

TERMS AND CONDITIONS OF THE CRITICAL ILLNESS POLICY

1. If there is inaccurate information, for instance when the insured intentionally or carelessly provides wrong information of the facts in the proposal, commits fraud or conceals any material facts, the benefits of insurance policy will be voided.
2. The insurance period starts from the moment of insurance premium payment. The insurance cover is for a period of one year, which expires at 12:00 midnight of the maturity date.
3. If the insured ceases the cover under this insurance policy, there will not be any form of refund on the benefit. If the insured would like to cease the cover, the premium would be refunded based on the day-count rate for the remaining period.
4. For premium payments, for remaining period after first payment of premium, the premium is required to be paid within 15 days of the following premium payment installment. If claim happens within the grace period, premiums which has not been paid within grace period will be deducted from claim payment. If premium has not been paid beyond the grace period, the benefits would be invalidated starting from the next day after last day of the grace period. For renewal of insurance policy, there is no grace period for premium payment between the expiry of the cover to when the insurance period starts again.
5. If the insured fails to submit additional requirements for claim requested by the insurer within three months, that benefit would be invalidated.
6. For incidents of claiming hospitalization benefit within one month after taking up this insurance cover, the relevant authorized personnel of the insurer would scrutinize the underlying diseases/ illness causing the hospitalization.

Benefits

Critical Illness

1. Heart Attack

Heart attack is the death of a segment of heart muscle caused by a loss of blood supply. The symptoms of heart attack can be obviously seen on ECG. It is required to be confirmed by a cardiologist and to get hospitalized.

2. Stroke

Stroke is blockage of blood flow or rupture of an artery to the brain. This disease can happen suddenly and can be diagnosed by physical examination. If any abnormal symptom is observed, it requires to be confirmed with a CT Scan. Normal (not severe) stroke does not need to be examined. It is required to be confirmed by a specialist and to get hospitalized.

3. Cancer (Life-threatening)

Life-threatening cancer is called tumors or abnormal growth of cells which spread throughout the body. This requires a confirmation from an oncologist specialist. Verification by such a specialist is required. It should be the first time of cancer diagnosis of the insured. Compensation would be paid out when the related cancer treatment starts.

4. Renal Failure

Renal failure is having a condition that needs to get treatment such as kidney transplant, regular kidney dialysis due to the damage of both kidneys resulting from sudden or chronic kidney disease. Verification by a specialist is required.

5. Major organ transplant

Major organ transplant consists of heart, lungs, liver, kidney, bone marrow transplants, due to inability for treatment. There would be compensation upon the specialist confirmation that major organs are damaged and when patient starts receiving treatment.

6. Heart Valve Replacement or Repair

Heart valve replacement or repair is surgery for damage of heart valve or for replacement or repair of irregular condition. It is also done in heart damage or irregular condition of heart. It will be compensated only if specialist confirms that surgery is needed for treatment.

7. Coronary Artery bypass surgery

Coronary artery bypass surgery is a surgical procedure that diverts the flow of blood in an event of blockage of one artery / more than one artery or narrowing of heart arteries. Verification by a specialist on the necessity of such a surgery is required.

8. Severe Burns

Deep burning beneath the skin (at least 20% of body surface) is considered as a severe burn. This is required to be verified by a specialist for surgery.

9. Coma

Coma is a prolonged state of unconsciousness, continuing for (96) hours without responding to external and internal stimuli. It should be based on a Glasgow coma score level 4 or below for such a condition. There would be compensation only for treatment received due to hospitalizing after a doctor confirms the conditions of the illness.

10. Bacterial Meningitis

Bacterial meningitis is meningitis caused by bacterial infection. It can be confirmed by testing the cerebrospinal fluid which is produced from brain and spinal cord. It is required to get hospitalized with verification of the disease by a specialist. Meningitis caused by viral infection is excluded.

Death

Death is covered, except in the event when the benefits are already paid for critical illnesses mentioned above. In such an event, the insurance policy would be cancelled, and the death benefit would not be compensated.

Exclusions Of Benefits

Benefits will be excluded for critical illness or death in relation to any conditions mentioned below whether directly or indirectly.

- 1) Pre-existing symptoms of disease, on-going treatment approved by a doctor or other forms of on-going treatment
- 2) Psychosis, Mental disorders
- 3) Hospitalizing for medical checkup and restoration of energy
- 4) Cosmetic reasons
- 5) Hearing aids
- 6) Physical defect or Deformity
- 7) Drug addiction
- 8) Crimes being committed by the insured
- 9) AIDS/HIV
- 10) Terrorism, riot and war risk (any accident, loss or damage resulting from the impact of hostilities, warlike operations, military or usurped of power. Such incidents might be directly or indirectly caused, whether occurring close by or afar)
- 11) Fraud
- 12) Suicide or self-inflicted injury
- 13) Curing malignant tumor which is defined as a disease within 90 days starting from inception date of insurance (if it is a renewal policy, inception date of previous insurance policy)
- 14) Carcinoma in situ / Intraepithelial Neoplasm (epithelial cell tumors / tumors in cell layers of skin, respiratory, abdominal and excretory organs) If the insured has hospitalization, surgery, miscarriage, death and outpatient treatment within insurance period mentioned above, with reference to premium paid by the insured, our insurance company commits to make honor claim payment as based on the purchased units to the insured or beneficiary in accordance with terms and conditions of this policy and endorsement which may be done subsequent to the policy issuance.