

**PHM Easy Life
Master Policy No. GL5023**

**Manulife Insurance Berhad
(Company No. 200801013654 (814942-M))
12th Floor, Menara Manulife, 6, Jalan Gelenggang,
Damansara Heights, 50490 Kuala Lumpur
Tel: 03-2719 9228**

hereby agrees to insure against death or Disability of such persons as shall be nominated from time to time by:

**Pathlab Health Management (M) Sdn Bhd
(Company No. 199401013633 (299313-M))
A701, Pusat Dagangan Phileo Damansara 2,
No 15, Jalan 16/11, Off Jalan Damansara,
46350 Petaling Jaya, Selangor Darul Ehsan.
(hereinafter called “the Policyholder” or “PHM”)**

This Policy is issued in consideration of the application of the Policyholder and the payment of the premiums computed and payable as provided hereinafter.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signature hereto affixed.

In witness whereof, the Company has caused this Policy to be executed as of the Policy Effective Date.

This Master Policy is effective: 11 JAN 2024

Signed for and on behalf of
MANULIFE INSURANCE BERHAD

LEE TAT FATT
Chief Operations Officer

DATE: _____

SECTION A: GENERAL PROVISIONS AND CONDITIONS

1. THE CONTRACT

The Certificates of Insurance issued under this Policy are issued in consideration of the payment of premium by the Eligible Member as specified in the Schedule of Premium and Schedule of Benefits, and pursuant to:

- (i) the answers given by the Certificate Owner and/or the Insured in the Certificate Owner's application/proposal form or any subsequent questionnaires given by Us on any matters relating to the Certificate Owner's proposal and any disclosures made by the Certificate Owner and/or the Insured between the time of submission of the Certificate Owner's application/ proposal and the time this contract is entered into; and
- (ii) medical reports and any other reports and questionnaires,
(collectively referred to as "Material Information").

Such Material Information shall form part of the Certificate of Insurance. However, in the event of any pre-contractual misrepresentation made in relation to such Material Information, only the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If the Certificate Owner is required by Us, before any Certificate of Insurance is renewed or varied, to answer any questions or if the Certificate Owner is required to confirm or amend any matter previously disclosed by the Certificate Owner to Us in relation to this Policy, it is the Certificate Owner's duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

2. ACCEPTANCE

We will consider accepting applications made for PHM Easy Life by any person nominated by the Policyholder who:

- (a) is a Member or the spouse or child of the Member; and
- (b) is a citizen of Malaysia; and
- (c) conforms to our usual underwriting conditions as determined from time to time,
(hereinafter referred to as "Insured").

3. PARTICIPATION

- (a) New Members shall become eligible for insurance hereunder on the day following the completion of the required application form (if applicable) or as specified in Schedule A.
- (b) Each Eligible Member shall be insured hereunder provided that the duly completed application form has been received by the Company from the Policyholder and the condition set forth in paragraph 7 of this Section A has been satisfied.

4. POLICYHOLDER

The Policyholder of this Policy is as designated on the first page of this Policy. During the lifetime of the Insured, only the Policyholder can exercise all rights and privileges available under this Policy, without affecting the rights of any trustee, any Certificate Owner or any assignee on record. For purposes of clarity, the exercise of all rights by the Policyholder shall not prejudice the rights of any Insured or any person entitled through such an Insured under Paragraph 11 (3) Schedule 8 of the Financial Services Act 2013.

5. ALTERATION

Alteration or waiver of the Policy provisions will not be valid unless made by a Policy or rider endorsement and duly authorised by an authorised person of the Company. Where the introduction, imposition or variation of any law, order, regulation or official directive renders it unlawful or impractical for the Company to continue this Certificate of Insurance, without breaching such law, order, regulation or official directive, the Company may alter and/or waive the Policy provisions in its sole and absolute discretion as necessary or appropriate to comply with such law, order, regulation or official directive upon serving an advance written notice to the Policyholder.

6. INCONTESTABILITY

Except for fraud, the terms and conditions of this Policy with respect to the Insured will be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the Issue Date of the Certificate of Insurance.

7. COMMENCEMENT OF COVER

Insured will be covered under this Policy from the Issue Date of the Certificate of Insurance provided that the premium has been received by the Company.

8. NOTICE

Any notice or communication between the Company and the Policyholder under this Policy:

- (a) must be sent in accordance with the address as stated in this Policy or any other address as notified by the Company and the Policyholder; and
- (b) will be taken to have been given, in case of delivery in person or by post, when delivered, received or left at the Policyholder's address.

9. CHANGE OF OWNERSHIP AND ASSIGNMENT

While the Insured is living, the Certificate Owner may change the ownership of the Certificate of Insurance or assign the Certificate of Insurance by completing the form prescribed by the Company. The change will be effective only after the Certificate of Insurance is endorsed by the Company. The Company assumes no responsibility for the validity of any assignment.

If the Certificate Owner predeceases the Insured, the same rights, privileges and benefits exercised and enjoyed by the Certificate Owner shall vest in the Insured, subject to the rights of any assignee.

10. TERMINATION OF THE POLICY

The policy shall terminate when the Policyholder gives the Company ninety (90) days written notice requesting discontinuance; or vice versa.

Either party has the right to terminate this Policy within a mutually agreed timeframe if this Policy is prohibited or rendered impossible whether legally or in practice, for reasons which are of no fault of the party giving such notice.

Subject to paragraph 25 of this Section A, this policy will not terminate if the Company ceases the sale for new business of PHM Easy Life, and all in-force Certificates of Insurance shall continue to be renewed in accordance to Schedule A.

11. SUICIDE

If the Insured, whether sane or insane, commits suicide, within twelve (12) months after the Issue Date of the Certificate of Insurance, the coverage will become void and the Company will return the premiums paid in respect of the Insured without interest.

12. PRE-EXISTING CLAUSE

This Policy does not cover Pre-existing Illnesses or Injuries. Any claim arising from a Pre-existing Illness or Injury prior to the Issue Date of the Certificate of Insurance is not covered.

“Pre-existing Illness or Injury” means a disease or sickness or bodily injuries occurring prior to the Issue Date of the Certificate of Insurance, and advice or treatment for the disease or sickness or Injury was sought or obtained from a medical practitioner, chiropractor, naturopath or any other practitioner or a similar kind, prior to the Issue Date of the Certificate of Insurance.

13. FREE LOOK PERIOD

The Certificate Owner(s) may cancel the Certificate of Insurance by giving written notice of cancellation within fifteen (15) days from the date of receipt of the same. The Company will refund all premiums paid (less any medical examination fees incurred) to the Certificate Owner(s) and the Certificate of Insurance shall be cancelled.

14. PAYMENTS BY THE COMPANY

The Company will pay the benefits pursuant to the Certificate of Insurance at its Head Office or Regional Support Centres to the Certificate Owner or the beneficiary of the Certificate Owner. In making any benefit payment, the Company reserves the right to deduct from the benefit payment any indebtedness, including any remaining premiums due for the Certificate Year but remain unpaid to the Company pursuant to the Certificate of Insurance. A receipt for any benefit proceeds under the Certificate of Insurance, signed by the nominee(s) designated/ trustee(s)/ Public Trustee(s)/ any person the Company deems fit, will be a good and valid discharge to the Company. Such a receipt will be final and conclusive evidence that such proceeds have been duly paid to and received by those lawfully entitled to them and that all claims and demands against the Company with respect to them have been fully satisfied.

15. PAYMENT OF PREMIUMS

While the Insured is living, premiums are payable annually or monthly, as specified on the Certificate of Insurance or Endorsement Page. All premiums are payable on or before their due dates to the Company either at its Head Office or Regional Support Centres or to an institution authorised by the Company in exchange for an acknowledgement issued by the Company or the authorised institution.

The premium payable shall not be reduced after a claim event that pays the Face Amount partially.

The Company reserves the right to amend the premium rates and/or structure of this Policy by taking into consideration of factors such as age, gender, smoking status etc. The amended rates shall apply to all Certificates of Insurance upon renewal provided that the amendments have been notified at least ninety (90) days prior notice in writing to the Certificate Owner and the Policyholder which these rates are deemed to apply.

The Company will allow a grace period of thirty (30) days from the due date for the payment of each premium. During this period the benefits under the Certificate of Insurance shall continue to apply. If any premium remains unpaid at the end of the grace period, the Certificate of Insurance will then lapse and cease to be in force.

16. CANCELLATION OF CERTIFICATE OF INSURANCE

The insurance coverage will cease (i) upon the Certificate Owner, at any time, requesting discontinuance by giving a written notice of cancellation; or (ii) when the Certificate Owner is no longer a customer of PHM. Upon cancellation/termination, the Certificate of Insurance will continue to be in force and the benefit under the Certificate of Insurance shall continue to apply until the day immediately before the next premium due date. Thereafter the coverage will completely cease and the Certificate of Insurance will not be renewed.

