



Policy

Special General Workers PA

On Receipt of Your Policy

Please read this **Policy** and **Schedule** and should any of the details on **your Policy Schedule** be incorrect, or change is required, please advise **us** immediately.

Please read **your Policy** and **Schedule** carefully to make sure **you** understand:

- what is covered
- what is not covered

If **you** require the Bahasa Malaysia version, please refer to **your** insurance intermediary or contact **us** directly for a copy.

Tokio Marine Insurans (Malaysia) Berhad

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1. WHAT MAKES UP THIS POLICY

Insurance does not cover you against everything that can happen.

The heading does not form part of the **Policy** wording.

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 in Schedule 9 of the Financial Services Act 2013 will apply.

This reflects the terms and conditions of the contract of insurance as agreed between **you** and **us**.

This **Policy** sets out what **you** are insured for as shown on the **Schedule** and the circumstances where **you** are covered and not covered.

Some words and expressions have been printed out in **bold** because they have been given specific meaning in the **Policy**. **You** will find their meaning in the Definition.

2. INSURING AMOUNT AND BENEFITS

Provided always that at the time of a claim **you** have affected this insurance for and on the lives of the foreign workers (herein individually called “the **Insured Person**”) employed by **you** and have declared to **us** and the event leading to the claim had occurred within Malaysia during the **period of insurance**.

SECTION 1: DEATH AND PERMANENT DISABLEMENT

We shall pay **you** in the event the **Insured Person** suffers **bodily injury** caused by violent accidental external and visible means directly resulting in Death or **permanent disablement**. The compensation shall be in accordance with **our** Scale of **Permanent Disablement** Benefits.

The benefit is only payable where the death or loss occurs or the disablement commences within twelve (12) calendar months of the accident.

Scale of Permanent Disablement Benefits

The following percentage of the amount expressed in respect of **Permanent Disablement** Benefits shall be payable in the event of:

Loss of Limbs		
- Any part of arm except fingers and thumb		100%
- Hand at wrist		100%
- Any part of leg except toes		100%
- All fingers and thumbs		100%
Total paralysis		100%
Injuries resulting in being permanently bedridden		100%
Any other injuries causing permanent total disablement		100%
Eye : Loss of		100%
- whole eye		100%
- sight of one or both eyes		100%
- sight of eye except perception of light		50%
- lens of eye		50%
Loss of four (4) fingers & thumb of one hand		50%
Loss of four (4) fingers		40%
Loss of thumb		25%
- both phalanges		10%
- one phalanx		10%
Loss of index finger		10%
- 3 phalanges		8%
- 2 phalanges		4%
- 1 phalanx		4%
Loss of middle finger		6%
- 3 phalanges		4%
- 2 phalanges		2%
- 1 phalanx		2%
Loss of ring finger		5%
- 3 phalanges		4%
- 2 phalanges		4%
- 1 phalanx		2%

Loss of little finger	- 3 phalanges	4%
	- 2 phalanges	3%
	- 1 phalanx	2%
Loss of metacarpals	- 1st or 2nd (each)	3%
	- 3rd, 4th or 5th (each)	2%
Loss of toes	- all	15%
	- great, both phalanges	5%
	- great, one phalanx	2%
	- other than great, each toe	1%
Loss of hearing	- both ears	75%
	- one ear	15%
Loss of Speech		50%

SECTION 2: MEDICAL EXPENSES

1. In the event the **Insured Person** received treatment as a result of **bodily injury**, we will reimburse you for the expenses incurred up to the specified limit.
2. Provided always that:
 - (a) the expenses are incurred in respect of treatment or service undertaken and recommended by a licensed and registered hospital or **Medical Practitioner** in Malaysia.
 - (b) the expenses result from accidental **bodily injury** sustained by the **Insured Person** during the **period of insurance**.
 - (c) recurrent attacks symptoms or complications arising from the same initial cause shall be considered as one **bodily injury**.

SECTION 3: REPATRIATION AND FUNERAL EXPENSES

1. We will reimburse you up to the specified limit for the repatriation expenses.
2. The repatriation and funeral expenses are deemed to be reasonable charges incurred for:-
 - (a) the transportation of the **Insured Person** to his/her home country following **bodily injury** or sickness which results in his/her total **permanent disablement**.
 - (b) burial or cremation of the **Insured Person** in the locality where death occurs following **bodily injury** or sickness
 - (c) the transportation of body or ashes to the **Insured Person's** home country.

