

You as named in the **e-Certificate Information Page ("e-CIP")** agree to participate in Takaful myClick Term and pay the **Contribution** into the **Group Family Takaful Account ("GFTA")** based on **Tabarru'**. **You** authorize **Us** based on **Wakalah** to manage the **GFTA** and in return, **We** will receive the **Wakalah** fee.

You also agree that any surplus arising from the **GFTA** will be kept in the **GFTA**. If the **GFTA** is in deficit, **You** agree to accept an interest-free loan which will be provided by **Us** to the **GFTA** based on **Qard**.

1. DEFINITIONS

In this Certificate Wording where the context states the masculine gender shall be deemed to include the feminine, and likewise, singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

- 1.1 **"AGE AT ENTRY"** means the **Person Covered's** age next birthday determined from the **Effective Date**.
- 1.2 **"ATTAINED AGE"** means the **Person Covered's Age at Entry** plus the number of **Certificate Years** from the **Effective Date**.
- 1.3 **"CERTIFICATE ANNIVERSARY"** means the anniversary of the **Effective Date**.
- 1.4 **"CERTIFICATE YEAR"** means the one (1) year period, including the **Effective Date** and immediately following that date. Each succeeding **Certificate Year** is the one (1) year period from the **Certificate Anniversary** to the next **Certificate Anniversary**.
- 1.5 **"CONTRIBUTION"** means the regular **Contribution** to be paid by **You** as stated in the **e-CIP** in respect of **Your** Certificate or in a subsequent **Endorsement** issued by **Us**.
- 1.6 **"e-CERTIFICATE INFORMATION PAGE"** or **"e-CIP"** means the document which contains the participant, the **Person Covered's** information and details of the **Takaful** coverage.
- 1.7 **"EFFECTIVE DATE"** means the **Effective Date** stated in the **e-CIP** on which the **Person Covered's** coverage under **Your** Certificate has become effective.
- 1.8 **"ENDORSEMENT"** means written evidence of any amendment, variation or changes made to **Your** Certificate or **e-CIP**.
- 1.9 **"EXPIRY DATE"** means the **Expiry Date** shown in the **e-CIP** on which the **Person Covered's** coverage under **Your** Certificate has ceased accordingly.
- 1.10 **"GROUP FAMILY TAKAFUL ACCOUNT"** or **"GFTA"** refers to a fund established to pool portion of **Contributions** paid by participants, on the basis of **Tabarru'** for the purpose of meeting claims associated with events or risks specified in this Certificate Wording. This fund is collectively owned by the pool of participants.
- 1.11 **"HIBAH"** refers to a transfer of ownership of an asset from a donor to a recipient without any consideration. Under **Your** Certificate, the nominee may receive the benefits payable under **Your** Certificate based on **Hibah** if the nominee is a beneficiary under conditional **Hibah**.
- 1.12 **"PERMISSIBLE TAKAFUL INTEREST"** means a concept that describes the relationship or interest between **You** and the **Person Covered**; where a loss of the **Person Covered** will result in **Your** financial loss.
- 1.13 **"PERSON COVERED"** refers to the person who is covered under **Your** Certificate as named in the **e-CIP**.
- 1.14 **"QARD"** refers to a contract of lending money by a lender to a borrower where the latter is bound to repay an equivalent replacement amount to the lender. Under **Your** Certificate, **We** will lend an amount of money to the **GFTA** without interest if the **GFTA** is in deficit.
- 1.15 **"REINSTATEMENT DATE"** means the date of **Your** application for reinstatement is approved by **Us**.
- 1.16 **"SHARIAH"** refers to Islamic laws, rulings, and teachings. In the context of **Your** Certificate, **"Shariah"** shall refer to Islamic laws, rulings, and teachings applicable to **Takaful** business and products.
- 1.17 **"SUM COVERED"** means the amount of coverage in respect to the benefits provided under the **e-CIP**.