17. REINSTATEMENT

The Certificate of Insurance is not allowed to be reinstated if the Certificate of Insurance lapsed when premium remains unpaid at the end of grace period.

18. THE NOMINEE

The Nominee is as designated on the Endorsement Page and this designation will remain in effect unless subsequently changed.

19. CHANGE OF NOMINEE

While the Insured is living, the Certificate Owner may change the Nominee of the Certificate of Insurance by completing the form prescribed by the Company. The change will be effective only after the Certificate of Insurance is endorsed by the Company.

20. LAW

This Policy is issued under and will be construed in accordance with the laws of Malaysia.

21. CURRENCY

All payments to be made under this Policy to or by the Company shall be made in the legal currency of Malaysia.

22. CHANGE OF ADDRESS

The Company is to be notified of any change of address of the Certificate Owner, nominee(s), Trustee(s) or Assignee(s).

23. PROOF OF AGE

Satisfactory proof of age of the Insured must be furnished to the Company before any payment of benefits under the Policy is payable.

24. MISSTATEMENT OF AGE OR GENDER

If the age or gender of the Insured has been misstated, the Company's liability under the Certificate of Insurance will be such as the premiums paid would have purchased using the correct age and gender provided that the Company would have issued the Certificate of Insurance in accordance with its normal rules and regulations applicable at the time the Certificate of Insurance was issued. Otherwise, the Company will return all premiums paid without interest.

25. DISCONTINUANCE

The insurance coverage provided under this Policy in respect of an Insured shall terminate on the first occurrence of any of the following events:

- (a) Upon the Company's admission of liability of the Insured's death; or
- (b) The Face Amount of the Certificate of Insurance is fully exhausted; or
- (c) Upon the full payment of benefit stipulated under Benefit Provision; or
- (d) Upon cancellation of Certificate of Insurance according to paragraph 16 of this Section A; or
- (e) Upon termination of this Policy; or
- (f) The premium remains unpaid at the end of the grace period of thirty (30) days; or
- (g) The date on which the Insured enters full-time military, naval or air service; or
- (h) The date of termination communicated to the Policyholder by the Company by virtue of war, act of war, where such date shall be at the discretion of the Company, or
- (i) On the Expiry Date as shown on the Certificate of Insurance.

The termination shall be without prejudice to any claim arising prior to such termination.

26. NON-PARTICIPATING

This Policy does not participate in the divisible surplus of the Company.

SECTION B: DEFINITIONS

For the purpose of this Policy the following Definitions apply unless the context otherwise dictates:

1. **“Accident”** or **“Accidental”** is defined as an event caused solely and independently of all other causes, and directly by violent, unexpected, external and visible means.
2. **“Activities of Daily Living”** are defined as:
 - (a) **Transfer**
Getting in and out of a chair without requiring physical assistance.
 - (b) **Mobility**
The ability to move from room to room without requiring any physical assistance.
 - (c) **Continence**
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
 - (d) **Dressing**
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
 - (e) **Bathing/Washing**
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
 - (f) **Eating**
All tasks of getting food into the body once it has been prepared.
3. **“Certificate Owner”** is defined as the person whose name appears as the owner on the Certificate of Insurance.
4. **“Certificate Year”** is defined as a period of twelve (12) months from any anniversary of the Certificate of Insurance.
5. **“Disability”** shall mean a sickness, disease, illness or entire Injuries arising out of a single or continuous series of causes.
6. **“Eligible Member”** means Member who is eligible to apply for PHM Easy Life.
7. **“Face Amount”** means the benefit amount as stated in Certificate of Insurance or Endorsement, whichever is later.
8. **“Gainfully Employed”** is defined as being employed on a full-time or part-time basis and being able to produce documentary evidence of earnings which may include, but is not limited to KWSP (EPF) contribution statements and income tax returns.
9. **“Hospital”** is defined as 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 24 hour a day nursing services by registered and graduate nurses,
 - (c) is under the supervision of a Physician, 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.
10. **“Injury”** means bodily injuries sustained directly and independently of all other causes by accident for which, except in the case of drowning or of internal injury revealed by an autopsy, there is evidence of a visible contusion or wound on the exterior of the body.
11. **“Irreversible”** means cannot be reasonably improved upon by medical treatment and/or surgical procedures consistent with the current standard of the medical services available in Malaysia.

