eTiQa
Family Takaful



MASTER CONTRACT GROUP
TAKAFUL WAKALAH
HARMONIZED

KOPERASI POLIS DIRAJA MALAYSIA BERHAD
TGTW001218/9

04/06/2026

KOPERASI POLIS DIRAJA MALAYSIA BERHAD
NO.1, BANGUNAN KOPERASI POLIS
JALAN SULAIMAN
KUALA LUMPUR
50000 WILAYAH PERSEKUTUAN

Dear Sir/Madam,

GROUP TERM TAKAFUL - WAKALAH HARMONIZED
TGTW001218/9
AC-008616/KOPERASI POLIS DIRAJA MALAYSIA BERHAD
KOPERASI POLIS DIRAJA MALAYSIA BERHAD
Period of Takaful: 01/03/2026 to 28/02/2027

Thank you for taking the above takaful coverage with us. We are pleased to confirm cover for all employees in the attached listing.

In line with the confirmation of cover, enclosed are the related documents for your immediate attention and action:

1. Master Certificate
2. Contribution Invoice No : B260000152205 amounting to RM 2,382,929.90 (inclusive of 8% service tax and stamp duty) being contribution chargeable and employees listing.
3. Endorsement

Please find below your unique VA Code for your use in any payment remittance to Etiqa.

Your Virtual Account Code with Etiqa is: -

Virtual Account code	:	550513952333
Recipient Reference	:	KOPERASI POLIS DIRAJA MALAYSIA BERHAD
Payment Details	:	TGTW001218/9
Company Code	:	266243D
Swift Code	:	MBBEMYKL (for TT use only)

We trust that the above documents are in order. Should you need further clarification or information pertaining to the scheme or related matter, please contact our Customer Care at 1300 13 8888 or e-mail us at info@etiqa.com.my.

The benefit(s) payable under eligible product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Us or PIDM (visit www.pidm.gov.my).

Thank you.

Yours faithfully,
TUN AKMAL HAKIM BIN OMAR
HEALTH & WELLNESS DEPARTMENT

TAKAFUL SCHEDULE

STAMP DUTY PAID

Takaful Contract No : TGTW001218/9

Takaful Contract Holder : KOPERASI POLIS DIRAJA MALAYSIA BERHAD

Address : NO.1, BANGUNAN KOPERASI POLIS
JALAN SULAIMAN, KUALA LUMPUR
50000 WILAYAH PERSEKUTUAN

Period of Coverage : 01/03/2026 to 28/02/2027

Renewal : 01/03/2027

Group Benefits Scheme : GROUP FAMILY TAKAFUL

Covered Members : AS PER LIST LODGED TO THE COMPANY

Scope of Coverage & Contribution:

No.	Benefits	Plan	Eligible Age of Entry	Maximum Age of Cover	Free Cover Limit (Up to age 70 years old)	Total Sum Covered (RM)	Contribution Rate Per Unit Per Person (Annual)	Contribution (RM)
1	Death (Natural)	Plan1	3 months – 70 years old	75	78,000.00 (up to 6 units)	13,000.00	132.00	2,382,929.90
	Permanent Total Disability Benefit (Natural)					13,000.00		
	Death (Accidental)					33,000.00		
	Permanent Total Disability Benefit (Accidental)					33,000.00		
	Permanent Partial Disability Benefit (Accidental)					33,000.00		
	Terminal Illness					13,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					125.00		
	Accidental Daily Hospital Allowance up to 30 days					30.00		
	Funeral Expense (RM 3000/life)				N/A	3,000.00		
2	Death (Natural)	Plan2	3 months – 70 years old	75	78,000.00 (up to 6 units)	26,000.00	264.00	
	Permanent Total Disability Benefit (Natural)					26,000.00		
	Death (Accidental)					66,000.00		
	Permanent Total Disability Benefit (Accidental)					66,000.00		
	Permanent Partial Disability Benefit (Accidental)					66,000.00		
	Terminal Illness					26,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					200.00		
	Accidental Daily Hospital Allowance up to 30 days					50.00		
	Funeral Expense (RM 5000/life)				N/A	5,000.00		

