




### ICON USAGE IN THIS CERTIFICATE

We incorporate icons within this Certificate to enhance the visibility of critical clauses. Some examples of these icons are as follows:

-  You need to pay **close attention** to the clause, as it may impact both Your Certificate benefits and the termination of this Certificate.
-  This is important for You **to understand**. It may be related to Your Certificate terms and conditions, but it will not result in the termination of Your Certificate.
-  This is for **Your information only**. The clause may help You better understand this Certificate.

## CONTENT




This document consists of the following sections for You to read and understand all the benefits, including the terms and conditions, of this plan. **TIPS: You can click on the sections in the table below to directly access specific sections.**

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**THE BENEFIT(S) PAYABLE UNDER ELIGIBLE CERTIFICATE IS PROTECTED BY PERBADANAN INSURANS DEPOSIT MALAYSIA (PIDM) UP TO LIMITS. PLEASE REFER TO PIDM'S TAKAFUL AND INSURANCE BENEFITS PROTECTION SYSTEM ("TIPS") BROCHURE OR CONTACT TAKAFUL MALAYSIA OR PIDM (VISIT [WWW.PIDM.GOV.MY](http://WWW.PIDM.GOV.MY)).**

## CERTIFICATE INFORMATION STATEMENT

 Prior to anything else, please review this section immediately upon receiving Your Certificate. It contains crucial information regarding Your Certificate, specifically addressing Your rights to cancel it and the procedure for lodging a complaint, if any, by contacting either Us or the appropriate authority.


### FREE-LOOK PERIOD

If You are not satisfied with Your Certificate for any reason, You may return it to Us within fifteen (15) days from the date of delivery of Your Certificate. Your Certificate will be cancelled and We will refund all Contributions paid, including the Management Fee, less any expenses incurred for medical examinations related to the issuance of Your Certificate.

 The Person Covered's coverage will then cease and You will not be able to claim any benefit under this Certificate.

### CASH SURRENDER

Your Certificate will have a surrender value, and You may surrender it at any time during the Coverage Term.

 **Please contact Us immediately** if You are approached by someone encouraging You to surrender any of Your Certificate. It may be disadvantageous to surrender or replace an existing certificate with a new one.

### PROOF OF AGE

Proof of age of the Person Covered will be required by Us before any benefit is payable under Your Certificate.

### CHANGE OF ADDRESS

It is important that You inform Us immediately through myTakaful Customer portal, email Us at [csu@takaful-malaysia.com.my](mailto:csu@takaful-malaysia.com.my) or contact Our Customer Service Unit (CSU) at 1-300 88 252 385 of any change of Your address so that We can keep You informed of important information.

### FACILITIES OF PAYING CONTRIBUTION


You can pay the Contribution by either credit card or debit card. You have the option to pay the Contribution monthly or annually.

### 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)]  
27<sup>th</sup> Floor, Annexe Block,  
Menara Takaful Malaysia,  
No. 4, Jalan Sultan Sulaiman,  
50000 Kuala Lumpur.  
P.O. Box 11483, 50746 Kuala Lumpur.

 1-300 88 252 385

 [csu@takaful-malaysia.com.my](mailto:csu@takaful-malaysia.com.my)

### **INFORMATION ON THE PROCEDURES FOR SUBMISSION OF CLAIM**

In the event of a claim under this Certificate, any rightful claimant is advised to notify Us immediately. You may refer to 'ABOUT YOUR CLAIM' section of this Certificate Wording for the detailed claims procedures.

### **AVENUE OF CLAIM APPEAL**

If You need further clarification or are not satisfied with Our claim decision, please contact Our Customer Service Unit at **1-300 88 252 385** or email Us at **csu@takaful-malaysia.com.my**, and We will provide Our response accordingly.

For appeal cases, We will escalate the matter to Our senior management for review and provide Our response once Your appeal has been decided or concluded by Us.

In the event that You are not satisfied with the final decision regarding Your appeal, You may refer the case to either the Financial Markets Ombudsman Service (FMOS) or BNMLINK, Bank Negara Malaysia (BNM) at the following addresses within six (6) months from Our decision:



#### **Financial Markets Ombudsman Service (FMOS) [200401025885 (664393-P)]**

14<sup>th</sup> Floor, Main Block, Menara Takaful Malaysia,  
No. 4, Jalan Sultan Sulaiman,  
50000 Kuala Lumpur.

Tel: 603 2272 2811

Webform Address: [complaint.fmos.org.my](http://complaint.fmos.org.my)

Website: [www.fmos.org.my/en/](http://www.fmos.org.my/en/)



**BANK NEGARA MALAYSIA**  
CENTRAL BANK OF MALAYSIA

#### **BNM Laman Informasi Nasihat dan Khidmat (BNMLINK)**

4<sup>th</sup> Floor, Podium Bangunan AICB,  
No. 10, Jalan Dato' Onn,  
50480 Kuala Lumpur.