- 1.18 “TABARRU”** means donation for charitable purposes. Under **Your** Certificate, **You** donate a portion of the **Contribution** to the **GFTA** based on **Tabarru’** to help other participants. **Tabarru’** takes into effect when **You** contribute to the **GFTA**.
- 1.19 “TAKAFUL”** refers to a mutual assistance scheme based on the principles of brotherhood, solidarity and cooperation where each participant agrees to contribute a sum(s) of money on the basis of **Tabarru’** into a common fund to provide financial assistance payable to the participant, **Person Covered** or the beneficiary on the occurrence of pre-defined events.
- 1.20 “TOTAL AND PERMANENT DISABILITY”** or **“TPD”** refers to a state of incapacity arising from any one (1) of the following conditions:
- (i) For a gainfully employed **Person Covered**, a disability caused by injury or disease which totally and permanently prevents the **Person Covered** from performing his/her normal activities that is, engaging in any business, occupation, profession or performing any work, for wages, compensation or profit. Such disability must continue uninterrupted for a period of six (6) months and verified by **Our** appointed Medical Practitioner;
 - (ii) For a non-gainfully employed **Person Covered**, a disability caused by injury or disease which will require the **Person Covered**, for the remainder of his/her natural life, to be subjected to constant medical care and attention and to be confined to a home, to a hospital or to a similar institution. Such disability must continue uninterrupted for a period of six (6) months and verified by **Our** appointed Medical Practitioner; or
 - (iii) Upon occurrence of any of the following to the **Person Covered**:
 - (a) Total and irrecoverable loss of sight of both eyes;
 - (b) Total and irrecoverable loss of use of two (2) limbs at or above the wrist or ankle; or
 - (c) Total and irrecoverable loss of sight of one (1) eye and loss of use of one (1) limb at or above the wrist or ankle.

For avoidance of doubt, a **Person Covered** is considered “Gainfully Employed” if he/she is working for others or being self-employed either on full time or part time basis, for wages, compensation or profit. In addition, any **Person Covered** whose age next birthday on the date of **TPD** occurrence is below eighteen (18) years shall be considered as non-gainfully employed **Person Covered**.

- 1.21 “WAKALAH”** refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated, with or without the imposition of a fee. Under **Your** Certificate, **You** authorize **Us** to manage the **GFTA** based on **Wakalah** and in return, **We** will receive a **Wakalah** fee.
- 1.22 “WE”, “US”** or **“OUR”** refers to Syarikat Takaful Malaysia Keluarga Berhad.
- 1.23 “YOU”** or **“YOUR”** means the participant as named in the **e-CIP** and to whom **Your** Certificate is issued to. For avoidance of doubt, a participant may also be a **Person Covered**.

2. DESCRIPTION OF CONTRIBUTION AND CHARGES

2.1 CONTRIBUTION

You shall pay the **Contribution** specified in **e-CIP** or in a subsequent **Endorsement** issued by **Us** starting from the **Effective Date** up to and including the due date immediately prior to the **Expiry Date**.

All **Contributions** are to be paid in advance on the due date. The standard annual **Contribution** rates vary by **Attained Age** and gender of the **Person Covered** and these standard rates are given in Schedule 1 of **Your** Certificate. Extra **Contribution** may be imposed depending on the occupation and health conditions of the **Person Covered**.

The **Contribution** payable will be credited to the **GFTA** as **Tabarru’**, subjected to the terms and conditions of this Certificate Wording. The **Tabarru’** rates are not guaranteed. **We** may revise the **Tabarru’** rates in the future in the event of adverse claims experience. The revision of **Tabarru’** rates will apply to all **Person Covered** regardless of their claims experience. If there is any rate revision, **You** will be notified by **Us** at least thirty (30) days before it takes effect. The revised **Tabarru’** rates will only apply at the next **Certificate Anniversary**.

2.2 WAKALAH FEE

The **Wakalah** fee chargeable under **Your** Certificate is forty-five percent (45%) of the **Contribution**. The **Wakalah** fee will be deducted upfront upon payment of the **Contribution**.

3. EVENTS UPON WHICH THE BENEFITS ARE TO BE PAID

While **Your** Certificate is in force and subject to its terms and conditions, upon receipt and approval of due proof and/or other evidence satisfactory to **Us**, **We** will pay the following benefits, upon occurrence of the following events before the **Expiry Date**:

3.1 DEATH BENEFIT

Upon death of the **Person Covered**, **We** will pay the **Sum Covered** as shown in the **e-CIP**, provided that **We** receive the notification of death accompanied by the documentary evidence of death.

3.2 TOTAL AND PERMANENT DISABILITY (TPD) BENEFIT

In the event the **Person Covered** suffers **TPD**, **We** will pay the **Sum Covered** as shown in the **e-CIP**, provided that **We** receive satisfactory proof of **TPD** on the **Person Covered**.

All benefits specified above will be payable from the **GFTA**.

4. EXCLUSIONS

We will not be liable to pay any benefits under **Your** Certificate due directly or indirectly, wholly or partially, by any one (1) of the following occurrences:

4.1 DEATH

We will not be liable to pay any benefit under **Your** Certificate for death of the **Person Covered** due to suicide, while sane or insane, within the first (1) year from the **Effective Date** or any **Reinstatement Date**, whichever is the later.

4.2 TOTAL AND PERMANENT DISABILITY

We will not be liable to pay any benefits under **Your** Certificate for **TPD** for the **Person Covered** which has existed prior to or on the **Effective Date** or **Reinstatement Date**, whichever is the later, or which is resulting directly or indirectly from any of the following causes:

- 4.2.1 Attempted suicide or self-inflicted injuries, while sane or insane;
- 4.2.2 Aviation, gliding or any other form of aerial flight other than as a pilot, cabin crew or fare paying passenger of a recognized airline or charter service;
- 4.2.3 War (whether war be declared or not), revolution or any warlike operation;
- 4.2.4 Any violation of law by the **Person Covered** or any assault or felony as committed, attempted or provoked by him; or
- 4.2.5 Acquired Immunodeficiency Syndrome (AIDS), infection by Human Immunodeficiency Virus (HIV) or related conditions.

5. GENERAL PROVISIONS

5.1 THE CONTRACT

This Certificate Wording, **e-CIP**, **Your** declaration and all relevant documentary declarations and/or statements that make up **Your** Certificate together with any **Endorsement** made by **Us**, will form the entire contract between **You**, the **Person Covered** and **Us**. All statements made will be representations and not warranties. In the case it is evidenced that the statements made by **You** or the **Person Covered** are fraudulent or a misrepresentation made by **You** was deliberate or reckless, **We** reserve the right to declare that the contract is void.

If there is any further change made to **Your** Certificate, it has to be approved and signed by **Our** authorised officer.

5.2 PERIOD OF COVER

The coverage under **Your** Certificate will commence from the **Effective Date** and end on the **Expiry Date** provided that it is not terminated in accordance with provisions under 'Termination of **Your** Certificate' clause below. On each **Certificate Anniversary**, **Your** Certificate is subject to the payment of the **Contribution** at the rate in effect at that time as notified by **Us**.

5.3 GEOGRAPHICAL TERRITORY

All benefits provided in **Your** Certificate are applicable worldwide, twenty-four (24) hours a day.

5.4 GRACE PERIOD

You must pay **Contribution** within thirty (30) days grace period from each of the **Contribution** due dates. **Your Contribution** due will be deducted automatically from the card account that **You** have authorised. If the **Contribution** remains unpaid after the grace period, **Your** Certificate will lapse. If any claim arises during the grace period, the outstanding **Contribution** shall be deducted from the claim proceeds before the claim payment is made under **Your** Certificate.

5.5 MISSTATEMENT OF AGE

If the age of the **Person Covered** has been understated, the **Sum Covered** will be adjusted to an amount arrived after multiplying it with the amount of the **Contribution** paid over the **Contribution** calculated based on the **Person Covered's** true age at the **Effective Date**.

If the age of the **Person Covered** has been overstated, any difference in the **Contribution** paid and the **Contribution** arrived based on the **Person Covered's** true age, as determined from the **Effective Date** up to the date of last **Contribution** receipt by **Us** (both dates inclusive), will be refunded without profit to **You**. Such excess amount of **Contribution** will be deducted from **GFTA**.

If at the true age, the **Person Covered** is not eligible to be covered under **Your** Certificate, his coverage will be treated as void and **Our** liability will be limited to the refund of the **Contribution** paid without profit.

5.6 MANAGEMENT OF FUND

Pursuant to the authorization given to **Us** by **You** and the rest of the participants, **We** will manage the **GFTA** in accordance with **Shariah** and in a manner that preserve the interest of the participants. **We** have the discretion to conduct any actions deemed necessary for the benefits of the participants and the fund, including but not limited to investing the fund and securing adequate retakaful, subject to **Shariah** and regulatory requirements.

5.7 DISTRIBUTION OF SURPLUS

Any surplus arising from the **GFTA** will be kept in the **GFTA** to prepare and provide for any unfavourable claims experience.

5.8 DEFICIENCY & LOSS RECTIFICATION

If the **GFTA** is in deficit, **We** will provide an interest-free loan to the **GFTA** based on **Qard** to rectify the deficit.

Any profit arising from the loan will be owned by **GFTA** (pool of participants) and the loan will be repaid when the **GFTA** returns to surplus position. **We** may waive **Our** rights to receive the repayment of the loan.

If the **GFTA** is in deficit or suffers loss due to **Our** mismanagement or negligence, **We** will make an outright transfer to rectify the deficit or loss.

5.9 CURRENCY OF PAYMENT

All payments under **Your** Certificate will be made in the legal currency of Malaysia.

5.10 NOTICE

Any correspondence, notice, request or instruction required by **Us** must be in writing via electronic means or in writing by ordinary post to **Your** last known address in **Our** records.

5.11 ALTERATION

We reserve the right to amend the terms and provisions of **Your** Certificate by giving **You** thirty (30) days advance notice. Such alteration will be applicable from the next **Certificate Anniversary** immediately following the expiry of the thirty (30) days advance notice.

If an application is required for variation to **Your** Certificate, **We** must be informed of any change to **Your** answers or any matter previously disclosed in **Your** application submitted before **Your** Certificate is varied.

No alteration to **Your** Certificate will be valid unless being approved, endorsed and signed by **Our** authorised officer.

5.12 EVIDENCE OF PERMISSIBLE TAKAFUL INTEREST

5.12.1 **We** will require satisfactory evidence of **Permissible Takaful Interest** between the **Person Covered** and **You** before a person is accepted for **Takaful** coverage.

5.12.2 If **You** cease to have any interest in a **Person Covered**, all rights and privileges of the **Takaful** coverage will be automatically transferred to the **Person Covered**.

5.13 INCONTESTABILITY

5.13.1 Other than the exclusions set out in Clause 4, Clause 5.13.2 or any other provisions set out in **Your** Certificate, the validity of **Your** Certificate will be indisputable after it has been in force for more than two (2) years from the **Effective Date**.

5.13.2 If **Your** Certificate has been in force for a period of more than two (2) years from the **Effective Date**, it will not be voided by **Us** based on the statement(s) made or which has not been made;

5.13.2.1 in the proposal stage;

5.13.2.2 in a report of a doctor referee, or any other person; or

5.13.2.3 in a document leading to the issuance of **Your** Certificate,

that is inaccurate or false or misleading. However, **Your** Certificate may be voided if **We** are able to show that the statement was on a material matter or **You** or the **Person Covered** has suppressed a Material Fact (set out in Clause 5.13.3) and that it was fraudulently made or suppressed by **You** or the **Person Covered**.