No.	Benefits	Plan	Eligible Age of Entry	Maximum Age of Cover	Free Cover Limit (Up to age 69 years old)	Total Sum Covered (RM)	Contribution Rate Per Unit Per Person (Annual)	Contribution (RM)
3	Death (Natural)	Plan3	3 months – 70 years old	75	78,000.00 (up to 6 units)	39,000.00	396.00	
	Permanent Total Disability Benefit (Natural)					39,000.00		
	Death (Accidental)					99,000.00		
	Permanent Total Disability Benefit (Accidental)					99,000.00		
	Permanent Partial Disability Benefit (Accidental)					99,000.00		
	Terminal illness					39,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					250.00		
	Accidental Daily Hospital Allowance up to 30 days					70.00		
	Funeral Expense (RM 7000/life)				N/A	7,000.00		
4	Death (Natural)	Plan4	3 months – 70 years old	75	78,000.00 (up to 6 units)	52,000.00	528.00	
	Permanent Total Disability Benefit (Natural)					52,000.00		
	Death (Accidental)					132,000.00		
	Permanent Total Disability Benefit (Accidental)					132,000.00		
	Permanent Partial Disability Benefit (Accidental)					132,000.00		
	Terminal Illness					52,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					300.00		
	Accidental Daily Hospital Allowance up to 30 days					90.00		
	Funeral Expense (RM 9000/life)				N/A	9,000.00		
5	Death (Natural)	Plan5	3 months – 70 years old	75	78,000.00 (up to 6 units)	65,000.00	660.00	
	Permanent Total Disability Benefit (Natural)					65,000.00		
	Death (Accidental)					165,000.00		
	Permanent Total Disability Benefit (Accidental)					165,000.00		
	Permanent Partial Disability Benefit (Accidental)					165,000.00		
	Terminal Illness					65,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					400.00		
	Accidental Daily Hospital Allowance up to 30 days					110.00		
	Funeral Expense (RM 11000/life)				N/A	11,000.00		

No.	Benefits	Plan	Eligible Age of Entry	Maximum Age of Cover	Free Cover Limit (Up to age 70 years old)	Total Sum Covered (RM)	Contribution Rate Per Unit Per Person (Annual)	Contribution (RM)
6	Death (Natural)	Plan6	3 months – 70 years old	75	78,000.00 (up to 6 units)	78,000.00	792.00	
	Permanent Total Disability Benefit (Natural)					78,000.00		
	Death (Accidental)					198,000.00		
	Permanent Total Disability Benefit (Accidental)					198,000.00		
	Permanent Partial Disability Benefit (Accidental)					198,000.00		
	Terminal Illness					78,000.00		
	Temporary Partial Disability Benefit (Accidental) / Accidental Weekly Benefit (full MC Benefit) – minimum 5 days up to 150 days					500.00		
	Accidental Daily Hospital Allowance up to 30 days					130.00		
	Funeral Expense (RM 13000/life)				N/A	13,000.00		
							Contribution	**2,382,929.90**
							Sales & Service Tax	**0.00**
							Stamp Duty	**10.00**
							Total Contribution	**2,382,939.90**

Wakalah Fee :

Type	% of Contribution	Fixed Wakalah Fee
Wakalah Fee*	16.00 %	0.00
Commission	10.00 %	0.00

*The Wakalah Fee is inclusive of Commission

Net Surplus Allocation Ratio :

Takaful Contract Holder	Takaful Operator
50 %	50 %

Dated 04/JUNE/2026 in KUALA LUMPUR

FOR ETIQA FAMILY TAKAFUL BERHAD

AUTHORISED SIGNATORY

ENDORSEMENT

CERTIFICATE NO	:	**TGTW001218/9**
CERTICATE HOLDER	:	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	:	**GROUP TERM LIFE TAKAFUL - WAKALAH**
PERIOD OF COVER	:	**01/03/2026 to 28/02/2027**

It is hereby declared and agreed that with effect from **01/03/2026 to 28/02/2027**

PAYMENT OF SURPLUS : :

At the end of each Financial Year of the Takaful Operator, subject to recommendation by the Takaful Operator's appointed actuary and Shariah Committee as well as the approval by the Takaful Operator's board of directors, such surplus will be shared between the Operator and the Covered Member/Person Covered in the ratio of 50:50. The Takaful Operator's entitlement to the surplus is on the basis of the Ju'alah principle.

Any Surplus under this Master Contract, shall be payable to Covered Member/Person Covered or Claimant. For Claimant, such nominee shall distribute the Surplus in due course of administration of the estate of the deceased Covered Member/Person Covered in accordance to the will of the Covered Member/Person Covered or the law relating to the distribution of the estate of the deceased persons as applicable to the Covered Member/person Covered.