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

Webform Address: [bnmlink.bnm.gov.my](http://bnmlink.bnm.gov.my)

## ABOUT YOUR CERTIFICATE



This section provides information about this Certificate, including how it will be maintained throughout its tenure and the conditions under which it may be terminated.

### THE CONTRACT

This Certificate together with Your application form submitted to Us to participate in this plan shall form the entire contract between You and Us. All statements made will be representations and not warranties.



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

### PERIOD OF COVER

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





### SURRENDER

You may request to surrender Your Certificate by writing to Us. If no claim has been made during the current Certificate Year, You will be entitled to a refund of the Contribution (after deducting the Non-Refundable Management Fee) calculated on a prorated basis, in proportion to the unexpired period of cover from the surrender date to the next Contribution due date. Your coverage will cease upon payment of the surrender amount.

Surrender of Your Certificate will not have any adverse effect or any impact on the validity of the claim which has been duly admitted by Us before the effective date of surrender of Your Certificate.

### TERMINATION OF YOUR CERTIFICATE

Your Certificate shall automatically terminate:

-  upon payment of the surrender amount;
-  when Your Certificate lapses;
-  upon death of the Person Covered; or
-  when Your Certificate matures on the Expiry Date.


If the termination is due to surrender, We will refund You the *Tabarru'* amount and the refundable Management Fee for the unexpired period, provided that no claim has been made.

Otherwise, We will not refund You the Management 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.**

## ABOUT YOUR COVERAGE

 This section provides a detailed explanation of all the benefits under this Certificate.

The coverage of Your Certificate applicable to the Person Covered will depend on the Plan Type and the Schedule of Benefits as stated in the CIP, and is subject to the terms and conditions of Your Certificate.

### ▶ BENEFITS

While Your Certificate is in force and subject to its terms and conditions, We will, after applying the appropriate limits for each covered benefit in respect of a Disability, pay the Eligible Expenses up to the applicable Overall Annual Limit, as provided under Your Certificate for:

- a) Illness which existed or was diagnosed after the Waiting Period;
- b) Illnesses or Injury which occurred on or after the Effective Date or Reinstatement Date, whichever applicable; and
- c) the Person Covered is confined to a Hospital or is seeking Medically Necessary services and/or treatments at a Hospital / Clinic / legally registered Cancer / dialysis treatment centre in relation to any of the covered benefits described below as a result of an Illness or Injury.

Any reimbursement of Eligible Expenses under Your Certificate is subject to Co-Takaful. Co-Takaful is a cost-sharing arrangement under which You are obliged to bear a specified percentage of the Eligible Expenses, up to a fixed amount per Certificate Year, as selected by You and stated in Your CIP. You are required to settle this amount at Your own expense before any benefit is payable under Your Certificate. We will reimburse the remaining Eligible Expenses after Your payment of the Co-Takaful, subject to the Overall Annual Limit of Your chosen plan.

Co-Takaful is not applicable to the following benefits:

- a) Daily Hospital Room and Board;
- b) Daily Cash Allowance at Government Hospital;
- c) Emergency Accidental Out-Patient Treatment;
- d) Out-Patient Cancer Treatment;
- e) Out-Patient Kidney Dialysis Treatment; or
- f) Emergency treatment.

If You are admitted to or seek treatment at any Government Hospital, the Co-Takaful required for Your Certificate will not be applicable.

Reimbursement of Reasonable and Customary Charges shall be dependent on:

- a) such charges being consistent with those usually charged to a ward or room and board accommodation which is approximate to and within the daily limit of the amount stated in Item (A)(1) of the Schedule of Benefits; and
- b) such charges are consistent and in the same level as those recommended in the MMA Guidelines.

The covered benefits are:

### Section A: In-Patient and Daycare Surgical Benefits

#### DAILY HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary room accommodation and meals. The benefit amount payable will be equal to the actual charges made by the Hospital during Hospitalisation of the Person Covered, subject to the maximum rate of Daily Hospital Room and Board and the limits stated in the Schedule of Benefits.



#### UPGRADED ROOM AND BOARD CO-PAYMENT

If the Person Covered is hospitalised at a published room and board rate which is higher than his eligible benefit limit, the Participant shall pay the difference in the room and board charge and the benefit limit.

#### INTENSIVE CARE UNIT

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during Hospitalisation of the Person Covered in the Intensive Care Unit of a Hospital. The benefit amount payable will be equal to the actual charges made by the Hospital, subject to the maximum number of days and the limits as stated in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum limit set in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Daily Hospital Room and Board benefit will be paid for the same confinement period where the daily Intensive Care Unit benefit is payable.

#### SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary Surgery by Specialists, including pre-surgical assessment Specialists' visits to the Person Covered and post-surgery care, up to a maximum of sixty (60) days from the date of Surgery, subject to the limits stated in the Schedule of Benefits. If more than one (1) Surgery is performed, the total payments for all the Surgeries performed shall not exceed the limits stated in the Schedule of Benefits.