12. **“Loss of one member”** is defined as
 - (a) Loss of a hand or foot by severance at or above wrist or ankle, or
 - (b) Total and Permanent loss of use of the hand or foot as certified by a Physician, approved or appointed by the Company, at least six (6) months after the date of the Accident. Such certification is final and conclusive, or
 - (c) Loss of sight in one eye.
13. **“Loss of sight”** is defined as Permanent and irreversible loss of sight as a result of Accident or illness to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse using a Snellen eye chart or equivalent test and the result must be certified by an ophthalmologist.
14. **“Member”** means a current customer of Pathlab Health Management (M) Sdn Bhd.
15. **“Not Gainfully Employed”** is defined as being unemployed, or being a full-time student, or working from the home and being unable to produce satisfactory documentary evidence of earnings which may include, but is not limited to KWSP (EPF) contribution statements and income tax returns.
16. **“Permanent”** means expected to last throughout the lifetime of the Insured.
17. **“Physician”, “Doctor” or “Surgeon”** is defined as a registered medical practitioner 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 Insured himself.
18. **“Policy”** means this **PHM Easy Life** master policy.
19. **“Policy Effective Date”** shall mean the date on which the Policy takes effect.
20. **“Presumptive Total and Permanent Disability”** is defined as:
 - (a) Loss of sight of both eyes, or
 - (b) Loss of two or more members; or
 - (c) Loss of all sight of one eye and Loss of one member.
20. **“Surgery”** shall mean any of the following medical procedures:
 - (a) To incise, excise or electrocauterize 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.
 - (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.
21. **“The Company”, “We”, “Our” or “Us”** means **Manulife Insurance Berhad**.
22. **“Total and Permanent Disability” or “TPD”** is defined as:
 - (a) If the Insured is Gainfully Employed and sixteen (16) years of age (next birthday) or above at the date of Disability, then “Total and Permanent Disability” is defined as Disability caused by Accidental bodily injury, sickness or disease, and result in the complete and continuous inability of the Insured at the time of Disability and at any time thereafter to engage in any business, occupation, work or profession of any or every kind for profit, compensation, wage or remuneration. It is further provided that such Disability must last for a continuous period of not less than six (6) months in duration.
 - (b) If the Insured is Not Gainfully Employed but sixteen (16) years of age (next birthday) or above at the date of Disability, then “Total and Permanent Disability” is defined as being totally unable by reason of Accident or illness to perform independently at least four (4) of the six (6) Activities of Daily Living for a continuous period of at least six (6) months, without the frequent attention of a third party and, in the opinion of the Company such Disability will remain Permanent.
 - (c) If the Insured is less than sixteen (16) years of age (next birthday) but above six (6) years of age (next birthday) at the date of Disability, then “Total and Permanent Disability” is defined as Disability such that the Insured is in need of constant care and attention and is confined by reason of Accident or illness to his home under medical supervision or in a Hospital or similar institution, and such Disability must last for at least six (6) months continuously, and in the opinion of the Company such Disability will remain Permanent.

SECTION C: BENEFITS

1. DEATH BENEFIT

Upon death of the Insured(s) while this Certificate of Insurance is in force, the Company will pay in one lump sum based on the Schedule of Benefits and one hundred percent (100%) of the Face Amount as stated on the Certificate of Insurance or Endorsement Page, whichever is issued later. The coverage in respect of the Insured(s) shall be terminated after the Company has paid the Death Benefit.

2. NOTICE OF CLAIMS

Written notice of claim must be given to the Company within thirty (30) days after the date of death or within such longer periods as the Company may in writing allow.

3. CLAIM FORMS

The Company, upon receipt of a notice of claim, will furnish the claimant the claim form. Affirmative proof of death in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the same.

4. LEGAL PROCEEDINGS

No action in law or equity shall be brought against the Company to recover on this Provision prior to the expiration of nine (9) months after proof of loss has been filed in accordance with the requirements of the provisions herein.

5. MEDICAL EXAMINATION

The Company will have the right to examine the Insured whenever it may be reasonably required and to conduct an autopsy where it is not forbidden by law.