SECTION 4: LOSS OF LEVY DUE TO DISAPPEARANCE

1. Subject to the additional **premium** being paid and cover endorsed in the **Policy Schedule**, we shall reimburse you for the loss of levy incurred in the event of the **Insured Person** disappeared or absconded from or failed to report to work over a period longer than 30 days from the date the disappearance was reported to the Police.
2. Notwithstanding, our maximum liability shall not exceed the specified limit during the first twelve (12) months from the insurance inception date in any one claim for any one **Insured Person**. The basis of reimbursement shall be proportionately reduced by one twelfth (1/12th) on the balance of the first twelve (12) months. For the purpose of this insurance, the levy cost shall follow that of the amount stipulated by the Immigration Department on the respective sectors.
3. It is also agreed and declared that no benefit will be payable unless this insurance is taken up within 30 days from the arrival date of the **Insured Person** to Malaysia, or any claims occurred on the thirteen (13) month and onwards.

Exceptions for Section 4

We shall not be liable for claims directly or indirectly caused by abandonment of the **Insured Person** from work place due to illness and discriminating treatment (scope of works and conditions in contrary to the employment contract) by you.

Notwithstanding, it is our duty to establish the exceptions prevail and are evident within 30 days from the date a claim was notified in writing to us whilst you shall extend full cooperation in furnishing and providing any records upon request by us.

3. YOUR DUTY TO INFORM US

1. Communication

All communication to **us** must be in writing. **Endorsement** to this **Policy** contract must be issued and signed by **us**.

2. Duty of Disclosure before this Insurance is granted

- (i) Where **you** have applied for this Insurance wholly for purposes unrelated to **your** trade, business or profession, **you** have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when **you** applied for this insurance) i.e. **you** should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions 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 accordance with the remedies in Schedule 9 of the Financial Services Act 2013. **You** are also required to disclose any other matter that **you** know to be relevant to **our** decision in accepting the risks and determining the rates and terms to be applied.

You also 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.

- (ii) If **you** do not fully and faithfully provide this information, the insurance may not be valid or the **Policy** may not cover **you** fully.

3. Duty of Disclosure during this Insurance

During this Insurance **you** are required to immediately inform **us** of any changes in **your** occupation, work duties, sporting activities or any relevant information that may increase the risk. **We** may :

- (i) require **you** to pay an additional **premium** for the increase risk or
- (ii) make changes to the terms and conditions of this **Policy** or
- (iii) leave the **Policy** terms, conditions and **premium** unaltered.

You will only be covered for any increased risk if agreed in writing by **us**.

4. Renewal

Pursuant to Schedule 9 of the Financial Services Act (FSA) 2013, kindly be reminded of **your** duty to advise **us** of any change to **your** occupation and other risk details for **our** review. **You** may download proposal form from **our** website www.tokiomarine.com and submit the completed copy with the changes to **us**. Should **you** require any assistance, please contact **us** at 03-2783 8383.

4. EXCLUSIONS

1. Jurisdiction

We will not indemnify **you** against any actions for compensations brought in the court of Law of any territory outside Malaysia.

2. War

We will not indemnify **you** against any loss damage injury by accident or disease indirectly or directly occasioned by or happening through or in consequence of:

- (a) war invasion act of foreign enemy hostilities (whether war be declared or not) civil war mutiny rebellion revolution insurrection or military or usurped power.
- (b) any loss, damage, death, injury (including sickness and **bodily injury**) or other contingency happening during the existence of abnormal conditions (whether physical or otherwise) which are occasioned by or through or in consequence, directly or indirectly, or any of the said occurrences shall be deemed to be loss, damage, death, injury (including sickness and **bodily injury**) or a contingency which is not covered by this insurance, except to the extent that **you** shall prove that such loss, damage, death, injury (including sickness and **bodily injury**) or other contingency happened independently of the existence of such abnormal conditions.
- (c) in any action, suit or other proceeding where **we** allege that by reason of the provisions of this exclusion any loss, damage, death, injury (including sickness and **bodily injury**) or other contingency is not covered by this insurance, the burden of proving that such loss, damage, death, injury (including sickness and **bodily injury**) or other contingency is covered shall be upon **you**.
- (d) if any claim and in any action suit or other proceeding where **we** allege that by reason of this Exception any loss is not covered by this **Policy** the burden of proving that such loss is covered shall be upon **you**.

3. **Radiation/Nuclear War**

We will not indemnify you against any loss damage injury or liability directly or indirectly caused by or arising from or consequence of or contributed to by:

- (a) ionizing radiation from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel, or
- (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof, or
- (c) any weapon of war employs atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter, or radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter,
- (d) any nuclear material, nuclear installation or any other nuclear energy risks.

4. **Consequential Loss**

We will not indemnify you against any consequential loss or damage of any kind whatsoever.

5. **Other Causes**

We shall not be liable for claims directly or indirectly caused by or which results from:

- (a) participating or engaging in criminal act or any illegal activities.
- (b) Intoxication by alcohol exceeding the limit set by the law in the country where the accident happened.
- (c) the influence of or affected narcotics and drug unless the drug is taken under the direction of a legally qualified **Medical Practitioner** provided such direction is not for the treatment of drug addiction.
- (d) provoked murder or assault, intentional self-injury, suicide or any attempt thereof while sane or insane.
- (e) pregnancy, childbirth, miscarriage or any complications thereof unless caused directly or indirectly by accident.
- (f) pre-existing physical or mental defect or infirmity.
- (g) HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named.
- (h) fits, hernia, venereal disease, infection or parasites.
- (i) any unlawful act of the **Insured Person** or willful exposure to danger (other than to save human life).
- (j) your deliberate act and/or of your immediate family member.
- (k) residing with the **Insured Person**.
- (l) mountaineering requires ropes or guides.
- (m) steeple chasing, winter sports, martial arts and racing (other than on foot).
- (n) whilst engaging in naval, military and/or air force services or operations.
- (o) whilst engaging in professional sports activities of any kind.

5. CONDITIONS

1. **A duty to comply with the Condition**

We will only be liable to make any payment under this **Policy** if you have at all times complied with the terms, provisions, conditions and **endorsement** of this **Policy**.

2. **Qualifications**

In the event we have paid in full the benefits under Section 1, Section 4 or Section 5 of this **Policy**, the insurance provided hereunder shall immediately cease to be in force. A claim on Section 1 shall not entitle a claim in Section 5 and/or vice versa.

3. **Death and/or Disappearance of the Insured Person**

It is a condition precedent to liability that a police report is lodged immediately upon the death or disappearance of the **Insured Person**. Notice in writing must be given immediately to us with full particulars of the occurrence. Where any reasonable doubt exists as the cause of death, a qualified **Medical Practitioner** appointed by us shall be allowed to conduct a post-mortem examination of the body of the **Insured Person** at our expense. Reasonable notice shall be given to us before internment or cremation.

4. **Medical Examination**

It is a condition precedent to liability under all Sections that the **Insured Person** must pass his/her medical examination in home country. Evidence must be produced that the **Insured Person** has undergone and passed such examination in the event of claim.

5. **Interpretation**

This **Policy**, the **Schedule** and Certificate of Insurance and any attachments thereto shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy**, **Schedule** and Certificate of Insurance and any attachments thereto shall bear such meaning wherever it may appear.

6. **Breach of Term and Conditions**

Our liability shall be conditional on the observance by **you** of the terms and conditions of this **Policy**. In the event of any failure by **you** to comply with any of the terms and conditions of this **Policy**, all benefits under this **Policy** shall be forfeited.

7. **Alteration and Misrepresentation**

This **Policy** shall cease to be in force if there be any:

- (i) material alteration to the risk unless such alteration has been agreed by **us** in writing.
- (ii) misrepresentation by **you**

8. **Non-Assignment**

We shall treat **you** as the absolute owner of the **Policy** and shall not be bound to recognize any equitable or other claim to or interest in the **Policy** and **your** receipt (or of **your** legal representatives) alone shall be an effectual and final discharge.

9. **Claims Notification, Procedure and Settlement**

Upon the happening of an accident likely to give rise to a claim under this **Policy**, **you** shall within thirty (30) days after the happening of the accident give notice to **us** with full particulars of the accident and injuries and shall as soon as possible procure and act on proper medical or surgical advice.

You (or the **Insured person's** legal personal representative) shall at **your** expense furnish to **us** all such certificates, information and evidence in the form and of such nature as may be required by **us** and the **Insured person** shall whenever reasonably require to do so submit to medical examination on **our** behalf. In the event of the death of the **Insured person**, **we** shall be entitled to have a post-mortem examination at **our** own expense and notice shall when practicable be given to **us** before internment or cremation stating the time and place of any inquest appointed.

10. **Subrogation**

In the event of a claim **we** shall be entitled to undertake in **your** name and on **your** behalf the absolute conduct control and settlement of any proceedings and to take proceedings at **our** own expense and for **our** own benefit in **your** name to recover compensation or secure indemnity from any third party in respect of anything covered in the **Policy**.