#### ANAESTHETIST FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary administration of anaesthesia by an anaesthetist, subject to the limits stated in the Schedule of Benefits.

#### OPERATING THEATRE

Reimbursement of the Reasonable and Customary Charges incurred for operating room incidental to a Medically Necessary surgical procedure, subject to the limits stated in the Schedule of Benefits.

#### HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges 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 including the cost of blood and blood plasma, administration fees and admission kit during Hospitalisation of the Person Covered, up to the limits stated in the Schedule of Benefits.

#### IN-HOSPITAL PHYSICIAN'S AND SPECIALIST'S VISIT

Reimbursement of the Reasonable and Customary Charges by a Physician and Specialist for Medically Necessary in-hospital visitation while confined for a non-surgical Disability subject to the limits stated in the Schedule of Benefits. For a surgical Disability, it is subjected to the Thirteenth Schedule of Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) Regulations 2006.

#### AMBULANCE FEES

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary domestic ambulance services (inclusive of attendant) to and/or from the Hospital of the Person Covered's Hospitalisation, subject to the limits stated in the Schedule of Benefits. No payment will be made if the Person Covered is not hospitalised.

### **DAY SURGERY**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment to the Person Covered on the use of recovery facility for a surgical procedure on a pre-plan basis at a Hospital / Specialist Clinic in a Hospital (but not for an overnight stay), subject to the limits stated in the Schedule of Benefits.

### **DAILY CASH ALLOWANCE AT GOVERNMENT HOSPITAL**

Payment of a cash allowance for each day of Hospitalisation of a covered Disability in a Government Hospital, subject to the limits stated in the Schedule of Benefits, provided that the Person Covered is confined in a Hospital with a room and board rate that does not exceed the amount of Daily Hospital Room and Board shown in the Schedule of Benefits.

## **Section B: Out-Patient Benefits**

### **PRE-HOSPITAL DIAGNOSTIC TESTS**

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation, for Medically Necessary electrocardiograms (ECG), x-ray or laboratory tests which are recommended by a qualified Medical Practitioner to perform for diagnostic purposes on account of an Injury or Illness in connection with a covered Disability, subject to the limits stated in the Schedule of Benefits.

No payment shall be made if the treatment of medical condition diagnosed upon such result of the diagnostic test(s) does not result in the Hospitalisation of the Person Covered. In addition, medications and consultation charged by the Medical Practitioner will not be payable.

### **PRE-HOSPITAL SPECIALIST CONSULTATION**

Reimbursement of the Reasonable and Customary Charges incurred within sixty (60) days preceding Hospitalisation of the Person Covered, for Medically Necessary first time consultation by a Specialist in connection with a covered Disability provided that such consultation has been recommended in writing by the attending Medical Practitioner, subject to the limits stated in the Schedule of Benefits.

No payment shall be made for clinical treatment (including medications and subsequent consultation after the Illness is diagnosed) or where the treatment of the medical condition diagnosed does not result in the Hospitalisation of the Person Covered.

### **POST-HOSPITALISATION TREATMENT**

Reimbursement of the Reasonable and Customary Charges incurred within ninety (90) days immediately following discharge from Hospital on Medically Necessary follow-up treatment by the same attending Physician, subject to the limits stated in the Schedule of Benefits. This will include Prescribed Medicines during the follow-up

treatment but will not exceed the supply needed for the maximum of ninety (90) days from the date of discharge.

### **EMERGENCY ACCIDENTAL OUT-PATIENT TREATMENT**

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment as an Out-Patient at any registered Clinic or Hospital as a result of a covered Injury arising from an Accident, within twenty-four (24) hours of such Accident and subject to the limits stated in the Schedule of Benefits. Follow-up treatment by the same Doctor or the same registered Clinic or Hospital for the same covered Injury shall be provided up to a maximum of sixty (60) days from the date of Accident, subject to the limits stated in the Schedule of Benefits.

### **OUT-PATIENT CANCER TREATMENT**

If the Person Covered is diagnosed with Cancer, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of Cancer performed at a legally registered Cancer treatment centre subject to the limits stated in the Schedule of Benefits.

Such treatment (radiotherapy or chemotherapy excluding consultation, examination tests and take home drugs) must be received at the Out-Patient department of a Hospital or a registered Cancer treatment centre immediately following discharge from Hospital confinement or Surgery.

It is a specific condition of this benefit that despite the exclusion of Pre-Existing Condition, this benefit will not be payable for any Person Covered who had been diagnosed as a Cancer patient and/or is receiving Cancer treatment prior to the Effective Date.

### **OUT-PATIENT KIDNEY DIALYSIS TREATMENT**

If the Person Covered is diagnosed with Kidney Failure, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary treatment of kidney

dialysis performed at a legally registered dialysis centre subject to the limits stated in the Schedule of Benefits.

