

IHM/C/0615/8419
IHM_BROCHURE
SIZE: 12CM (W) X 18CM (H) CLOSE
36CM (W) X 18CM (H) OPEN

BENEFITS

- Discount for 3 Types Gribbles Pathology Blood Test ***
- Personal Accident Coverage

BASIC COVER

This policy provides 24 hours worldwide protection against accident resulting in death or permanent disablement.

- 24-hour Worldwide Protection*
- Additional Medical Expenses for Dengue Fever
- Chiropractic Treatment

DUE TO ACCIDENT

- Medical Expenses
- Medical Card / GL for Hospitalisation **

* Overseas treatments are subject to exclusions, limitations and conditions
** Panel Hospitals in Malaysia only
*** To be performed at Gribbles Lab Centre. Logon to www.gribbles.com.my for location details

ELIGIBILITY

Insured Person must be a Malaysian or Permanent Resident of Malaysia aged 16 to 65 years old.

DECLINED OCCUPATION

- Acrobats * Animal Trainers * Armed Forces Personnel * Athletes
- Automobile Racing Drivers * Aviators Including Aircrew * Blasting Worker (Egg. Quarries) * Bus Drivers & Conductors (Including Mini Buses)
- Coast Guard Officer * Coconut Harvester * Crew of Vessels
- Dance Hostess * Divers (Either Occupation or Sports) * Dock & Shipyard Workers * Dredge Laborers * Dynamite / Explosive Workers * Fireman
- Fisherman * Gamekeepers * Gas Manufacturer * Jockeys * Lorry Driver
- Piling Workers * Pilots * Policeman * Professional Athletes * Prospector
- Quarry Workers * Sawyers * Security Guards * Soldiers * Steeplejack
- Stevedores * Timber * Logging Workers * Underground Workers
- Watchman (Armed) * Window Cleaner * Woodworking Machinist

● Reduced Sum Insured :-RM50,000 only for Entertainers , Masseur and Taxi Driver

Annual Membership (per person)	99.00	188.00	278.00	378.00
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Subject to 6% GST

SCHEDULE OF BENEFITS

No.	Benefits	Plan 1 (RM per person)	Plan 2 (RM per person)	Plan 3 (RM per person)	Plan 4 (RM per person)
A	Accidental Death & Permanent Disability (AD & PD)	50,000.00	100,000.00	150,000.00	200,000.00
B	Medical Expenses (Accident Only)	1,000.00	1,500.00	2,000.00	2,500.00
C	Additional medical expenses limit for Dengue Fever	500.00	600.00	700.00	1,000.00
D	Funeral Expenses	1,000.00	1,000.00	1,000.00	1,000.00
E	Daily Hospital Income (per day, maximum claimable: 30 days)	30.00	50.00	50.00	100.00
F	Ambulance Fee	200.00	200.00	200.00	200.00
G	Chiropractic Treatment (per incident)	50.00	70.00	100.00	120.00
H	Loss of documents due to Snatch Theft	150.00	150.00	250.00	250.00
I	Loss of money due to extortion while withdrawing money at ATM	200.00	250.00	300.00	350.00
J	Double Indemnity if travelling as a fare paying passenger on any public transport	50,000.00	100,000.00	150,000.00	200,000.00

EXTENSIONS

- Exposure & Disappearance
- Unprovoked Murder & Assault
- Motorcycling
- Hijacking
- Food & Drink Poisoning, Drowning, Gas Inhalation & Poisonous Gas, Amateur Sport Activities
- Medical Expenses for Dengue Fever

Exclusions
1. Intoxication by alcohol or influence of drugs or hallucinogens of any kind other than in accordance with the directions of and as prescribed by a qualified Medical Practitioner.
2. Engaging in or practicing for or taking part in training peculiar to any of the following activities:
2.1 Any sport as professional
2.2 Participation in any kind of speed contest.
2.3 Any form of armed or unarmed combat or martial art.
2.4 Any mountaineering or rock or cliff climbing or potholing.
2.5 Any sub-aquatic activity necessitating the use of breathing apparatus
2.6 Aviation or air travel except as a fare paying passenger on a fully licensed passenger carting aircraft flown by a professional crew.
2.7 Any other aerial activity including parachuting, gliding, hand-gliding.
2.8 Steeplechasing, hunting, diving, winter sports, water skiing, skating, rugby or association football, ice hockey or polo.
3. Pregnancy or childbirth or the Insured Person suffering from insanity, venereal disease, pre-existing physical or mental defect or infirmity or committing or attempting to commit suicide.
4. Injury occasioned by or contributed to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC) howsoever this syndrome has been acquired or may be named.
5. Willful exposure to needless peril except in an attempt to save human life.
6. War invasion act foreign enemy hostilities (whether war be declared or not) civil war rebellion, revolution, insurrection or military or usurped power.
7. (a) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from the combustion of nuclear fuel.
(b) The radioactive toxic explosive or other hazardous properties explosive nuclear assembly or nuclear component thereof.
8. Personal Liability
9. Act of terrorism
10. Sanction, Limitation & Exclusion

C. DECLARATION OF PROPOSER
PENGAKUAN PENCADANG

I hereby declare that the above answers and statements are true and accurate in every respect and no information has been withheld which is likely to affect acceptance of this proposal.
Saya mengaku bahawa kenyataan dan butir-butir di atas adalah benar dan tiada maklumat yang telah dirahsiakan yang mana akan menjejaskan penerimaan cadangan ini.

I agree that the Company shall have the right to use my data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and / or its holding company, outsourcing partners, Re Insurers and solicitor but not limited to affiliate companies including their outsourcing partners.
Saya bersetuju bahawa pihak Syarikat berhak untuk menggunakan data dan maklumat peribadi saya bagi tujuan pemprosesan operasi insurans yang mungkin termasuk pemindahan data dan maklumat peribadi kepada syarikat yang berkait dengan pihak Syarikat, anak-anak syarikat dan / atau syarikat induknya dan semua rakan kongsi penyumberan luar, Penanggung Insurans Semula dan peguam cara tetapi bukan terhad kepada syarikat-syarikat sekutu termasuk semua rakan kongsi penyumberan luar.

☐ Yes / Ya ☐ No / Tidak

I further agree that the Company and its related companies, subsidiaries and / or its holding company can share and use my data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries and / or its holding company's products, new services and support requirement; and marketing campaigns and activities and commercial transactions.
Saya seterusnya bersetuju bahawa pihak Syarikat dan syarikat-syarikat yang berkait, anak-anak syarikat dan / atau syarikat induk berhak untuk berkongsi dan menggunakan data dan maklumat peribadi saya bertujuan untuk mempromosikan produk, perkhidmatan baru dan keperluan sokongan; dan aktiviti urus niaga komersil yang dikendalikan oleh pihak Syarikat dan semua syarikat yang berkait anak-anak syarikat dan / atau syarikat induk.

☐ Yes / Ya ☐ No / Tidak

Signature of Proposer/
Tandatangan pencadang:

Date/Tarikh: