

## Product Disclosure Sheet

Note: Please read this Product Disclosure Sheet before You decide to take up i-Med. You should also read the general terms and conditions.

Name of Financial Service Provider:	FWD Insurance Berhad (formerly known as Gibraltar BSN Life Berhad)
Product Name:	i-Med
Plan Selected:	Plan <1/2>
Date:	<DD/MM/YYYY>

### 1. What is this product about?

i-Med is a non-participating, yearly renewable medical plan which offers coverage for medical, hospitalisation and surgical expenses up to age 70, subjected to the limits specified in the Schedule of Benefits.

### 2. What are the coverage/benefits provided?

Summary of the benefits provided by Your base plan		
i-Med offers the following benefits while the Policy is still in-force.		
PLAN BENEFITS	PLAN 1 (RM)	PLAN 2 (RM)
A) HOSPITAL BENEFITS		
Hospital Room & Board (max 200 days per disability)	150	250
Intensive Care Unit (max 100 days per disability)	As Charged	
Hospital Supplies & Services	(Reasonable & Customary Charges)	
B) SURGICAL BENEFITS		
Surgical Fees	As Charged	
Anaesthetist Fees	(Reasonable & Customary Charges)	
Operating Theatre		
C) MEDICAL BENEFITS (NON-SURGICAL)		
Daily In-hospital Physician Visit (2 visits per day)	As Charged	
	(Reasonable & Customary Charges)	
D) OUTPATIENT BENEFITS		
Day Surgery & Day Care Benefits	As Charged	
Ambulance Fees	(Reasonable & Customary Charges)	
E) OUTPATIENT KIDNEY DIALYSIS & CANCER TREATMENT		
Outpatient Kidney Dialysis Treatment	As Charged	
Outpatient Cancer Treatment	(Reasonable & Customary Charges)	
F) OTHER BENEFITS		
Hospital Service Tax	As Charged	
	(Reasonable & Customary Charges)	
OVERALL ANNUAL LIMIT (INCLUDES BENEFITS A TO F)	60,000	90,000
OVERALL LIFETIME LIMIT	No Limit	

Reminder: Please refer to the Policy Contract for the precise definitions, terms & conditions

### 3. How much premium do I have to pay?

The annual premium You need to pay will correspond to the plan that You have chosen and will be based on Your age and any other underwriting loading at the time of purchase or renewal.

Attained Age	Plan 1 (RM)	Plan 2 (RM)
18-25	502.00	709.00

26-30	523.00	738.00
31-35	573.00	814.00
36-40	659.00	942.00
41-45	746.00	1,069.00
46-50*	1,035.00	1,497.00
51-55*	1,387.00	2,015.00
56-60*	1,836.00	2,678.00
61-65*	2,558.00	3,745.00
66-70*	3,553.00	5,212.00

\* For renewal only.

The premiums payable are NON-GUARANTEED and will increase according to Your age at renewal. We reserve the right to revise the premium by giving You a thirty (30) days advance notice.

#### 4. What are the fees and charges that I have to pay?

Stamp Duty – You will have to pay stamp duty and any applicable taxes incurred at the prevailing rate.

#### 5. What are some of the key terms and conditions that I should be aware of?

- Importance of disclosure – You must disclose all important facts that will affect You and / or Life **Assured's risk profile, such as occupation and age correctly.**
- Free Look Period – You have the right to return this Policy within fifteen (15) days after We deliver it to You, if, for any reason, You are not satisfied with this Policy. If returned, the Policy will be considered void from the beginning and any premium paid will be refunded to You less any medical examination fee incurred, without interest.
- Grace Period – A period of thirty-one (31) days from its due date (inclusive) will be allowed for payment of each premium due, during which period this Policy shall remain in force. If any premium remains unpaid at the end of the Grace Period, this Policy shall terminate.
- Upon claim, You or Your representatives will be required to submit a written notice to Us. Any delay in doing so may affect Our claim assessment. Please call Our customer service representative who will guide You or Your representatives in filing the claims.

Note: This list is non-exhaustive. Please refer to the Policy Contract for the terms and conditions under this Policy.

#### 6. What are the major exclusions under this Policy?

This Policy has certain exclusions, meaning situations where **We won't pay a benefit. We list below the exclusions that apply to the benefits under Your Policy.** We may also apply specific exclusions to Your Policy when We offer to issue Your Policy. If any specific exclusions apply, We will record the details in a Policy Endorsement.

##### Exclusion

i-Med will not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

- Specified Illnesses within one hundred twenty (120) days from the Risk Commencement Date; or
- Any Disability (except for Injury) and its signs or symptoms that appear within thirty (30) days from the Risk Commencement Date; or
- Pre-existing Illness; or
- Plastic or cosmetic Surgery and related treatments; or
- Circumcision or any Surgery on the foreskin; or
- Eye examination and surgical correction for visual impairments due to nearsightedness, farsightedness or astigmatism or radial keratotomy or Lasik; or
- Dental conditions including dental treatment by Dentist or oral Surgery except as necessitated by accidental Injuries to sound natural teeth occurring wholly during the period of Insurance.

Note: This list is non-exhaustive. Please refer to the Policy Contract for the terms and conditions under this Policy.

## 7. Can I cancel my Policy?

You may cancel Your Policy by giving Us an advance notice. We will refund You a percentage of the premium provided there was no claim made on this Policy during the current Policy Year. The amount of premium refund shall be based on the duration that the Policy has been in force:

Duration Not Exceeding	Percentage of Annual Premium Refund	Percentage of Monthly Premium Refund
15 days *	90%	No Refund
1 month	80%	
2 months	70%	
3 months	60%	
4 months	50%	
5 months	40%	
6 months	30%	
7 months	25%	
8 months	20%	
9 months	15%	
10 months	10%	
11 months	5%	
Period exceeding 11 months	No Refund	

\* Not applicable to first Policy Year

## 8. What do I need to do if there are changes to my/my nominee(s) contact details?

It is important that You inform Us of any change in Your/Your nominee(s) contact details to ensure all correspondences reach You/Your nominee(s) in a timely manner.

## 9. Where can I get further information?

If You have any enquiries, please contact Us at:

FWD Insurance Berhad 199301022976 [277714-A]

(formerly known as Gibraltar BSN Life Berhad)

Head Office

: Level 21, Mercu 2, KL Eco City,  
No.3 Jalan Bangsar,  
59200 Kuala Lumpur, Malaysia

Customer Careline

: 1300-22-6262 (Toll-free) / 03-2298 0088 (Direct Line)

Website

: fwd.com.my

E-mail

: ask@fwd.com

## 10. Other similar types of cover available

Please ask Us for any other similar types of plans offered by Us.

**IMPORTANT NOTICE:**

BUYING LIFE INSURANCE POLICY IS A LONG-TERM FINANCIAL COMMITMENT. YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

THIS IS A DIRECT CHANNEL PRODUCT. IT IS A PURE PROTECTION PRODUCT WITH NO CASH VALUE.

**Other Important Notices:**

1. You should satisfy Yourself that this Policy would best serve Your needs and that the premium payable under the Policy is affordable.
2. It is advisable for You to nominate a nominee for Your Policy and ensure the nominee is aware of the Policy that You have purchased. Failure to make a nomination may cause a delay in paying out the policy moneys.
3. You may change the ownership of the Policy by way of an assignment by giving Us a written notice. The change of ownership of the Policy shall be effective only after We receive the written notice.
4. You are advised to keep the receipt as proof of payment of premiums.
5. It may not be advantageous to replace an existing life insurance policy with a new one. If You intend to do so, We recommend that You consult Your present insurer before making a final decision.
6. This Policy may qualify for tax relief subject to Inland Revenue Board's approval.
7. In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "Applicable Tax") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this Policy, We will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this Policy on payment of premiums and default hereof shall apply equally to the Applicable Tax.

FWD Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia. The information provided in this Product Disclosure Sheet is valid as at <dd/mm/yyyy>.