5.13.3 For clarification purpose, "Material Fact" means a matter of fact which, if known by **Us**, would have led to **Our** refusal to issue **Your** Certificate or would have led to **Your** Certificate to be issued with terms less favourable to **You** or the **Person Covered**.

5.14 MISREPRESENTATION/FRAUD

In the event of a misrepresentation by **You** or the **Person Covered** where **Your** Certificate has been in force for a period of two (2) years or less, it will be handled in accordance with Schedule 9 of the Islamic Financial Services Act 2013, whereby it may result in the following:

5.14.1 **Your** Certificate being voided and all claims refused;

5.14.2 a variation of terms of **Your** Certificate;

5.14.3 a change in the **Contribution** amount; or

5.14.4 any other options that are appropriate based on the misrepresentation.

5.15 REINSTATEMENT

If **Your** Certificate lapses because of non-payment of the **Contribution**, **You** may request to reinstate it within one (1) year from the date of lapse with **Our** approval. **We** will only cover the **Person Covered** for incidents occurring after the **Reinstatement Date**.

The approval for reinstatement is subject to the receipt by **Us** of the following:

5.15.1 An application for reinstatement;

5.15.2 Any outstanding **Contribution** amount determined by **Us**; and

5.15.3 Evidence of health to **Our** satisfaction.

The **Effective Date** of the reinstatement will be determined by **Us**.

5.16 CHANGE IN RISK

You shall notify **Us** of any material change in the **Person Covered's** occupation, business, duties or pursuits, and pay any additional **Contribution** that **We** may require. Such notification will become effective only on the next **Certificate Anniversary** provided such change in risk has been approved by **Us**. Where the **Person Covered's** occupation had changed to a higher class but such change was not notified **Us** until a claim is made, **We** shall be entitled to adjust the claim accordingly.

5.17 EVIDENCE OF HEALTH

Satisfactory evidence of health of the **Person Covered** may be required whenever there is any request for increase in the benefits of **Your** Certificate. If the medical evidence proves to be unsatisfactory, **We** have the right to make a counter-offer or decline the request.

5.18 SURRENDER

You may request to surrender **Your** Certificate. **You** will not be entitled for refund of **Contribution** and **Your** coverage will cease on the next **Contribution** due date.

5.19 TERMINATION OF YOUR CERTIFICATE

The coverage shall automatically terminate upon occurrence of any of the following:

- 5.19.1 upon surrender of **Your** Certificate by **You**;
- 5.19.2 upon cancellation of **Your** Certificate by **You** within "Free-Look Period";
- 5.19.3 upon cancellation of **Your** Certificate by **Us**;
- 5.19.4 upon non-payment of **Contribution** after the grace period of thirty (30) days from the **Contribution** due dates;
- 5.19.5 when there is fraud or misrepresentation of material fact or false declaration / statement during application and/or claim;
- 5.19.6 upon death or **TPD** of the **Person Covered**;
- 5.19.7 when the **Sum Covered** is fully paid; or
- 5.19.8 when **Your** Certificate matures or expires.

If the termination is due to (5.19.2) and (5.19.5), **We** will refund **You** the **Contribution** in full, which is inclusive of the **Tabarru'** amount and **Wakalah** fee.

If the termination is due to (5.19.1), (5.19.3), (5.19.4), (5.19.6), (5.19.7) and (5.19.8), **We** will not refund **You** the **Wakalah** fee.

Any **Contribution** receipt by **Us** after the termination of **Your** Certificate will not create any liability to **Us** but **We** will refund such **Contribution** to **You** without profit.

5.20 SANCTIONS EXCLUSION

We shall not be deemed to provide cover nor be liable to pay any claim or any benefit as contained in **Your** Certificate to the extent that the provision of such cover, payment of such claim or such benefit would expose **Us** to:

- 5.20.1 any sanction, prohibition or restriction under United Nations resolutions;
- 5.20.2 the trade or economic sanctions, laws or regulations of the:
 - 5.20.2.1 European Union;
 - 5.20.2.2 United Kingdom; or
 - 5.20.2.3 United States of America; or any of the states of the above countries; or
- 5.20.3 any other locally applicable laws or regulations.

We may terminate **Your** Certificate with immediate effect and shall not thereafter be required to transact any business with **You** in connection with **Your** Certificate, including but not limited to, making or receiving any payments under **Your** Certificate.

5.21 RIGHT TO TERMINATE DUE TO ANTI-MONEY LAUNDERING AND COUNTER FINANCING OF TERRORISM

If **We** discover, or have justified suspicion, that **Your** Certificate is exploited for money laundering activities or to finance terrorism, **We** reserve the right to terminate **Your** Certificate immediately. **We** shall deal with all **Contributions** paid and all benefits or sums payable in respect of **Your** Certificate in any manner which **We** deem appropriate, including but not limited to handing it over to the relevant authorities.

5.22 LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on **Your** Certificate prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of **Your** Certificate. If **You** / the **Person Covered** / **Your** nominee / **Your** lawful executor or administrator of estate shall fail to supply the requisite proof of loss as stipulated by the terms and conditions of **Your** Certificate, he / she may, within a grace period of one (1) calendar year from the time that the written proof of loss to be furnished, submit the relevant proof of loss to **Us** with cogent reason(s) for the failure to comply with **Your** Certificate terms and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of **Us**. After such grace period has expired, **We** will not accept, for any reason whatsoever, such written proof of loss.

5.23 TAX

We reserve the right to levy any applicable taxes allowable under the Laws of Malaysia. All taxes, including but not limited to any sales and service tax, and/or other forms of goods or consumption tax whether currently in force or implemented after the date of **Your** Certificate will be charged in accordance with the applicable legislation at the prevailing rate. Such applicable taxes payable shall be paid in addition to the applicable **Contributions** and other charges.

5.24 PERSONAL DATA PROTECTION ACT 2010

You may make inquiries or request for access to or correction of **Your** Personal Data or limit the processing of **Your** Personal Data at any time by submitting such inquiry or request to **Us** via email to csu@takaful-malaysia.com.my. **We** will retain **Your** personal information only for as long as necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory or internal policy requirements.

You have expressly consented for **Your** Personal Data to be collected and processed by **Us** for the purposes and in accordance with **Our** Privacy Notice as published on **Our** website.

5.25 APPLICABLE LAW

This Certificate Wording, and all rights, obligations and liabilities arising under **Your** Certificate, shall be construed, determined and enforced in accordance with the Laws of Malaysia.

5.26 CUSTOMER SERVICE CHARTER

You may visit **Our** website to know more about **Our** Customer Service Charter.

CERTIFICATE INFORMATION STATEMENT

1. FREE-LOOK PERIOD

If **You** are not satisfied with **Your** Certificate for any reason, **You** may request to cancel it within fifteen (15) days from the date of delivery of **Your** Certificate via email. **We** will process the cancellation of **Your** Certificate and refund **You** all **Contributions** paid, which is inclusive of the **Wakalah** fee.

2. PROOF OF AGE

Proof of age of the **Person Covered** will be required by **Us** before any benefit is payable under **Your** Certificate unless this information has been previously verified and confirmed by **Us** to be correct.

3. NOMINATION

3.1 **You** who are also the **Person Covered** may nominate any natural person to receive benefits payable upon **Your** death, either as an executor or as a beneficiary under a conditional **Hibah**.

3.2 **You** may from time to time revoke any such nomination and/or to name another nominee(s) with written notification duly received and registered by **Us**.

3.3 If **You** have nominated more than one (1) nominee, the benefits payable, if any, shall be paid to the surviving nominees at the time of **Your** death in equal shares unless otherwise specified by **You**; and such payment shall be deemed as a valid discharge of **Our** liability under **Your** Certificate.