SCHEDULE A

Attaching to and forming a part of the PHM Easy Life (Master Policy Number: GL5023):

Name/Address of Policyholder	: Pathlab Health Management (M) Sdn. Bhd. (Company No. 199401013633 (299313-M)) A701, Pusat Dagangan Phileo Damansara 2, No.15, Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor Darul Ehsan.
Policy Effective Date	: 11 Jan 2024
Certificate Owner	: Eligible Member, aged eighteen (18) years old next birthday and above.
Insured	: Eligible Member, aged between eighteen (18) years old and sixty-five (65) years old next birthday.
Certificate Coverage Term	: One (1) Year
Renewal	: Guaranteed Yearly Renewal up to Insured's age eighty (80) years old next birthday.
Face Amount	: Refer to Certificate of Insurance
Benefits Coverage	: Refer to Schedule B
Amount of Premium	: Refer to Schedule C
Mode of Premium	: Annually or Monthly
Currency Basis	: Ringgit Malaysia
Country of Issue	: Malaysia
Date of Issue	: 11 Jan 2024
Issuing Office	: Kuala Lumpur

SCHEDULE B

Attaching to and forming a part of the PHM Easy Life (Master Policy Number: GL5023):

SCHEDULE OF BENEFITS

Benefit	Percentage (%) of Face Amount
Death	100%
TPD	100%

FACE AMOUNT

Face Amount maybe selected in multiples of RM100,000 subject to a maximum of RM500,000 per life.

Benefits payable will be based on the Face Amount as shown on the Certificate of Insurance or Endorsement Page, whichever is issued later.

SCHEDULE C

Attaching to and forming a part of the PHM Easy Life (Master Policy Number: GL5023):

SCHEDULE OF PREMIUM

Face Amount Attained Age	Annual Premium (RM)				
	RM100,000	RM200,000	RM300,000	RM400,000	RM500,000
18-35	195	390	585	780	975
36-45	327	654	981	1,308	1,635
46-55	604	1,208	1,812	2,416	3,020
56-60	1,210	2,420	3,630	4,840	6,050
61-65	2,105	4,210	6,315	8,420	10,525
66-70	3,512	7,024	10,536	14,048	17,560
71	4,202	8,404	12,606	16,808	21,010
72	4,548	9,096	13,644	18,192	22,740
73	4,917	9,834	14,751	19,668	24,585
74	5,308	10,616	15,924	21,232	26,540
75	5,720	11,440	17,160	22,880	28,600
76	6,155	12,310	18,465	24,620	30,775
77	6,614	13,228	19,842	26,456	33,070
78	7,097	14,194	21,291	28,388	35,485
79	7,604	15,208	22,812	30,416	38,020
80	8,136	16,272	24,408	32,544	40,680

Face Amount Attained Age	Monthly Premium (RM)				
	RM100,000	RM200,000	RM300,000	RM400,000	RM500,000
18-35	18	36	54	72	90
36-45	30	60	90	120	150
46-55	56	111	167	222	278
56-60	111	223	334	445	557
61-65	194	387	581	775	968
66-70	323	646	969	1,292	1,616
71	387	773	1,160	1,546	1,933
72	418	837	1,255	1,674	2,092
73	452	905	1,357	1,809	2,262
74	488	977	1,465	1,953	2,442
75	526	1,052	1,579	2,105	2,631
76	566	1,133	1,699	2,265	2,831
77	608	1,217	1,825	2,434	3,042
78	653	1,306	1,959	2,612	3,265
79	700	1,399	2,099	2,798	3,498
80	749	1,497	2,246	2,994	3,743

The premiums may be subject to any taxes that may be introduced by the Government of Malaysia from time to time. The Company reserves the right to collect from the Certificate Owner an amount equivalent to the prevailing rate of taxes payable for the premium. Such tax, duties, levies or imposts payable shall be paid in addition to the applicable premiums and other charges. All provisions in this policy on payment of premiums and default thereof shall apply equally to any other duties, taxes levies or imposts.

Supplementary Provision
Attaching to: Master Policy No. GL5023

DISABILITY BENEFITS

This Supplementary Provision is issued in conjunction with and forms part of the Policy to which it is attached.

SECTION A:
SUPPLEMENTARY PROVISIONS AND CONDITIONS

1. NOTICE OF CLAIMS

Written notice of claim must be given to the Company within one hundred and eighty (180) days after the date of commencement of Disability or within such longer periods as the Company may in writing allow.

2. CLAIM FORMS

The Company, upon receipt of a notice of claim, will furnish the claimant the claim form. Affirmative proof of Disability in such forms must be fully completed at claimant's own expense and returned to the Company within ninety (90) days of receipt of the said forms.

3. LEGAL PROCEEDINGS

No action in law or equity shall be brought against the Company to recover on this Supplementary Provision prior to the expiration of nine (9) months after proof of Disability has been filed in accordance with the requirements of this Supplementary Provision herein.