Upon payment of Takaful Benefits, We shall be discharged from any further liability with respect to any person paid.

PAYMENT OF CLAIM: :

Takaful Benefits payable under this Master Certificate shall be paid according to the following:

i) to the Covered Member; or
ii) Claimant with supporting documents. For Claimant, if applicable, such nominee shall distribute the Takaful Benefits in due course of administration of the estate of the deceased Covered Member/Person Covered in accordance to the will of the Covered Member/Person Covered or the law relating to the distribution of the estate of the deceased persons as applicable to the Covered Member/Person Covered.

Upon payment of Takaful Benefits, We shall be discharged from any further liability with respect to any person paid.

SURPLUS SHARING :

The Group Hospital and Surgical Takaful Contract (TGWH000690/9) is issued as a rider to Group Family Takaful – Wakalah Harmonized Contract (TGTW001218/9) where both Contracts are sharing the surplus. Termination of TGTW001218/9 shall affect the rate term and conditions of TGWH000690/8 being reviewed and revised.

Etiqa Family Takaful Berhad (199301011506) Dataran Maybank, No.1 Jalan Maarof, 59000 Kuala Lumpur, Malaysia
T +603 2297 3888 | F +603 2297 3800 | E info@etiqa.com.my

It is further agreed that the list attached is not exhaustive and may be amended from time to time.

All other terms, conditions and exclusions of this Contract shall remain unchanged.

This endorsement shall not be binding upon Etiqa Family Takaful Berhad unless signed by its authorised representative, nor shall anything contained herein be held to waive, alter, change or extend any of the conditions, limits, provisions, agreements, statements or declaration of the Contract other than as above stated.



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Chin Tze How
Director of Business Development & Operations
(Health & Wellness)

Dated at Kuala Lumpur, 04/06/2026

Etiqa Family Takaful Berhad (199301011506) Dataran Maybank, No.1 Jalan Maarof, 59000 Kuala Lumpur, Malaysia
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ENDORSEMENT

CONTRACT NO	**:**	**TGTW001218/9**
CONTRACTHOLDER	**:**	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	**:**	**GROUP FAMILY TAKAFUL – WAKALAH HARMONIZED**
PERIOD OF COVER	**:**	**01/03/2026 to 28/02/2027**

It is hereby declared and agreed that with effect from 01/03/2026, the following benefits as per the Schedule of Benefit shall be defined as below:

1. **Permanent Partial Disablement Benefit (Accident Cause)**
Upon receipt and approval of due proof that the Person Covered suffers any of the Permanent Partial Disablement:
   (a) Incurred within twelve (12) months from the date of Accident; and
   (b) Prior to the Master Contract Anniversary on which he attains the age of sixty-nine (69) years next birthday,

   We will pay a benefit or benefits correspond to the said permanent Partial Disablement in accordance with the Scale of benefits below:

   1.1 Scale Of Benefits
   Event: Bodily injury caused solely and directly by accidental means which independently of any other cause shall within 12 calendar months result in death, loss or necessitate medical and surgical treatment.

Result	Description	Compensation
A	Death	Amount stated in the Schedule
B	Total and Permanent Loss or Disablement/ Permanent Partial Disablement	A percentage of the amount as stated in the Schedule
1	Total and Permanent Disablement from following any employment or occupation	100%
2	Total and Permanent loss of all sight in one or both eyes	100%
3	Total loss by physical severance or total and permanent partial loss of use of:	
	a. One or both hands at wrist	100%
	b. Arm at shoulder	100%
	c. Arm between shoulder and elbow	100%
	d. Arm at or below elbow	100%

	e. Leg at hip		100%
	f. Leg between knee and hip		100%
	g. Leg at or below knee		100%
4	Total and Permanent partial loss of:		
	a. Sight in one eye except perception of light		50%
	b. Lens of one eye		50%
5	Total loss by physical severance or total and permanent partial loss of use of:		
	a. Thumb and 4 fingers of one hand		50%
	b. 4 fingers of one hand		40%
	c. Thumb	- 2 phalanges	25%
		- 1 phalanx	10%
	d. Index finger	- 3 phalanges	15%
		- 2 phalanges	8%
		- 1 phalanx	4%
	e. Middle finger	- 3 phalanges	10%
		- 2 phalanges	4%
		- 1 phalanx	2%
	f. Ring finger	- 3 phalanges	8%
		- 2 phalanges	4%
		- 1 phalanx	2%
	g. Little finger	- 3 phalanges	6%
		- 2 phalanges	4%
		- 1 phalanx	2%
	h. Metacarpals	- first or second (additional)	3%
		- third, forth or fifth (additional)	2%
	i. All toes of one foot		18%
	j. Great toe	- 2 phalanges	6%
		- 1 phalanx	3%
	k. Any other toe		3%
6	Total and permanent loss of		
	a. Hearing in both ears		75%
	b. Hearing in one ear		15%
7	Total and permanent loss of speech		50%