3.4 Upon death of any nominee after **Your** death but prior to any payment of the benefits, **We** shall pay the benefits to:

3.4.1 **Your** estate if the nominee is an executor; or

3.4.2 the estate of the deceased nominee if the nominee is a beneficiary under conditional **Hibah**.

3.5 If there is no effective nomination in force upon **Your** death, the benefits payable may be paid to **Your** lawful executor or administrator of estate. If there is no lawful executor or administrator of estate at the time of payment of the benefits, **We** may pay to a proper claimant up to the maximum amount allowable under the Laws of Malaysia, and the balance, if any, will be paid to the person named as **Your** lawful executor or administrator of estate in accordance with the court order received by **Us** subsequently.

4. CHANGE OF ADDRESS

It is important that **You** inform **Us** immediately of any change of **Your** address so that **We** can keep **You** informed of important information. **You** should also notify **Us** of any change in the address(es) of the nominee(s) in order to make it easier for payment of claims.

5. FACILITIES OF PAYING CONTRIBUTION

You can pay the **Contribution** by either credit card or debit card, of which the **Contribution** is only limited to monthly mode.

6. CASH SURRENDER

Your Certificate will not have any surrender value, but **You** may surrender it with the coverage ceases on the next **Contribution** due date. Please consider carefully as **You** will make a loss of certain benefits should **You** surrender **Your** Certificate. Please contact **Us** immediately if **You** are approached by someone encouraging to surrender any of **Your** Certificate.

7. INQUIRIES / COMPLAINTS HANDLING

If **You** have any inquiry or complaint pertaining to any matter related to **Your** Certificate, **You** may refer to **Our** Customer Service Unit (CSU) at:

Customer Service Unit (CSU)

Syarikat Takaful Malaysia Keluarga Berhad [198401019089 (131646-K)]

14th Floor, Annexe Block,

Menara Takaful Malaysia,

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur

P.O. Box 11483, 50746 Kuala Lumpur.

Tel: 1-300 88 252 385

Email: csu@takaful-malaysia.com.my

Website: takaful-malaysia.com.my

8. AVENUE OF CLAIM APPEAL

If **You** need further clarification or **You** are not satisfied with **Our** claim decision, please contact **Our** Customer Service Unit at 1-300 88 252 385 or or email **Us** at csu@takaful-malaysia.com.my and **We** will provide **Our** response accordingly. For appeal cases, **We** will escalate the same to **Our** senior management for review and provide **Our** response once **Your** appeal has been decided / concluded by **Us**.

In the event that **You** are not satisfied with the final decision with regard to **Your** appeal, **You** may refer the case either to the Ombudsman for Financial Services (OFS) or to BNMTELELINK, Bank Negara Malaysia (BNM), at the following addresses within six (6) months from **Our** decision:

Ombudsman for Financial Services (664393P)

14th Floor, Main Block, Menara Takaful Malaysia,

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur.

Tel: 603 2272 2811

Fax: 603 2272 1577

Email: enquiry@ofs.org.my

Website: www.ofs.org.my

BNM Laman Informasi Nasihat dan Khidmat (LINK)

Ground Floor, Blok D, Bank Negara Malaysia

Jalan Dato' Onn,

50480 Kuala Lumpur.

Tel: 1-300-88-5465 (LINK)

Fax: 03-2174 1515

Email: bnmtelelink@bnm.gov.my

CLAIM GUIDELINES AND PROCEDURES

1. NOTICE OF CLAIM

A written notice of claim with particulars sufficient to identify the **Person Covered** must be given to **Us**, within ninety (90) days from the date of occurrence or commencement of the claim. Failure to give such notice within the stated period shall not invalidate the claim if there is a valid reason acceptable to **Us** that it is not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.

2. PROOF OF CLAIM

Satisfactory proof of the claim together with fully completed claim forms furnished by **Us** must be submitted to **Us** within one (1) year from the date of occurrence or commencement of the claim. The list of supporting documents is made available on **Our** website at takaful-malaysia.com.my.