11. **Cancellation**

- (a) **Cancellation by Us**
We may at any time cancel this **Policy** by giving thirty (30) days' notice in writing via registered mail to **you** at **your** last known address. **We** will return the pro rata unexpired period portion of any **premium** actually paid by **you**.
- (b) **Cancellation by You**
No refund of premium after the policy has been issued

12. **Payment of Premium**

Premium Warranty

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by **us** within sixty (60) days from the inception of this **Policy**/endorsement/renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and **we** shall be entitled to the pro-rata premium for the period it has been on risk.

Where the premium payable pursuant to this warranty is received by **our** authorized agent the payment shall be deemed to be received by **us** for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to receive such premium shall lie on **us**.

Subject otherwise to the terms and conditions of this **Policy**.

13. **Arbitration**

All disputes 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 of **our** liability or any right of action against **us**.

14. **Fraudulent Claims**

If a claim is in any respect fraudulent, or if any false declaration is made or used in support thereof, or if any fraudulent means or devices are used by **you** or anyone acting on **your** behalf to obtain any benefits under this **Policy**, all benefits under this **Policy** shall be forfeited.

15. **Other Insurances**

If at the time any claim arises under the **Policy** there be any other insurance covering the same loss, damage or liability, **we** shall not be liable to pay or contribute more than **our** rateable proportion of any claim for such loss, damage or liability.

6. DEFINITION

Some words and expressions in this **Policy** have a specific meaning which is given below. Each word is printed in bold where it appears.

We/Us/Our - means

Tokio Marine Insurans (Malaysia) Berhad

You/Your - means

The person named as the Insured in the **Schedule**.

Period of insurance - means

The period for which **you** are insured.

Policy - means

Your insurance contract which consists of the **Policy** wording, **Schedule** and any **Endorsement**.

Endorsement - means

A written alteration to the terms, conditions and limitations of this **Policy**.

Premium - means

Any amount **we** require **you** to pay under the **Policy** and include Services Tax.

Schedule - means

The **Policy Schedule** where the benefits and sum Insured are stated.

Insured Person shall be the foreign worker holding a valid working permit named in the **Schedule**. The insurance shall not apply to a foreign worker who has attained the age of 65 years old.

Bodily Injury shall mean injury suffered by the **Insured Person** caused solely and directly by accidental means and shall exclude bodily injury caused by any sickness, disease or medical disorder.

Permanent Disablement shall mean disablement which completely and entirely prevents the **Insured Person** from attending to all the normal duties of his/her usual occupation and resulting termination of employment.

Period of Insurance shall mean the period during which the insurance is in force and commences from the date specified in the **Schedule**. The insurance provided herein shall automatically cease upon the expiry date of the **Insured Person** working permit whichever is earlier.

The **Period of Insurance** shall only operate during which the **Insured Person** is in **your** immediate employment 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.

Medical Practitioner shall mean any person qualified by a degree in western medicine and legally licensed and authorized to practice medicine and surgery.

7. COMPLAINT PROCEDURES

We believe **you** deserve a courteous, fair and prompt service. If there is any circumstance when **our** service does not meet **your** expectations, please contact **us** using the appropriate contact details below and provide the **Policy** Number/Claim Number and **Insured Person's** Name:

1. Firstly with the department or person **you** deal with **us** on how **you** would like the problem to be solved.
2. Secondly if the problem is not solved to **your** satisfaction, then make a formal written complaint to the Complaint Management Unit at:

Tokio Marine Insurance (Malaysia) Berhad
Level 18, Menara Hap Seng 3,
Plaza Hap Seng,
No. 1, Jalan P. Ramlee,
50250 Kuala Lumpur
Email : complaint@tokiomarine.com.my
Tel : 1 800 88 0812

We will acknowledge the complaint and keep **you** informed of the progress. **We** will do **our** best to resolve the matter to **your** satisfaction within fourteen (14) days or such time period needed, in complex cases, which **we** will keep **you** informed.

3. Thirdly, if **you** are not satisfied with **our** decision **you** can refer the matter to Financial Markets Ombudsman Service or BANK NEGARA MALAYSIA through BNMLINK:

i. Financial Markets Ombudsman Service
(formerly known as Ombudsman for Financial Services)
Company No: 200401025885
Level 14, Main Block,
Menara Takaful Malaysia,
No.4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur
General Line: +603 2272 2811
Website: www.fmos.org.my

ii. BNMLINK
4th Floor, Podium Bangunan AICB
No. 10, Jalan Dato' Onn
50480 Kuala Lumpur
Telephone: 1-300-88-5465 (LINK)
Website: bnm.gov.my/BNMLINK

8. PERSONAL DATA PROTECTION ACT 2010

By giving personal Information **you** give **us** permission for its use as described below:-

- (i) To process **your** personal data with the intention of entering the contract of Insurance.
- (ii) **You** consent and allow **us** to retain the data and share the data with **our** service provider namely,
 - (a) Registered licensed Adjuster,
 - (b) Solicitors, and any other professional body(ies) for the purpose of fulfillment of the Insurance Contract,
 - (c) Insurer and Reinsurer,
 - (d) ISM Insurance Services Malaysia Berhad.
- (iii) Data Subject (proposer) should be informed of his/her rights to obtain access to and to request correction of his/her personal data.