Such treatment (dialysis excluding consultation, examination tests and take home drugs) must be received at the Out-Patient department of a Hospital or a registered dialysis treatment centre immediately following discharge from Hospital confinement or Surgery.

It is a specific condition of this benefit that despite the exclusion of Pre-Existing Condition, this benefit will not be payable for any Person Covered who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Effective Date.



**All benefits specified in this section will be payable from the Takaful Pool.**



### **CAN YOU CLAIM THESE BENEFITS IF YOU ARE ADMITTED OUTSIDE MALAYSIA?**

Yes. You can, subject to the following clauses:

#### **GEOGRAPHICAL TERRITORY**

All benefits provided in Your Certificate are applicable worldwide, twenty-four (24) hours a day subject to the 'Residence Overseas' and 'Overseas Treatment' clauses below.

#### **RESIDENCE OVERSEAS**



No benefit will be payable for any medical treatment received by the Person Covered outside Malaysia if the Person Covered resides or travels outside Malaysia **for more than ninety (90) consecutive days.**

#### **OVERSEAS TREATMENT**

If the Person Covered seeks treatment outside Malaysia for a Disability, We will reimburse the Reasonable and Customary Charges incurred for the Medically Necessary equivalent treatment of that Disability in a Hospital in Malaysia. However, if the treatment for that Disability is not available in Malaysia, We will only reimburse an amount equivalent to the charges for the closest comparable medical care and services for the treatment of that Disability which is available in a Hospital in Malaysia.

We will not reimburse any cost of transportation to or from the place of treatment.

## ABOUT YOUR CLAIM



This section explains how to make a claim under this Certificateplan and what it does not cover.

### CLAIMS NOTIFICATION AND PROCEDURE



You / the Person Covered shall, within thirty (30) days of a Disability that incurs claimable expenses, give written notice to Us 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 Prescribed Medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalidate 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.

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



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 terminated.

**We reserve the right to repudiate a claim** where We are not satisfied with the evidence available to validate either:

-  the existence of Permissible Takaful Interest between You and the Person Covered under Your Certificate; or
-  the circumstance of the loss.

### 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.

### 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 according to the terms and conditions of Your Certificate.

**In the event We have guaranteed payment to the Hospital, We will pay the claim directly to the Hospital.**

It is further agreed that any authorisation to effect payment to the Hospital is a facility granted to You. Such payment will not waive or be construed as a waiver of Our right to contest subsequent claims and/or validity of Your Certificate or to recover from You the amount of Hospital expenses paid should there be any misrepresentation or concealment of fact which is material to the acceptance of risk of Your Certificate.

### COORDINATION OF BENEFITS

If the Person Covered received any compensation or reimbursement of medical expenses incurred from his employee benefits, other medical insurance/Takaful or any government law or program, the benefit payable by Us shall be limited to those medical expenses which are not fully reimbursed under such scheme.

After We have made the payment, Our responsibility will be fully discharged.



Please read this section carefully to understand what is not covered under this Certificate.

### CLAIM EXCLUSIONS

**We will not be liable to pay** any benefit under Your Certificate for Hospitalisation, Surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Any claim caused by Pre-Existing Condition;
2. Any claim due to Specified Illness which occurs within the first one hundred and twenty (120) days Waiting Period from the Effective Date or any Reinstatement Date of this Certificate, whichever is later. There is no Waiting Period for accidental Injury;
3. Any claim for other than Specified Illness where the Disability occurs within the first thirty (30) days Waiting Period from the Effective Date or any Reinstatement Date of this Certificate, whichever is later;
4. Any circumcision, plastic/cosmetic Surgery and related treatment (including but not limited to double eyelids, acne, keloids, scars, skin tags, diffused alopecia and hair loss) or its complications except as necessitated by Injury. Eye examination, corrective glasses, intraocular lens, Lasik, Intralase, Zyoptix, Orthoptics, visual repair due to refractive errors including but not limited to nearsightedness, farsightedness or astigmatism (Radial Keratotomy); the use or acquisition of external appliances or devices such as artificial limbs, external fixator, hearing aids (including cochlear apparatus) and any other internal implantable devices, implanted pacemakers and prescriptions and the rental charges of such devices except during Hospital confinement;
5. Dental conditions including dental treatment or oral Surgery except as necessitated by accidental Injuries to sound natural teeth, however to exclude the replacement of artificial teeth, placement of denture and prosthetic service such as implants, bridges and crowns of their replacement for accidental Injury cases;
6. Private nursing care or house calls, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal diseases and its sequelae, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC) and Human Immunodeficiency Virus (HIV)-related diseases, and any communicable diseases requiring quarantine by law. Diseases such as the Hand, Foot and Mouth Disease (HFMD), dengue fever and measles are not considered as communicable diseases requiring quarantine by law;
7. Any treatment, therapy or surgical operation for Congenital Condition or hereditary diseases, deformities or disabilities including but not limited to any disease or Disability of a newborn contracted prior to or during birth including any of the resulted complications;
8. Pregnancy or childbirth (including any diagnostic tests), abortion, miscarriage, or prenatal or postnatal care, surgical, mechanical or chemical contraceptive methods of birth control, test or treatment related to infertility or sterilization or sexual dysfunction or sex change procedures, including any of the resulted complications;
9. Any medical care or treatment received primarily for experimental or investigative purposes, any blood and topical allergy test including patch test, 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, stem cell therapy, or examinations carried out by a Physician, or treatments specifically for weight reduction or gain or bariatric Surgery;
10. Any Out-Patient treatment unless specifically provided under this Certificate Wording;
11. Treatment for Injuries sustained while committing a crime or felony, or while under the influence of alcohol, narcotics, or mind-altering substance or Injuries which are self-inflicted while sane or insane;
12. 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;
13. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material;
14. Expenses incurred for donation of any body organ by a Person Covered and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications;

15. Investigation and treatment of sleep apnoea and snoring disorders, hyperhidrosis treatment, hormone replacement therapy including but not limited to sex hormone therapy and other alternative therapy or treatment such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, podiatric, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy;
16. Care or treatment for which payment is not required or to the extent which is payable by any other Takaful / insurance or indemnity covering the Person Covered and disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Takaful / insurance contract;
17. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations);
18. Costs / expenses of services of a non-medical nature, such as television, telephones, broadband services, radios or similar facilities, and other ineligible non-medical items;
19. 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; or
20. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.

**SANCTIONS  
EXCLUSIONS**

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:

1. any sanction, prohibition or restriction under United Nations resolutions;
2. the trade or economic sanctions, laws or regulations of:
  - i. the European Union;
  - ii. the United Kingdom;
  - iii. the United States of America; orany of the states of the above countries; or
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.

## ABOUT YOUR CONTRIBUTION



This section provides information about Your Contributions, including but not limited to how to make payments, related taxes, and fee charged under this Certificateplan.

### CONTRIBUTION

You shall pay the Contribution specified in the CIP or in a subsequent Endorsement issued by Us starting from the Effective Date up to and including the final Contribution due date.

While Your Certificate is in force, all Contributions are to be paid in advance on the due date. The standard Contribution varies by Plan Type, gender and Attained Age of the Person Covered, and Co-Takaful. Extra Contribution may be imposed depending on the occupation and health conditions of the Person Covered.

The Contribution payable, after deduction of the Management Fee, will be credited to the Takaful Pool as *Tabarru'*, subject 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 persons 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.

### GRACE PERIOD

Grace period is an extra time given to You to pay the Contribution in order for Your Certificate to remain in force. You must pay the Contribution within thirty (30) days grace period from each of the Contribution due date. 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.** The coverage for the Person Covered will then cease, effective from the due date of the unpaid Contribution. If any claim arises during the grace period, the unpaid Contribution due shall be deducted from the claim proceeds before the claim payment is made under Your Certificate.

### 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 of Your Certificate. For avoidance of doubt, upon Our approval of such reinstatement request, We will only cover the Person Covered for any of the covered events occurring from the Reinstatement Date, subject to the terms and conditions of Your Certificate.

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

- ✓ An application for reinstatement;
- ✓ Any outstanding Contribution amount determined by Us; and
- ✓ Evidence of the Person Covered's health to Our satisfaction.

The effective date of the reinstatement will be determined by Us.

### CURRENCY OF PAYMENT

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

### FACILITIES OF PAYING CONTRIBUTION

You can pay the Contribution by either credit card or debit card. You have the option to pay the Contribution monthly or annually.

### 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 sales 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.

### MANAGEMENT FEE

The Management Fee, as shown in the CIP, will be deducted upfront upon payment of the Contribution.



#### **What is Management Fee?**

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 thethis Certificate and in return, We will receive a Management Fee.

## ABOUT CHANGES TO YOUR CERTIFICATE



If You wish to modify Your Certificate in any way, refer to this section for guidance on the process.



### 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.

## ▶ CHANGES TO BENEFITS

### ALTERATIONS

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

### CHANGE OF PLAN TYPE

Any request for change of Plan Type will become effective only on the next Certificate Anniversary provided such change has been approved by Us. Under Your Certificate, only changes of Plan Type to decrease the benefits are allowed.

### CHANGE OF CO-TAKAFUL OPTION

Any request for change of Co-Takaful option will become effective only on the next Certificate Anniversary provided such change has been approved by Us. Under Your Certificate, only increase of Co-Takaful option is allowed.

### CANCELLATION OF THE RIDER

You may request to cancel the MediBooster rider by writing to Us. You will not be entitled to a refund of the Contribution and Your coverage will cease on the next Certificate Anniversary.

Cancellation of the rider will not result in termination of the basic certificate, myMediShare.

