

ULTIMA CARE - SCHEDULE OF BENEFITS

BENEFITS		SUM INSURED (RM)							
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
BASIC COVERAGE									
Death/Permanent Disablement	Per Adult	60,000	120,000	180,000	250,000	360,000	500,000	750,000	1,000,000
	Per Child	9,000	18,000	27,000	37,500	54,000	75,000	112,500	150,000
	Per Family	180,000	360,000	540,000	750,000	1,080,000	1,500,000	2,250,000	3,000,000
Renewal Bonus	10% increase of Original Sum Insured for Death or Permanent Disablement for each year subject to maximum of 100%								
Double Indemnity	Per Adult	120,000	240,000	360,000	500,000	720,000	1,000,000	1,500,000	2,000,000
	Per Child	18,000	36,000	54,000	75,000	108,000	150,000	225,000	300,000
	Per Family	360,000	720,000	1,080,000	1,500,000	2,160,000	3,000,000	4,500,000	6,000,000
Personal Liability	Per Adult	60,000	120,000	180,000	250,000	360,000	500,000	750,000	1,000,000
	Per Child	9,000	18,000	27,000	37,500	54,000	75,000	112,500	150,000
	Per Family	180,000	360,000	540,000	750,000	1,080,000	1,500,000	2,250,000	3,000,000
OPTIONAL COVERAGE									
Rider 1									
Temporary Total Disablement / Weekly Benefit (max 52 weeks)									
- Class 1 & 2	Per Adult	60	120	180	200	250	375	500	750
- Class 3	Per Adult	60	60	60	100	150	N/A	N/A	N/A
Rider 2									
Medical Expenses	Per Adult / Child	3,500	4,500	5,500	6,500	7,500	8,500	9,500	10,500
	Per Family	10,500	13,500	16,500	19,500	22,500	25,500	28,500	31,500
Alternative Medical Treatment (up to RM50 per day)	Per Adult / Child	500 Per Accident							
	Per Family	1,500 Per Accident							
Ambulance Fees	Per Adult / Child	1,000 Per Accident							
	Per Family	3,000 Per Accident							
Weekly Home Nursing Care (max 4 weeks)	Per Adult / Child	600 Per Accident Per Week							
	Per Family	1,800 Per Accident Per Week							
Dental Correction and/or Corrective Cosmetic Surgery	Per Adult / Child	5,000							
	Per Family	15,000							
Weekly Hospital Income (max 52 weeks)	Per Adult / Child	150	250	300	350	500	700	850	1,000
Class 1 & 2	Per Family	450	750	900	1,050	1,500	2,100	2,550	3,000
Weekly Hospital Income (max 52 weeks)	Per Adult / Child	100	150	200	250	300	N/A	N/A	N/A
Class 3	Per Family	300	450	600	750	900	N/A	N/A	N/A
Funeral Allowance due to Accident	Per Adult / Child	5,000							
	Per Family	15,000							



BERJAYA SOMPO INSURANCE

BENEFITS		SUM INSURED (RM)							
		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Rider 2 (continued)									
Bereavement Allowance (Death due to Dengue, Malaria or JE)	Per Adult / Child	6,000	12,000	18,000	25,000	36,000	50,000	75,000	100,000
	Per Family	18,000	36,000	54,000	75,000	108,000	150,000	225,000	300,000
Daily Hospital Visitation Allowance (max 50 days)	Per Adult / Child	30							
	Per Family	90							
Major Burn	Per Adult / Child	3,000	6,000	9,000	12,500	15,000	25,000	37,500	50,000
	Per Family	9,000	18,000	27,000	37,500	45,000	75,000	112,500	150,000
Coma	Per Adult / Child	60,000	120,000	180,000	250,000	360,000	500,000	750,000	1,000,000
	Per Family	180,000	360,000	540,000	750,000	1,080,000	1,500,000	2,250,000	3,000,000
Prostheses / Wheelchair	Per Adult / Child	2,000							
	Per Family	6,000							
Kidnap Benefits									
a) Necessary expenses incurred	Per Adult / Child	5,000							
	Per Family	15,000							
b) Reward for information leading to recovery	Per Adult / Child	25,000							
	Per Family	75,000							
c) Insured Person not recovered after 1 year	Per Adult / Child	60,000	120,000	180,000	250,000	360,000	500,000	750,000	1,000,000
	Per Family	180,000	360,000	540,000	750,000	1,080,000	1,500,000	2,250,000	3,000,000
Miscarriage due to motor vehicle accident	Per Adult / Child	1,500							
	Per Family	4,500							
Blood Contamination / Transfusion	Per Adult / Child	5,000	12,000	18,000	25,000	36,000	50,000	75,000	100,000
	Per Family	15,000	36,000	54,000	75,000	108,000	150,000	225,000	300,000
Permanent impotency or Infertility	Per Adult / Child	6,000	12,000	18,000	25,000	36,000	50,000	75,000	100,000
	Per Family	18,000	36,000	54,000	75,000	108,000	150,000	225,000	300,000
Financial Protector	Per Adult	2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000
Snatch Theft Compensation	Per Adult / Child	500							
	Per Family	1,500							
Rider 3									
Terrorism Cover (excluding the use of nuclear, chemical & biological weapons)	Per Adult / Child	50,000	100,000	120,000	120,000	150,000	200,000	220,000	250,000
	Per Family	150,000	300,000	360,000	360,000	450,000	600,000	660,000	750,000

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