C Temporary Total disablement from engaging in or attending to usual business
Weekly compensation at the rate stated Amount as per Schedule

D Temporary Partial Disablement from engaging in or attending to usual business
Weekly compensation at the rate stated Amount as per Schedule

E Reasonable medical, surgical, hospital, nursing home and nursing fees or changes
Necessarily within twelve months from the happening of the event Amount as per Schedule

Compensation shall not be payable:

i. In respect of Results A and B for more than the Death Compensation in the aggregate during any Period of Insurance
ii. For Results A and B(1), B(2) and B(3)caused by the same event except as regards Result A if Compensation has been paid or is payable for Result B(4), B(5), B(6) and B(7) in respect of the same Event the amount payable shall be limited to the sum by which Compensation A exceeds such Compensation.
iii. For Result(C) and (D) for the same period of disablement nor for any period of disablement subsequent to Compensation becoming payable for Results B caused by the same Event.
iv. In respect of Result C and D or C and D combined for any period in excess of 104 weeks from the happening of the Event.
v. For any specific Result where greater Compensation is payable for a Result which includes such specific Result.
vi. For any of the Result until the total amount has been agreed.

1.2 Condition For Payment Of Benefits

1.2.1. A claim made under Partial Permanent Disablement Benefit will result in the same amount of reduction in the Sum Covered of the Death Benefit and TPD Benefit.

1.2.2. The aggregate amount of benefits payable to any Person Covered under Partial Permanent Disablement Benefit and TPD Benefit taken together hould not exceed a total of one hundred percent (100%) of the Sum Covered on Permanent Partial Disablement Benefit.

2. Daily Hospital Allowance Benefit (Accident Only)

Upon receipt and approval of due proof that the Person Covered is confirmed to a Hospital for a minimum period of six (6) hours of confinement and on the recommendation of a registered medical practitioner, We will pay the Hospital Allowance Benefit (Accident only) (per day) as shown in the Takaful Schedule as a result of injury, on each day within the duration of his Hospitalization for;

2.1 Injury which occurred on or after the Effective Date

The aggregate amount of Daily Hospital Allowance Benefit payable to each Person Covered shall be limited to a maximum of thirty (30) days per accident.

3. <u>Temporary Partial Disablement Benefit (Accident Cause)</u>

Upon receipt and approval of due proof that the Person Covered suffers a partial temporary disablement which prevents him from performing any and every duty of his occupation from the date of injury, We will pay the Sum Covered on Partial Temporary Disablement Benefit (Accident only) shown in the Takaful Schedule as weekly benefit.

Provided that:

3.1 The period of disability must continue for a period of at least five (5) days before any weekly benefit is payable; and

3.2 The maximum period for which the payments are to be made for per accident is one hundred and fifty (150) days

It is further agreed that the above list is not exhaustive and may be amended from time to time.

This endorsement shall not be binding upon Etiqa Family Takaful Berhad unless signed by its authorised representative, nor shall anything contained herein be held to waive, alter, change or extend any of the conditions, limits, provisions, agreements, statements or declaration of the Contract other than as above stated.



……..

Dated at Kuala Lumpur, 04/06/2026 Authorised Signature

ENDORSEMENT

CONTRACT NO	**:**	**TGTW001218/9**
CONTRACTHOLDER	**:**	**KOPERASI POLIS DIRAJA MALAYSIA BERHAD**
SCHEME	**:**	**GROUP FAMILY TAKAFUL – WAKALAH HARMONIZED**
PERIOD OF COVER	**:**	**01/03/2026 to 28/02/2027**

It is hereby declared and agreed that with effect from 01/03/2026, this endorsement is attached to and forms part of Contract No. TGTW001218/9.