Cancellation of the rider will also not have any adverse effect or any impact on the validity of the claim which has been duly admitted by Us before the effective date of cancellation of the rider.

## ▶ CHANGES TO PERSONAL INFORMATION

### CHANGE OF ADDRESS

It is important that You inform Us immediately through *myTakaful* Customer portal, email Us at [csu@takaful-malaysia.com.my](mailto:csu@takaful-malaysia.com.my) or contact Our Customer Service Unit (CSU) at 1-300 88 252 385 of any change of Your address so that We can keep You informed of important information.

► Others

**CERTIFICATE  
SERVICING**

The only financial changes allowed to be made to Your Certificate are as below:-

- ✓ Change of Plan Type;
- ✓ Cancellation of MediBooster;
- ✓ Change of Co-Takaful option;
- ✓ Change in date of birth;
- ✓ Change in Contribution mode; or
- ✓ Change in occupation.

You may also request for non-financial changes i.e. change of address, phone number, etc.

You may submit Your request for any of the above changes to Us. Satisfactory evidence of the health of the Person Covered, where applicable, as well as payment of additional Contribution may be required whenever there is a request for any of the above changes to Your Certificate. If the medical evidence proves to be unsatisfactory, We have the right to make a counter-offer or decline the request in accordance with Our underwriting decision as stated in the relevant documentary declarations and/or statements sent to You.

## ABOUT OTHER GENERAL PROVISIONS



This section outlines all other terms and conditions You should be aware of under this Certificate.

### MISSTATEMENT OF AGE

If the Person Covered's age has been understated/overstated, it will be handled in accordance with Schedule 8 of the Islamic Financial Services Act 2013.

If at the true age, the Person Covered is not eligible to be covered under this Certificate, Our liability will be limited to the amount equivalent to the Contribution paid.

### MISSTATEMENT OF GENDER

If the Person Covered's gender has been misstated, adjustments will be made in the relevant funds to reflect the revisions in the *Tabarru'* amount and allotted surplus.

### TREATMENT OF SMALL PAYMENT AMOUNTS

For any amount due and payable to You resulting from a refund / surrender / maturity / termination / claim that is to be made other than by way of electronic payment, such payment will only be made if the amount due and payable is Ringgit Malaysia Ten (RM10.00) and above. For any amount less than Ringgit Malaysia Ten (RM10.00), We will donate to charity as approved by Us.

### MANAGEMENT OF FUND

Pursuant to the authorisation given to Us by You and the rest of the participants, We will manage the Takaful Pool in accordance with Shariah and in a manner that preserves 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.

### DISTRIBUTION OF SURPLUS

Any surplus arising from the Takaful Pool will be kept in the Takaful Pool to prepare and provide for any high claims experience.

### DEFICIENCY & LOSS RECTIFICATION

If the Takaful Pool is in deficit, We will provide an interest-free loan to the Takaful Pool based on Qard to rectify the deficit. Any profit arising from the loan will be owned by the Takaful Pool and the loan will be repaid when the Takaful Pool returns to surplus position. We may waive Our rights to receive the repayment of the loan.

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

### EVIDENCE OF PERMISSIBLE TAKAFUL INTEREST

We will require satisfactory evidence of Permissible Takaful Interest between You and the Person Covered before a person is accepted for Takaful coverage and when the benefits are payable.

### INCONTESTABILITY

Other than the exclusions set out in the 'Claim Exclusions' section, the provision below 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.

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;

1. in the proposal/application stage;
2. in a report of a Doctor referee, or any other person; or
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 (as defined below) and that it was fraudulently made or suppressed by You or the Person Covered.

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.

### **MISREPRESENTATION / FRAUD**

In the event of a misrepresentation/fraud 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:

1. Your Certificate being voided and all claims refused;
2. A variation of terms of Your Certificate;
3. A change in the Contribution amount; or
4. Any other options that are appropriate based on the misrepresentation/fraud.

### **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 to Us until a claim is made, We shall be entitled to adjust the claim accordingly.

### **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.

### **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 or the Person Covered shall fail to supply the requisite proof of loss as stipulated by the terms and conditions of Your Certificate, You or the Person Covered 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.

### **PERSONAL DATA PROTECTION ACT 2010**

You or the Person Covered may make inquiries or request for access to or correction of Your or the Person Covered's Personal Data or limit the processing of Your or the Person Covered's Personal Data at any time by submitting such inquiry or request to Us via email to [csu@takaful-malaysia.com.my](mailto:csu@takaful-malaysia.com.my).

We will retain Your or the Person Covered's personal information only for as long as necessary to fulfil the purpose for which it was collected or to comply with legal, regulatory or internal policy requirements.

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

### **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.

### **CUSTOMER SERVICE CHARTER**

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

## DEFINITION PAGE



Please refer to this section if You want to understand the terms used in this Certificate.