4. PROOF OF CONTINUANCE OF DISABILITY AND MEDICAL EXAMINATION

The Company will have the right to demand from the Insured proof of continuance of Disability at his own expense, before any Disability Amount is being paid and the Company reserves the right to have the Insured examined by a Physician approved or appointed by the Company, whenever it may be reasonably required. The opinion of such Physician so approved or appointed shall be deemed to be final and conclusive.

5. CESSATION OF DISABILITY

When the Certificate Owner fails to furnish proof of continuance of Disability or when the Disability is certified by a Physician approved or appointed by the Company as to have ceased to exist or the Insured becomes able to perform any business or work for profit or wage, the Company will cease paying the Disability Amount immediately and all premiums falling due thereafter shall be payable on the balance of the Face Amount, which is the original Face Amount minus all Disability Amount made. The coverage then continues to be in force on the balance of the Face Amount and this Supplementary Provision continues to be in force on the balance of the Disability Amount.

6. PAYMENT OF DISABILITY BENEFIT

Full payment of the Disability Amount made under this Supplementary Provision with respect to the Insured shall release the Company of all liabilities under this Supplementary Provision.

7. DISCONTINUANCE

This Supplementary Provision with respect to an Insured shall terminate on the first occurrence of any of the following:

- (a) Upon the Company's admission of liability of the Insured's death; or
- (b) After the Disability Amount, as shown on the Certificate of Insurance or Endorsement Page, whichever is issued later, has been paid in full; or
- (c) Upon cancellation of Certificate of Insurance according to paragraph 16 of Section A of the Master Policy; or
- (d) The Certificate of Insurance lapses, expires, or is surrendered, cancelled or terminated.

The termination shall be without prejudice to any claim arising prior to such termination.

8. RISK EXCLUDED

This Supplementary Provision does not cover any Disability caused directly or indirectly, wholly or partly, by any one of the following occurrences:

- (a) Pre-existing condition as at the Issue Date; or
- (b) Any suicide attempt, whether sane or insane, or any intentionally self-inflicted injuries; or
- (c) Military, air force or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order; or
- (d) Commission of a criminal act; or
- (e) Aviation activities other than as a fare paying passenger or crew on a commercial passenger airline; or
- (f) Under the influence of intoxicating liquor or as a result of substance abuse or while engaging in any hazardous speed or endurance contest; or
- (g) Participation in any hazardous pursuits, such as, but not limited to, mountaineering, scuba diving, hang gliding, etc.

SECTION B: BENEFITS

If the Insured, prior to the Certificate of Insurance's anniversary before the Insured's seventieth (70th) next birthday, suffers from Total and Permanent Disability (TPD), the Company will pay the benefit based on the Schedule of Benefits and the Disability Amount stated on the Certificate of Insurance or Endorsement Page, whichever is issued later. The payout is subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company.

TOTAL AND PERMANENT DISABILITY BENEFIT

Upon the Total and Permanent Disability of an Insured subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company, the Company will pay the Disability Amount to the Insured in one lump sum, up to a maximum of Ringgit Malaysia one million (RM1,000,000), after a six (6) month waiting period from the date of commencement of the Disability, provided that the Disability still persists. The Face Amount and Disability Amount will be reduced by the lump sum payment. Where the Disability Amount is more than Ringgit Malaysia one million (RM1,000,000), the remaining Disability Amount will be paid in another lump sum twelve (12) months from the date of commencement of the Disability, provided the Disability still persists. The reduced Face Amount shall then be further reduced by the lump sum payment made in excess of the Ringgit Malaysia one million (RM1,000,000).

If the Disability is classified as Presumptive Total and Permanent Disability, subject to the conditions herein contained and provided that any such Disability is certified to exist by a Physician approved or appointed by the Company, the Company will pay the Disability Amount to the Insured in one lump sum, up to a maximum of Ringgit Malaysia one million (RM1,000,000). The Face Amount and Disability Amount will be reduced by the lump sum payment. Where the Disability Amount exceeds Ringgit Malaysia one million (RM1,000,000), the remaining Disability Amount will be paid in another lump sum, six (6) months from the date of commencement of the Disability, provided the Disability still persists. The reduced Face Amount shall be further reduced by the lump sum payment made in excess of the Ringgit Malaysia one million (RM1,000,000).

The aggregate Disability Amount with respect to an Insured under this Certificate and all insurance on the same life with the Company shall not exceed Ringgit Malaysia ten million (RM10,000,000).

If death occurs during the six (6) months waiting period, the Company will pay balance of the Face Amount with respect to the Insured in one lump sum.