Special Conditions

1. The coverage applies 24 hours a day, every day in a year against any cause of death and disablement occurring anywhere in a world, where at work, at home, during leisure, on vacation, or while travelling for business or pleasure on land, air or sea.
2. Eligible Age: Entry age for participant (member/spouse/child) is between the age of three (3) months old attained age but not more than seventy (70) years old who is newly join the scheme and extended to seventy-five (75) years old for existing participant.
3. **Additional and Deletion Clause** ; Monthly declaration shall consist any of the following changes;
   - i. New member enrolment
   - ii. Existing member new additional unit
   - iii. Existing member reducing unit
   - iv. New dependent enrolment (spouse and children)
   - v. Existing dependent new additional unit
   - vi. Existing dependent reducing unit
   - vii. Termination / deletion of existing member and / or dependent.

General Conditions:

For the premium computation, monthly declaration will be back-dated based on the actual effective date declared in the data provided by KPDRM and is subject to following back-dated clause:

1. 60 days for Members (Not Retiree)
2. 90 days for Retiree

In the event of any claims, the following special conditions shall apply: -

Special Condition for New Member (Principal and Dependent) enrolment:

In the event of claim, the actual effective date for new member
(principal and dependents) shall be the actual individual enrolment date of each member within the month, the claim will be process as follows: -

- i. **Accidental cause** – no claims will be payable before the actual new member enrolment date. All claims occurred after enrolment date will be covered in full according to the new member number of unit enroll.
- ii. **Non-accidental cause** – There will be a waiting period applicable to new member for non-accidental cause (refer to Waiting Period Table 1.0 below).
- iii. The enrolment date as mentioned above will be verified and confirmed by Koperasi based on member Enrolment Form submitted to Koperasi in the event of any claims.

Special condition for increase no of unit for Existing Member (Principal and Dependent):

In the event of claim for increase number of unit existing Member (Principal and dependent), the claim will be process according to accidental and non-accidental cause:-

- i. **Accidental cause** – no claims will be payable before the actual new additional unit of existing principal and dependents enrolment date. All claims occurred after enrolment date will be covered in full according to the number of unit enroll.

ii. **Non-accidental cause** – There will be a waiting period applicable to new additional unit of existing principle and dependent for non-accidental cause (refer to Waiting Period Table 2.0 below).

iii. The enrollment date and the applicable number of unit as mentioned above will be verified and confirmed by Koperasi based on member Enrollment Form and existing Koperasi record in the event of any claims or dispute.

4. **Waiting Period for New Members (Principal and Dependents) and New Additional Unit for Non Accidental Cause – Death & TPD**

i. **12 months waiting period** shall apply for all types of cancer, disease related to heart and cardiovascular (including stroke), kidney failure, paralyzed from and above the waist, multiple sclerosis, coma, organ transplant, brain related disease that require surgery.

ii. **3 months waiting period** shall apply for all non-accidental causes others than the item i. above.

iii. **9 months waiting period** shall apply for all non-accidental causes others than the item i. above – only for New Entrant (Newly Joined Police Force)

5. **Waiting Period Table**

Table 1.0: Waiting Period for New & Existing Principal and Dependent

A. Principal and Dependents

No	Members	Waiting Period	
		3 Months	12 Months
1	Principal (Existing)	No	No
2	Principal (New)	Yes	Yes
3	Dependent (Existing)	No	No
4	Dependent (New)	Yes	Yes

B. New Entrant (Newly Joined Police Force)

No	Members	Waiting Period	
		9 Months	12 Months
1	Principal	Yes	Yes
2	Dependent	Yes	Yes

Table 2.0: Waiting Period for Additional Unit for Existing Member and Existing Dependent

A. Principal and Dependents

No	Members	Waiting Period	
		3 Months	12 Months
1	Principal (Existing)	Yes	Yes
2	Dependent (Existing)	Yes	Yes

B. New Entrant (Newly Joined Police Force)

No	Members	Waiting Period	
		9 Months	12 Months
1	Principal	Yes	Yes
2	Dependent	Yes	Yes

