BERJAYA SOMPO INSURANCE

Policy

Foreign Workers Hospitalisation & Surgical Scheme

The benefits payable under eligible policy are protected by PIDM up to limits.
Please refer to PIDM's TIPS Brochure or contact Berjaya Sompo Insurance Berhad or PIDM (visit www.pidm.gov.my).

Berjaya Sompo Insurance Berhad
Registration No. 198001008821 (62605-U)
Level 36, Menara Bangkok Bank,
105, Jalan Ampang, 50450 Kuala Lumpur.
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IMPORTANT NOTICE

This is Your **Foreign Workers Hospitalisation & Surgical Scheme** Policy. You should satisfy yourself that this Policy will best serve Your needs. You should read and understand the Policy terms, conditions and warranties and discuss with Your agent and/or with Us directly for more information and/or to clarify any doubts You may have, before You purchase this Policy.

You must fully observe and fulfill the terms, conditions and warranties of this Policy to enjoy the coverage provided. If You have any questions after reading these documents or if there are any change in Your circumstances that may affect the insurance provided, please notify Us immediately, otherwise You may not receive the benefits of this Policy.

If **You** have any complaints relating to this **Policy**, please contact

COMPLAINTS UNIT – CUSTOMER SERVICE CENTRE
Berjaya Sompo Insurance Berhad
Registration No. 198001008821 (62605-U)
Level 36, Menara Bangkok Bank
105 Jalan Ampang
50450 Kuala Lumpur

Tel : 03-2170 7300
Tol Free : 1-800-889-933
Fax : 03-2170 4800
Email : customer@bsompo.com.my

If **You** are not happy with **Our** response, **You** may opt to contact either:

FINANCIAL MARKETS OMBUDSMAN SERVICE
Level 14, Main Block
Menara Takaful Malaysia
4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel. : 03-2272 2811
Website : www.fmos.org.my

BNMLINK
4th Floor, Podium Bangunan AICB
No. 10, Jalan Dato' Onn
50480 Kuala Lumpur
Tel : 1-300-88-5465
Overseas : +603 2174 1717
BNMLINK Webpage : bnm.gov.my/BNMLINK

OUR AGREEMENT

The Policy, Schedule and any Endorsements must be read together as they form Your insurance contract with Us. These documents reflect the Terms and Conditions of the contract of insurance as agreed between You and Us and is issued in consideration of the payment of premium as specified in the Schedule and pursuant to the answers given in the Proposal Form completed by You (or on Your behalf by Your intermediary) and any other disclosures made by You between the time of submission of Your Proposal Form and the time this Contract is entered into.

DUTY OF DISCLOSURE

Where you have applied for this insurance wholly for purposes related to your trade, business or profession, you had a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. In the event of any pre-contractual misrepresentations made in relation to Your answers and in any disclosures given by You, only remedies in Schedule 9 of the Financial Services Act 2013 will apply.

You have a duty to tell Us immediately if at any time after Your contract of insurance has been entered into, varied or renewed with Us, any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

NOW THIS POLICY WITNESSETH that if during the Period of Insurance, any sickness, disease illness or accidental injury necessitates the Insured Person to be confined to a Malaysian Government Hospital for treatment, the Company will subject to the terms, provisos, exclusions and conditions of and endorsed on this Policy, pay to the Insured / Insured Person or his legal personal representatives the sum or sums stated in the Schedule of Benefits.

Provided always that this Policy shall become effective as of the date stated in the Policy Schedule. This Policy shall be issued for one year and at the end of each period of insurance may be renewed for another year subject to the consent of the Company.

DEFINITIONS

SECTION I - RELATING TO CONTRACTUAL DETAILS

1. **POLICYHOLDER/YOU/YOUR** shall mean a person or corporate entity who has applied for this insurance from the Company and who is an employer or bona fide foreign workers.

2. **INSURED PERSONS OR INSUREDS** shall mean the Eligible Person having accepted by the Company to participate in the Scheme as described in the Policy Schedule.

3. **WE/OUR/US/THE COMPANY** shall mean Berjaya Sompo Insurance Berhad

4. **POLICY** shall mean this agreement together with any endorsements therein, signed by the Company, the Policy Schedule attached hereto and the application form of the Insured Person all of which shall constitute the entire contract between the parties.

