and refund to You the premium(s) paid in respect of

the remaining policy(ies).

**8. Free-Look Period**

If for any reason whatsoever You decided not to take up the Policy, You may do so by notifying Us within fifteen (15) days from the date of Policy inception. We will make a full refund of Premium paid provided that no claim has been made, is pending or has arisen under this Policy. This free-look period shall not apply to policy renewals.

**9. Arbitration**

All differences arising out of this Policy shall be referred to the arbitration of some person to be appointed by both parties or if they cannot agree upon a single arbitrator to the decision of two arbitrators one to be appointed in writing by each party and in case of disagreement between the arbitrators to the decision of an umpire who shall have been appointed in writing by the arbitrators before entering on the reference and an award shall be a condition precedent to any liability of AXA or any right of action against AXA.

If any such difference shall relate to the degree of Permanent Disablement for the purposes of this Policy the arbitrator or arbitrators and umpire shall be qualified medical practitioners.

**10. Portfolio Withdrawal Condition**

We reserve the right to cancel the portfolio as a whole if We decide to discontinue underwriting this Policy. Cancellation of the portfolio as a whole shall be given by prior notification to the Policyholders at any mode of communication as we deem appropriate. We will run off all Policies to expiry of the period of cover within the portfolio.

**11. Claims Notification**

If any Accident, Injury, Loss, liability or Illness/Disease/Sickness happens which may give rise to a claim, You must:-

- (a) give written notification to Us of any claim under this Policy with full particulars of both the occurrence and the Disability immediately in the case of death or within twenty-one (21) days of the occurrence in the case of bodily Injury or Illness/Disease/Sickness.
- (b) ensure that proper medical and surgical advice is obtained and followed by You or Your family members as soon as possible after any Accident, Injury or Illness/Disease/Sickness.
- (c) at Your expense, or at the expense of any person representing You, provide Us with all reports, certificates, information and other documents as We may reasonably require.

We are entitled to request:-

- (a) an examination by a medical referee appointed by Us for a non-fatal Injury.
- (b) a post-mortem examination in the event of death.

**ACTION AND / OR DOCUMENTS REQUIRED TO PROCESS YOUR CLAIM**

We require You to take certain actions and / or submit certain documents to Us before Your claim can be processed. These documents and / or actions are listed in the table below and will depend on the type of claim You intend to submit to Us. Take note that the documents and / or actions required from You are not limited only to those that are stated in the table below. We reserve the right to request additional documents, information, confirmation, certification and other relevant documents from You to process Your claim.

TYPE OF CLAIM		ACTION / DOCUMENT(S) REQUIRED
All Claims		<ul style="list-style-type: none"> <li>• Claim Form</li> </ul>
<i>Plus the following where applicable:</i>		
Benefit A1	Daily Hospital Allowance	<ul style="list-style-type: none"> <li>• Hospital In-patient Discharge Summary confirming the date of Your admission and discharge from the Hospital and due to what reason</li> </ul>
Benefit B1	Accidental Death	<ul style="list-style-type: none"> <li>• Certified True Copy (CTC) of Death Certificate</li> <li>• Police Report – applicable for motor Accident Injury claim or criminal incident</li> </ul>
Benefit B2	Accidental Permanent Disablement	<ul style="list-style-type: none"> <li>• Medical Report from the attending Physician</li> <li>• Photographs showing the amputation part(s)</li> <li>• Police Report – applicable for motor Accident Injury claim or criminal incident</li> </ul>

**CLAIM PROCEDURES**

**Step 1**



Claim Notification

- Contact AXA Customer Service Centre (603) 2170 8282; or
- Visit Our website at [www.axa.com.my](http://www.axa.com.my) to obtain a printable claim form.

**Step 2**



Claim Submission

- Submit complete claim form and documents required to AXA.
- We may request additional information or report, if necessary.

**Step 3**



Approval and Payout

- Upon receipt of full documents, AXA will revert with claim decision within five (5) working days.
- Once approved, claim payment will be via direct credit within three (3) working days.

**12. Governing Law**

This Policy is issued under the laws of Malaysia and is subject and governed by the laws prevailing in Malaysia.

**13. Sanction Limitation Clause**

No (re) insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re) insurer to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

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*The information provided in this Policy is effective from 15 January 2020.*