6. Coverage is by unit basis, minimum 1 unit, maximum 6 units per person. Coverage for spouse and children must be equal or inferior to principal member.
7. Children age limit is from 3 months old and continuously enroll under the scheme until terminated by principle member.
8. The coverage shall be extended to cover all accident and/or incidents resulting directly and indirectly, wholly or partly during course of policy duties and/or services and/or training for the following activities;
    i. Unscheduled flight (must be in a licensed aircraft)
    ii. All types of police training both armed and unarmed (i.e. martial arts, boxing, shooting range etc.)
    iii. All types of amateur sport activities, those falling under professional sport will be subjected to name declaration and approval
    iv. All types of social activities
    v. Undercover activities. Undercover activities shall be defined as police activities done and kept in secret such as undercover activities within an organized/ criminal organization, drug trafficking organization, terrorist or military group, subversive organization, political and NGO information and intelligence and any others activities of such nature.
9. Standard exclusion for death and disablement will be waived for any death, injury or illnesses resulting directly and indirectly, wholly or partly during course of policy duties, activities and/ or services and/ or training.
10. Waiver of pre-existing to all existing and new members.
11. Death due to HIV contracted whilst on duty and/or police activities is payable under additional benefit.
12. Monthly Declaration (named list) to be provided between 20th – 30th of the respective month.
13. Total Monthly Contribution to be paid on Monthly Basis.
14. Bereavement Benefits Memo
    i. Non-accidental cause only – is hereby declared and agreed the Bereavement Benefit for non-accidental shall be payable in full lump sum in the event of either Death or Total Permanent Disablement (TPD) due to non-accidental cause. For the benefits of TPD shall subject to benefit items that bear 100% entitlement as per Scale of Benefits.
    ii. Funeral expenses for all causes – This benefits is payable only in the event of Death to the covered member from any causes (accidental & non-accidental)
15. Actively At Work Condition – Not Applicable
16. Waiting period for new entrant is 9 months for natural causes.
17. No waiting period applied for BOD who no longer hold position and moves to normal members, normal members move to BOD and employees who retied but still members.
18. Backdated effective date is automatic allowable for retiree termination only, not more than 90 days of email received before Group EB Endorsement proceed for endorsement.
19. **Suicide Clause**
    i. Death Non Accidental – Sum covered subject to waiting period (Refer Waiting Period table)
    ii. Accidental Death Benefit – We shall not pay the benefit if accidental death or disability occurs due to self-inflicted injuries or attempted suicide, unless proven insane.
    iii. Temporary Total Disability / Permanent Partial Disability (PPD) – We shall not pay the benefit if disability occurs due to self-inflicted injuries or attempted suicide, while sane or insane.
    iv. Total & Permanent Disability (TPD) Benefit – We shall not pay the benefit if disability occurs directly or indirectly caused by self-inflicted injuries or attempted suicide, unless proven insane.

All other terms, conditions and exclusions of this Takaful Contract shall remain unchanged.

It is further agreed that the above list is not exhaustive and may be amended from time to time.

This endorsement shall not be binding upon Etiqa Family Takaful Berhad unless signed by its authorised representative, nor shall anything contained herein be held to waive, alter, change or extend any of the conditions, limits, provisions, agreements, statements or declaration of the Contract other than as above stated.



.....

Dated at Kuala Lumpur, 04/06/2026

Authorised Signature

ETIQA GROUP FAMILY TAKAFUL CERTIFICATE

The Concept of Takaful	Takaful is a mutual assistance scheme based on the spirit of brotherhood and solidarity where Master Certificate Holders like You agree to assist each other financially in case of certain defined need.
The Entire Certificate between You and Us	This Takaful Master Certificate, all written application forms, the Takaful Schedule, any applicable Supplementary Certificate, and Endorsements that We may issue subsequent to the Issue Date of this Master Certificate, form the entire contract between You and Us. Any change in the provisions of this Master Certificate must be contained in an Endorsement and duly signed by one of Our authorised officer. As this is a legal contract between You and Us, please read your Takaful Master Certificate carefully.
Takaful Schedule	The Takaful Schedule is issued as a separate attachment, but forms a part of this Certificate. It contains information on: i. Who the Master Certificate Holder is; ii. Who the Covered Members are and the scope of coverage; iii. The Period of Coverage and the option for renewal; and/or iv. The Contribution amount Please check the information to ensure that they correctly reflect the type and amount of Benefit requested. Please return this Takaful Certificate to Us immediately for rectification if any of the information is incorrect.