3. CERTIFICATE, INFORMATION AND EVIDENCE

All certificates, information and evidence as required by **Us** shall be furnished at **Your** or the **Person Covered's** expense, and in such a form that **We** may require. In any event, all notices, which **We** shall require **You** or the **Person Covered** to give, must be in writing and addressed to **Us**. A **Person Covered** shall, at **Our** request and expense, submit to **Us** a medical examination whenever such is deemed necessary.

4. PAYMENT OF CLAIMS

Before **We** make any payment under **Your** Certificate, **We** shall deduct any amount owed to **Us**. Such payment, if any, will be payable to **You** / **Your** nominee / **Your** lawful executor or administrator of estate according to the terms and conditions of this Certificate Wording. After **We** have made the payment, **Our** responsibility will be fully discharged. **We** reserve the right to repudiate a claim where **We** are not satisfied with the evidence available to validate either:

4.1 The existence of **Permissible Takaful Interest** between **You** and the **Person Covered** under **Your** Certificate; or

4.2 The circumstance of the loss.

If any claim is fraudulent or of any fraudulent means, including false declaration or statement, inflating or exaggerating of the claim or submission of forged or falsified documents, are used to obtain benefits under **Your** Certificate, **We** will not pay the claim and all cover under **Your** Certificate will be forfeited.

5. TERMS AND CONDITIONS

The claimant is responsible to ensure that the claim is for the benefits under **Your** Certificate. Any difference in definition of scope of cover will strictly follow those as stated in **Your** Certificate.

SCHEDULE 1

Annual Standard **Contribution** (per 1,000 **Sum Covered**)

Attained Age (Next Birthday)	Male	Female	Attained Age (Next Birthday)	Male	Female
5	1.31	1.17	31	2.05	1.27
6	1.31	1.12	32	2.06	1.32
7	1.31	1.09	33	2.06	1.38
8	1.32	1.06	34	2.08	1.44
9	1.33	1.05	35	2.12	1.50
10	1.35	1.05	36	2.21	1.57
11	1.40	1.05	37	2.29	1.64
12	1.45	1.08	38	2.39	1.70
13	1.53	1.10	39	2.53	1.79
14	1.62	1.13	40	2.71	1.87
15	1.74	1.17	41	2.95	1.99
16	1.86	1.21	42	3.22	2.12
17	1.98	1.24	43	3.53	2.32
18	2.11	1.27	44	3.82	2.48
19	2.02	1.18	45	4.22	2.68
20	2.11	1.18	46	4.74	3.05
21	2.16	1.19	47	5.19	3.22
22	2.19	1.18	48	5.69	3.49
23	2.18	1.18	49	6.08	3.82
24	2.16	1.18	50	6.67	4.10
25	2.13	1.18	51	7.67	4.72
26	2.11	1.14	52	8.41	5.20
27	2.09	1.15	53	9.23	5.71
28	2.07	1.18	54	10.13	6.27
29	2.06	1.20	55	11.12	6.88
30	2.06	1.24	56*	13.11	7.58

SCHEDULE 1

Annual Standard **Contribution** (per 1,000 **Sum Covered**)

Attained Age (Next Birthday)	Male	Female	Attained Age (Next Birthday)	Male	Female
57*	14.45	8.36	69*	46.88	32.90
58*	15.85	9.26	70*	52.17	37.27
59*	17.36	10.24	71*	58.54	49.84
60*	19.27	11.21	72*	65.26	56.79
61*	20.85	12.55	73*	72.9	64.54
62*	23.16	13.76	74*	81.57	73.18
63*	25.71	15.52	75*	91.34	82.8
64*	27.76	17.55	76*	102.31	93.53
65*	30.82	19.87	77*	114.56	105.52
66*	34.21	22.53	78*	128.18	118.92
67*	37.97	25.56	79*	143.25	133.88
68*	42.17	29.01	80*	159.87	150.56

**For renewal only*

Note:

Extra **Contribution** may be imposed depending on the occupation and health conditions of the **Person Covered**.