5. **RENEWAL OR RENEWED POLICY** shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.

SECTION II - RELATING TO INSURANCE COVER

1. **ACCIDENT** shall mean 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.

2. **INJURY** shall mean bodily damage caused solely by Accident.

3. **SICKNESS, DISEASE OR ILLNESS** shall mean a physical condition marked by a pathological deviation from the normal healthy state.

4. **DISABILITY** shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

5. **DAY** shall mean the definition of a charging day adopted by the Malaysian Government Hospital concerned.

6. **PERIOD OF INSURANCE** shall mean the period specified in the Policy Schedule and during which the Insured Person is in immediate employment of the Insured or until the cessation of the work/employment permit whichever is the earlier BUT EXCLUDING the period when the Insured Person returns to his/her home country. Cover ceases from the time he/she leaves Malaysia and resumes upon his/her return to Malaysia. The territorial limit of this Policy is within Malaysia only.

7. **ELIGIBLE PERSON** shall mean the present and future full-time foreign worker employees of the Policyholder who are between eighteen (18) to sixty (60) years of age and who are bona fide holders of valid work permits/Pas Lawatan Kerja Sementara issued by the relevant Malaysian Government Authority.

8. **CONGENITAL CONDITIONS** shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within 6 months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the Insured was continuously covered under this Policy.

9. **REASONABLE AND CUSTOMARY CHARGES** shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

10. **PRE-EXISTING ILLNESSES** shall mean disabilities that existed before the Effective date of cover and for which the Insured Person should have reasonably been aware of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:-
    a) the Insured Person had 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.

11. **SPECIFIED ILLNESSES** shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:
    a) Cardiovascular disease;
    b) All cancers

12. **INTENSIVE CARE UNIT** shall mean a section within the Malaysian Government Hospital which is designated as an Intensive Care Unit by the Malaysian Government Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Malaysian Government Hospital.

13. **ANY ONE DISABILITY** shall mean all of the periods of disability arising from the same cause including any and all complications there from except that if the Insured Person completely recovers and remain free from further treatment (including drugs, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

SECTION III - RELATING TO MEDICAL SUPPLIERS

1. **DAY-SURGERY** shall mean a patient who needs the use of a recovery facility for a surgical procedure on a pre-planned basis at the hospital/specialist clinic (but not for an overnight stay).

2. **HOSPITAL CONFINEMENT** shall mean the Insured Person being duly registered and admitted as an In-patient in a Malaysian Government Hospital for more than 12 hours.

3. **HOSPITAL** shall mean an establishment duly constituted and registered as a non-corporatised Malaysian Government Hospital for the care and treatment of sick and injured persons, and which: -
    a) has organised facilities for diagnosis, treatment and major surgery,
    b) provides 24 hours 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 custodial care for alcoholics or drug addicts; a nursing, rest or convalescent home for the aged or similar establishment.

4. **MALAYSIAN GOVERNMENT HOSPITAL** shall mean a hospital which charges of services are subject to the *Fees Act 1951 Fees (Medical) Order 1982* and/or its subsequent amendments, if any.

5. **DOCTOR OR PHYSICIAN OR SURGEON** shall mean 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 Person himself.

7. **SURGERY** shall mean any of the following medical procedures:
    a) To incise, excise or electrocauterize any organ or body part, except for dental services
    b) To repair, revise, or reconstruct any organ or body part
    c) To reduce by manipulation a fracture or dislocation
    d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

COVERAGE

During the Period of Insurance, subject to the terms, conditions, exclusions and definitions as stated in this policy, policy schedule and any endorsements herein, We will indemnify the Policyholder for eligible medical expenses incurred if any Insured Person is confined to Malaysian Government Hospital as a direct result of an accidental bodily injury, illness or disease in respect of treatment or services undertaken by or on the recommendation of a physician or surgeon

DESCRIPTION OF BENEFITS

The limits of eligible Benefits are set forth in the Policy Schedule of Benefits and described below.

HOSPITAL ROOM AND BOARD (MAXIMUM UP TO THIRTY (30) DAYS) - Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Malaysian Government Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a hospital as an in-patient.