Notice

In accordance to the provision of the Personal Data Protection Act 2010, **you** may contact **your** insurance intermediary or contact **us** for the details of **your** personal data. Such information will only be granted after verification. **You** may update/correct the data by providing **us** in writing.

9. MEMO/CLAUSES/ENDORSEMENTS

THE FOLLOWING WARRANTIES/ENDORSEMENTS/CLAUSES ARE APPLICABLE TO ALL SECTIONS OF THE POLICY

TERRORISM EXTENSION ENDORSEMENT (Without NCB Exclusion)

Notwithstanding anything herein contained to the contrary, it is hereby declared and agreed that this policy is extended to cover death and/or permanent disablement sustained by the **Insured Persons(s)** which is caused by or occasioned by or through any Acts Of Terrorism as defined and provided always that:-

A) This policy does not cover any death and/or permanent disablement, which is any way caused by or contributed to by Radioactivity loss, damage or liability which involves: Ionising radiation or radioactive contamination from nuclear fuel or nuclear waste; or the radioactive, toxic, explosive or other dangerous properties of explosive nuclear equipment, chemical and biological pollution or contamination whether arising directly or indirectly, other than if caused by an Act Of Terrorism.

B) The **Insured Person(s)** is/are not directly or indirectly participating in such activities.

In any action, suit or other proceeding where **we** allege that by reason of the provisions of this endorsement any claim is not covered by this policy, the burden of proving the contrary shall be upon the **Insured Person(s)**.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in the full force and effect.

It is hereby declared that **our** maximum liability for each **Insured Person** for this extension shall not exceed the sum insured per life or the amount as specified in the policy schedule or up to the conveyance limit whichever is lower.

It is further declared that our maximum aggregate limit of liability per event is (amount as stated in the policy schedule) or up to the conveyance limit whichever is lower. If the total sum payable any one event exceeds the maximum aggregate limit, **we** shall settle the claim for each insured person on a proportionate basis.

Act of Terrorism means an act including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) whether acting alone or on behalf of or in connection with an organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence a government and/or to put the public or any section of the public, in fear.

Subject otherwise to the terms, exceptions and conditions of the policy.

MOTORCYCLING

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that this **Policy** is hereby extended to cover death or bodily injury caused by motorcycling as a rider or a pillion rider for private or business purposes provided always that **we** shall not be liable to make any payment in respect of death or injuries arising from or attributable to the **Insured Person** engaging in racing pacemaking speed contest reliability or other trials. It is a condition precedent to liability that the **Insured Person** possess a valid driving license unless at the time of accident he/she is a pillion rider.

COMMUNICABLE DISEASE EXCLUSION

Notwithstanding any provision to the contrary of this policy, **We** agree to exclude any loss, damage, liability, claim, cost or expense of whatsoever nature, directly or indirectly caused by, contributed to by, resulting from, arising out of, or in connection with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease regardless of any other cause or event contributing concurrently or in any other sequence thereto.

Definitions

Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

- i) the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
- ii) the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
- iii) the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property.

IMPORTANT NOTICE

“The benefit(s) payable under eligible certificate/policy/product is(are) protected by PIDM up to limits. Please refer to PIDM’s TIPS Brochure or contact Tokio Marine Insurans (Malaysia) Berhad or PIDM (visit www.pidm.gov.my).”

SPECIAL GENERAL WORKERS PERSONAL ACCIDENT POLICY

SECTION	BENEFITS	SUM INSURED (PER PERSON) (RM)
1	a) Accidental Death b) Accidental Permanent Disablement	35,000 35,000
2	Medical Expenses - Accident only	1,500
3	Repatriation And Funeral Expenses for reasonable charges incurred for :- (a) transportation of Insured Person to home country due to bodily injury or sickness as a result of total permanent disablement (b) burial or cremation of Insured Person in locality due to accidental death or sickness (c) transportation of remain body or ashes to home country due to accidental death or sickness	10,000
4	Loss of Levy due to Disappearance (first 12 months) up to the amount stipulated by the Immigration Department on the respective sectors	1,800