TAKAFUL CERTIFICATE INFORMATION STATEMENT

Admission of Age	You are required to provide Us with proof of age (i.e. a birth certificate or identity card) of the eligible member(s) before We can make any payment of Benefits to You.
Where to Pay Contributions	You may pay Contributions directly at Our Head Office or at any of Our branches, or by any method of payment that is acceptable to Us.
Failure to Pay Contribution	You are given a Grace Period of sixty (60) days to pay the Contribution due. If We do not receive Your Contribution within the Grace Period, Your Certificate shall be cancelled and We shall be entitled to the pro-rated Contribution for the period between the date of inception of this Master Certificate up to its cancellation date.
How to Make a Claim	To make a claim under this Certificate please refer to Notice of Claim and Filing Proof of Loss provisions in this Master Certificate. Should You require any assistance, kindly call Our Etiqa Oneline at 1300 13 8888.

Free Look Period	You may cancel the Takaful coverage by returning the relevant original Master Certificate to us within fifteen (15) days of the receipt of such Master Certificate. We will refund the contributions paid for the Takaful coverage relating to such Master Certificate less any medical expenses, which we may have incurred with regard to any medical examination done for the Covered Member.
Right to Cancel or Terminate	You have the right to cancel this Master Certificate by giving Us a written notice, not less than thirty (30) days prior to cancellation.
Change of Address	Please inform Us immediately of any change of address to ensure that there will be no interruption in communication from Us to You.
Contact Us	For service or information on this Master Certificate, please contact: i. Etiqa Oneline at 1300 13 8888; or ii. Any of Our branch offices.
Service Standards	We assure You that We will strive to provide You with the highest standard of service. However, if We do not meet Your expectations, or if You are not satisfied with Our service, You may: i. Write to Our Complaint Management Unit at Level 4, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur; or ii. Call Us at 1300 13 8888 (Overseas: +603-2780 4500); or iii. Fax your feedback to Us at 03-2785 3093; or iv. E-mail us at cmu@etiqa.com.my
Ombudsman for Financial Services (OFS)	The Ombudsman for Financial Services (OFS) may be contacted by the Claimant or Participant, in the event that the Claimant or Participant is dissatisfied with the decision of Etiqa Family Takaful Berhad to a dispute, or Etiqa Family Takaful Berhad's failure to respond to a complaint within sixty (60) days. The OFS contact details are as follows: Email : enquiry@ofs.org.my or Fax : 603-2272 1577 or Postal address : Chief Executive Officer, Ombudsman for Financial Services (Formerly known as Financial Mediation Bureau) Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman, 50000, Kuala Lumpur. Alternatively, the Claimant or Participant may file the dispute in person at the OFS office. The OFS must be contacted within six (6) months from the date of the final decision from Etiqa Family Takaful Berhad/Us to the dispute of the Claimant or Participant. For further details on the OFS, please obtain the information pamphlets from Etiqa Family Takaful Berhad/Us or visit the OFS website at www.ofs.org.my. Engagement of the OFS is subject to the terms of reference pursuant to section 138 of the Islamic Financial Services Act 2013. Contacting the OFS does not affect the Claimant's or Participant's right to take legal action against Etiqa Family Takaful Berhad/Us] should they be dissatisfied with the outcome by the OFS.

Bank Negara Malaysia (BNM)	Any Participant or Claimant who is not satisfied with the conduct of the Takaful Operator may write to BNM, giving details of the complaint, the name of Takaful Operator and Certificate number or the Claim number. Copies of the correspondence (if any) between the Participant or the Claimant and the Takaful Operator also be sent to facilitate tracing the case file kept by the Takaful Operator. The contact details are as follows: Director Jabatan LINK dan Pejabat Wilayah Level 13C Bank Negara Malaysia P. O. Box 10922 50929 Kuala Lumpur. Telephone Number: 03 - 2698 8044 Facsimile Number: 03 - 2693 4051
Our Head Office Address	If You need to write to Us, Our Head Office address is: Etiqa Family Takaful Berhad (199301011506) Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur. Tel No: 03 2297 3888 Fax No: 03 2297 3800 Email: info@etiqa.com.my