INTENSIVE CARE UNIT (MAXIMUM UP TO FIFTEEN (15) DAYS) - Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Malaysian Government Hospital. This benefit shall be payable equal to the actual charges made by the Malaysian Government Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate. No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

OPERATING THEATRE - Reimbursement of the Reasonable and Customary Operating Room charges incidental to the surgical procedure not exceeding the limits as set forth in the Schedule of Benefits.

HOSPITAL SERVICES & SUPPLIES - Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Malaysian Government Hospital, up to the amount stated in the Schedule of Benefits.

SURGICAL FEES - Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists during confinement in hospital. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

ANAESTHETIST FEES - Reimbursement of the Reasonable and Customary Charges by the Anaesthetist for the Medically Necessary administration of anaesthesia not exceeding the limits as set forth in the Schedule of Benefit.

IN-HOSPITAL PHYSICIAN VISIT (MAXIMUM UP TO THIRTY (30) DAYS) - Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting an in-paying patient while confined for a non-surgical disability subject to a maximum of (1) visit per day not exceeding the maximum number of days as set forth in the Schedule of Benefit.

IN-HOSPITAL SPECIALIST CONSULTATION VISITS (MAXIMUM UP TO THIRTY (30) DAYS) – Reimbursement of the Reasonable and Customary Charges for the consultation by a legally licensed and qualified Medical Specialist, which is recommended by a Physician because of illness or injury while confined in Hospital. The total amount payable shall not exceed the maximum specified in the Schedule of Benefits for Any One Disability.

OVERALL ANNUAL LIMIT - Benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance shall be limited to Overall Annual Limits as stated in the Schedule of Benefits irrespective of type/types of disability. In the event the Overall Annual Limit having been paid, all insurance for the Insured Person hereunder shall immediately cease to be payable for the remaining policy year.

AMBULANCE FEES/MEDICAL REPORTS FEES – Reimbursement of Reasonable and Customary Charges incurred for necessary domestic ambulance service (inclusive of attendants) to and/or from the Malaysian Government Hospital. Payment will not be made if the Insured Person is not hospitalised and subject to the limits as set forth in the Schedule of Benefits. Under this benefit, the Company shall also reimburse the Insured the cost of obtaining medical report(s) but only if such reports are specifically required by the Company for its processing of claims.

CONDITIONS

1. **PERSON ELIGIBLE**
   Eligible Persons for insurance under this Policy are those present and future full-time foreign worker employees of Policyholder who are actively engaged at their usual work on the date the persons are eligible to join the Policy.

Present foreign worker employees will be eligible to participate in the insurance on the commencement date of the Policy. Future foreign worker employees will be eligible to participate in the insurance according to the date mentioned in the application form.

If a foreign worker employee is not actively engaged at his/her usual work on the date he/she would otherwise be eligible in accordance with the abovementioned requirement, his/her eligibility date will be deferred to the first (1st) day of the month immediately following his/her return to active full-time work.

2. PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

3. GEOGRAPHICAL TERRITORY

All benefits provided in this Policy are applicable worldwide for twenty-four (24) hours a day.

4. LIMITATION OF BENEFITS

All benefits provided in this Policy are only payable in the event the Insured Person is confined in a non-corporatised Malaysian Government Hospital.

EXCLUSIONS

This Policy does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrence:

1. Pre-existing illness. However, this exclusion is waived in the event the Insured Person passes the medical examination as confirmed by Fomema Sdn. Bhd (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.

2. Specified Illnesses occurring during the first 120 days of continuous cover.

3. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers, and prescriptions thereof.

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. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV (Human Immunodeficiency Virus) related diseases, and any communicable diseases required quarantine by law.

6. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.

7. Pregnancy, childbirth (including surgical delivery), and its related complications, 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. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

10. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.

11. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.

12. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.

13. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aromatherapy or other alternative treatment.

14. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment of profession that is covered under a Workman's Compensation Insurance Contract.

15. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).

16. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.

17. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.

18. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

19. Expenses incurred for sex changes

GENERAL CONDITIONS

This Policy and the Policy Schedules shall be read together as one contract and any words or expressions to which a specific meaning has been attached in any part of this Policy or of the Policy Schedule shall bear such specific meaning wherever it may appear.