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

### A

#### **ACCIDENT**

A sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which will, independently of any other cause, be the sole cause of the Injury.

#### **AGE AT ENTRY**

The Person Covered's age next birthday determined from the Effective Date.

#### **ANY ONE DISABILITY**

All of the periods of Disability arising from the same cause, including any and all complications therefrom, except that if the Person Covered completely recovers and remains 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, any subsequent Disability from the same cause shall be considered as though it was a new Disability.

#### **ATTAINED AGE**

The Person Covered's Age at Entry plus the number of Certificate Year from the Effective Date.

### C

#### **CANCER**

Any malignant tumour characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

#### **CERTIFICATE**

This Certificate Wording, CIP, any Endorsement, any annexure, and any amendment to it that is signed by Our authorised officer.

#### **CERTIFICATE ANNIVERSARY**

The anniversary of the Effective Date.

#### **CERTIFICATE INFORMATION PAGE or CIP**

The document which contains Your information, the Person Covered's information and details of the Takaful coverage.

#### **CERTIFICATE YEAR**

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.

#### **CLINIC**

An establishment duly constituted and registered as a Clinic, which is operated for the treatment of injured or ill patients and provides facilities for diagnosis, minor Surgery and dispensing facilities. Such establishment must be operated by a Physician who is legally registered with the Malaysian Medical Council.

#### **CONGENITAL CONDITION**

Any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. This will include hernias of all types (up to the age of six (6) years old) and epilepsy except when caused by a trauma which occurred after the date the Person Covered was continuously covered under Your Certificate.

#### **CONTRIBUTION**

The total Contribution payable by You as stated in the CIP in respect of Your Certificate or in a subsequent Endorsement issued by Us.

#### **CO-TAKAFUL**

Co-Takaful is a cost-sharing arrangement under which You are obliged to bear a specified percentage of the Eligible Expenses, up to a fixed amount per Certificate Year, as selected by You and stated in Your CIP. You are required to settle this amount at Your own expense before any benefit

is payable under Your Certificate. We will reimburse the remaining Eligible Expenses after Your payment of the Co-Takaful, subject to the Overall Annual Limit of Your chosen plan.

### **COVERAGE TERM**

The duration from Effective Date up to the Expiry Date of the coverage under Your Certificate or in a subsequent

Endorsement issued by Us, in respect of benefits provided, as stated in the CIP.

## **D**

### **DENTIST**

A person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a Physician, Surgeon or Dentist who is the Participant or the Person Covered himself.

### **DISABILITY**

A sickness, disease, illness or the entire Injury arising out of a single or continuous series of causes.

### **DOCTOR, PHYSICIAN or SURGEON**

A registered Medical Practitioner qualified and licensed to practice western medicine and who, in rendering his service, 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 Participant or the Person Covered himself.

## **E**

### **EFFECTIVE DATE**

The Effective Date as stated in the CIP on which the Person Covered's coverage under Your Certificate has become effective.

### **ELIGIBLE EXPENSES**

Reasonable and Customary Charges incurred due to a covered Disability but not exceeding the limits stated in the Schedule of Benefits of Your Certificate, as outlined in the CIP.

### **EMERGENCY**

Immediate medical treatment attention is required within twenty-four (24) hours for preservation of life or limb which

are sudden and severe failing which will be life threatening or lead to serious deterioration of health.

### **ENDORSEMENT**

Written evidence of any amendment, variation or changes made to Your Certificate.

### **EXPIRY DATE**

The Expiry Date shown in the CIP on which the Person Covered's coverage under Your Certificate has ceased accordingly.

## **G**

### **GOVERNMENT HOSPITAL**

A Hospital established, maintained, operated or provided by the Malaysian Government but excludes privatised or corporatised Malaysian Government Hospitals.

## **H**

### **HIBAH**

A transfer of ownership of an asset from a donor to a recipient without any consideration. Under Your Certificate, the benefits payable from the Takaful Pool is based on Hibah.

### **HOSPITAL**

An establishment duly constituted and registered as a Hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:

- a) has facilities for diagnosis and major Surgery;
- b) provides twenty-four (24)-hour a day nursing services by registered and graduate nurses;
- c) is under the supervision of a Medical Practitioner; and
- d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

### **HOSPITALISATION**

Admission to a Hospital as a registered in-patient for a continuous period of at least twenty-four (24) consecutive hours on Medically Necessary treatments for a covered Disability upon recommendation of a Medical Practitioner. A patient shall not be considered as an in-patient if he does not physically stay in the Hospital for the whole period of confinement.

# I

## **ILLNESS**

A physical condition marked by a pathological deviation from the normal healthy state. Illness could also mean sickness or disease.

## **INJURY**

Bodily injury caused solely by Accident.

## **INTENSIVE CARE UNIT**

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

# K

## **KIDNEY FAILURE**

End-stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

# M

## **MEDICAL PRACTITIONER**

A person who is 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 Participant or the Person Covered.