1. NOTICE

Every notice or communication to the Company shall be in writing and sent to the Company. No alternations in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialled by an authorised representative of the Company.

2. CONDITION PRECEDENT TO LIABILITY

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

3. MISREPRESENTATION/FRAUD

If the proposal or declaration of the Insured is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

4. PREMIUM

During the Period of Insurance, the premium for insurance under this Policy is not guaranteed. The Company shall have the right to change the rate at which premiums shall be calculated, at the start of any Policy Year, provided that the Company notifies the Insured Person at least ninety (90) days in advance of the date such premium is due.

5. CLAIM PROCEDURES

(a) The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.

(b) The Insured Person shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured Person to do so.

(c) Upon completion of submission of all relevant documents, the reimbursement of the claims shall be made within thirty (30) working days by the Company.

6. CANCELLATION

This Policy may be cancelled by the Policyholder at any time by giving a written notice to the Company and provided that no claims have been made during the current policy year, the Policyholder shall be entitled to a refund of the premium as follow :-

Period Not Exceeding	Refund of Annual Premium
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%

5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period Exceeding 11 months	No Refund

7. GOVERNING LAW

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

8. LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that the written proof of loss was to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

9. TERMINATION OF INDIVIDUAL INSURANCE

The insurance of any one Insured Person shall terminate on the earlier happening of the following events :-

(a) upon expiration of the Insured Person's work permit or upon the termination of the employment contract between the Policyholder and the Insured Person named in the Schedule, or

(b) from the date of the Immigration Department's Letter of Discharge, or

(c) on the death of Insured Person or exhaustion of the Overall Annual Limit for that particular Insured Person, or

(d) on the Policy Anniversary immediately following the 60th birthday of the Insured person, or

(e) on the date when premium payments for the Insured Person's insurance are discontinued due to any cause, or

(f) on the date of termination of the Policy by either the Policyholder or the Company, or

(g) at the mid-night standard Malaysian time on the last day of the Period of Insurance unless the Insured Person is confined to a Government Hospital at such time. If this being the case, the time of termination shall be extended to :

(i) the time the Insured Person is discharged from the Government Hospital; or
(ii) the time the Overall Annual Limit shall have been exhausted whichever is the first to occur

10. ALTERATIONS

The Company reserves the right to amend the terms and provisions of this Policy by giving a thirty (30) days prior notice in writing by ordinary post to the Insured's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alternation to this Policy shall be valid unless Authorized by the Company and such approval is endorsed thereon. The insurer should give thirty (30) days prior written notice to the Insured according to the last recorded address for any alterations made.

11. GRADE PERIOD

Notwithstanding the Cash before Cover condition, a Grace period of fourteen (14) days from its due date will be allowed for payment of each premium after the first Policy Year. During such fourteen (14) days, the Company shall remain liable there under if by the last of such days, the premium is actually paid.

If any premium is not paid in respect of this Policy Contract before the end of the Grace period, this Policy Contract shall be deemed as terminated at the expiry date of the policy.

IMPORTANT

The Policyholder shall read this Policy carefully and if any error or misdescription be found herein, or if the cover were not in accordance with the wishes of the Policyholder, advise should at once be given to the Company and the Policy returned for attention.

SCHEDULE OF BENEFITS (ANY ONE DISABILITY)		
ITEM	**BENEFITS**	**AMOUNT (RM)**
1. (a)	Daily Hospital Room & Board (Maximum up to 30 days)	As charged - in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM160 per day, in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982 and/or its subsequent amendments.
(b)	Intensive Care Unit (Maximum up to 15 days)	
2.	Hospital Supplies and Services	
3.	Operating Theatre	
4.	Surgical Fees (Excluding organ transplantation)	
5.	Anaesthetist Fees	
6.	In-Hospital Physician Visits (Maximum up to 30 days)	
7.	In-Hospital Specialist Consultation Visits (Maximum up to 30 days)	
8.	Ambulance Fees/Medical Report Fees	
Maximum Overall Annual Limit (item 1-8)		**RM20,000.00**

IMPORTANT NOTE:
All benefits payable for any number of disabilities in any one given period of Insurance is subject to the Overall Annual Limit of RM20,000.00 per Insured Person.