## **MEDICALLY NECESSARY**

A medical service which is:

- consistent with the diagnosis and customary medical treatment for a covered Disability;
- in accordance with standards of good medical practice, consistent with current standards of professional medical care, and of proven medical benefits;
- not for the convenience of the Person Covered or the Medical Practitioner, and unable to be reasonably rendered out of Hospital (if admitted as an in-patient);
- not of an experimental, investigational or research nature, preventive or screening nature; and

- for which the charges are fair, reasonable and customary for the Disability.

## **MMA GUIDELINES**

The latest available schedule of fees or charges for various descriptions of medical services and/or treatment which is provided by the Malaysian Medical Association (MMA) for the guidance of the medical profession in Malaysia.

# N

## **NON-REFUNDABLE MANAGEMENT FEE**

The initial and unrecoverable expenses incurred in the issuance of Your Certificate. The amount of the Non-Refundable Management Fee in Your Certificate is equal to twenty-five percent (25%) of the Contribution.

# O

## **OUT-PATIENT**

The Person Covered is receiving medical care or treatment (includes treatment in a daycare centre) without being hospitalised in a Hospital.

## **OVERALL ANNUAL LIMIT**

Benefits payable in respect of expenses incurred for services and/or treatments provided to the Person Covered during the Certificate Year will be limited to the Overall Annual Limit as stated in the Schedule of Benefits of Your Certificate, as outlined in the CIP irrespective of the type(s) of Disability. In the event the Overall Annual Limit has been paid, all benefits for the Person Covered under Your Certificate will immediately cease to be payable for the remaining Certificate Year.

# P

## **PERMISSIBLE TAKAFUL INTEREST**

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.

## **PERSON COVERED**

The person who is covered under Your Certificate as named in the CIP.

### PLAN TYPE

The plan that You have participated for the Person Covered under Your Certificate as shown in the CIP.

### PRE-EXISTING CONDITION

Any Disability, Injury, sickness, disease or Illness (physical or mental) that the Person Covered has reasonable

knowledge of prior to the Effective Date or the Reinstatement Date, whichever is later. A Person Covered may be considered to have reasonable knowledge of a Pre-Existing Condition where the condition is one (1) for which:

- a) the Person Covered 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.

### PRESCRIBED MEDICINES

Medicines that are dispensed by a Physician, a registered pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

## Q

### QARD

A loan without any interest. Under Your Certificate, We will lend an amount of money to the Takaful Pool without interest if the Takaful Pool is in deficit to pay claim.

## R

### REASONABLE AND CUSTOMARY CHARGES

Medically Necessary charges for medical care which are considered reasonable and customary to the extent that they do not exceed the general level of charges being made by others of the same standing in locality where the charges are incurred, when furnishing the same or comparable treatment, services or supplies to individual of the same sex and 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 Person Covered's medical condition.

### REINSTATEMENT DATE

The date when Your application for reinstatement is approved by Us.

## S

### SHARIAH

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.

### SPECIALIST

A medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a Physician, Surgeon or Dentist who is the Participant or the Person Covered himself.

### SPECIFIED ILLNESS

The following disabilities and their related complications, occurring within the first one hundred and twenty (120) days from the Effective Date or the Reinstatement Date of this Certificate:

- a) Hypertension, diabetes mellitus and cardiovascular disease;
- b) All tumours, Cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- c) All ear, nose (including sinuses) and throat conditions;
- d) Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
- e) Endometriosis including disease of the female reproduction system; or
- f) Vertebro-spinal disorders (including disc) and knee conditions.

This shall not be applicable after the first year of cover. However, if there is a break in coverage prior to the expiry of the said first one hundred and twenty (120) days, a fresh period of the first one hundred and twenty (120) days shall apply again from the Reinstatement Date.

### SURGERY

Any of the following medical procedures:

- a) To incise, excise or electro cauterize 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; or
- d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

## T

### **TABARRU'**

Donation for charitable purposes. Under Your Certificate, You donate an amount from the Contribution to the Takaful Pool to help other participants. *Tabarru'* takes into effect when You contribute to the Takaful Pool.

### **TAKAFUL**

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(s), person covered(s) or the beneficiary(ies) on the occurrence of pre-defined events.

### **TAKAFUL POOL**

A fund established to pool a portion of the Contributions paid by the 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.

## W

### **WAKALAH**

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 Certificate and in return, We will receive a Management Fee.

### **WAITING PERIOD**

A specified period between the beginning of a Person Covered's Disability and the Risk Effective Date or any Reinstatement Date of this Certificate, whichever is later.

### **WE, US, OUR OR TAKAFUL MALAYSIA**

Syarikat Takaful Malaysia Keluarga Berhad.

## Y

### **YOU, YOUR & PARTICIPANT**

The Participant as named in the CIP and to whom Your Certificate is issued to. For avoidance of doubt, a Participant may also be a Person Covered.