DEFINITIONS

You (Your, the Master Certificate Holder)	The owner of this Master Certificate, as stated in the Takaful Schedule.
We (Our, Us, the Takaful Operator)	Etiqa Family Takaful Berhad (Company No. 199301011506)
The Master Certificate / Basic Certificate	The entire contract consisting of all application forms, the Master Certificate, the Takaful Schedule and any Endorsements that may be issued after the Issue Date.
Endorsement(s)	Any written change to the Master Certificate which is issued and properly authorised by Us.
Contribution(s)	The amount of money that You pay to Us to participate in this Group Family Takaful Master Certificate and its Supplementary Certificate(s), if any.
Ju'alah	Ju'alah means reward contract in which one of the parties offers specified reward(s) to anyone who will achieve a determined result in a known or unknown period. In relation to the contract of Takaful, it refers to the basis of distribution of surplus from the Risk Fund which is agreed between Us and Participant or Covered Members (where applicable) where the Participant or Covered Members offer a reward to Us for the good management of the Risk Fund.
Wakalah	Wakalah refers to a contract where a party, as principal authorizes another party as his agent to perform a particular task on matters that may be delegated, with or without imposition of a fee. In the context of this Certificate, this means You have appointed Us to invest and manage the Risk Fund on Your behalf with the agreed fee(s). You have also authorized Us to delegate Our rights, duties and obligations to any third party as We deem fit. In the event of such delegation, We will remain liable and responsible for all such rights, duties and obligations towards You.
Wakalah Fee	The portion of the Contribution that is used to pay commissions and Our fee to operate and manage the Risk Fund on Your behalf.
Amal Jariah	Amal Jariah means a regular donation or contribution that benefits the public.
Tabarru'	Tabarru' means donation, gift or contributions. In this Takaful Master Certificate, it means Contribution for the purpose of Takaful. This portion is placed in the Risk Fund.
Risk Fund / Takaful Fund	The fund where a portion of Your Contribution is placed. The Contributions allocated to this fund and its investment(s) are used to pay for the Takaful Benefits. The Risk Fund is collectively owned by a pool of Takaful Participants.

Qard	Qard , in the context of this Master Certificate, means an interest-free loan which is given by the Takaful Operator to the Risk Fund when it becomes insufficient to fulfil its Takaful obligation. The loan will be paid by the future surpluses from the Risk Fund.

Group Benefits Scheme (the Scheme)	The Benefits that Covered Members are entitled to from the Master Certificate, and/or Supplementary Certificate(s), if any, upon being accepted for inclusion in the scheme.
Eligible Member(s)	All persons that You have listed as eligible to be enrolled for inclusion in the scheme.
Covered Member(s)	All Eligible Members who have been accepted for inclusion in the scheme.
Age	Age Next Birthday
Commencement Date	The date that the first Contribution is due.
Renewal Date	One (1) full year from the Commencement Date, and every year thereafter as long as this Certificate is renewed and the Renewal Contribution is paid.
Issue Date	The date that this Master Certificate and any Endorsement are issued.
Eligible Date	The date that Eligible Members become eligible to join in the Scheme.
Inclusion Date	The date that Eligible Members have been accepted for inclusion into the Group Benefits Scheme.
In Force	This Master Certificate is “In Force” if it has not been terminated or expired.
Grace Period	The additional period of time that We provide for You to pay the Contribution due. The Grace Period under this Certificate is sixty (60) days from the date the Contribution is due.
Lapse(d)	The Master Certificate is no longer In Force.
Takaful Benefit(s) / Benefit(s)	Any payments that We will pay when the Covered Event(s) occur.
Sum Covered	The amount of Family Takaful coverage provided by the Master Certificate and/or Supplementary Certificate(s), if any, in respect of each Covered Member.

Covered Event(s)	The event(s), upon the occurrence of which the Benefits become payable under this Master Certificate and/or Supplementary Certificate(s), if any. The Covered Event(s) is/are identified in the Takaful Schedule.
Actively At Work	An employee who is engaged in full-time occupation for regular salary or pay, must be actively or physically at work on the Inclusion Date or the Renewal Date, whichever is later, for the coverage to be effective. Absence due to paid leave, study leave or training as distinct from sick leave shall also fulfil this requirements.
Free Cover Limit	The maximum amount of Sum Covered and age for each Eligible Member that We will accept without the any requirement for evidence of health as per stated in the Takaful Schedule.
Natural Cause	Attributed to an illness or an internal malfunction of the body.
Accident	A sudden, unforeseen and unplanned event that results in bodily injury that is violent, external and visible in nature that happens at an identifiable date, time and place.
Injury	Bodily injury effected directly and independently of all other causes by an Accident of which, except in the case of drowning or of internal injury revealed by autopsy, there is evidence of a visible contusion or wound on the exterior of the body.
Diagnosis	The definitive diagnosis made by a physician, based upon such specific evidence, as referred to in the Definition of Critical Illness or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to Us. In the event of any doubt regarding the appropriateness or correctness of the diagnosis, We shall have the Covered Member and/or any of the evidence used in arriving at such diagnosis re-examined by a physician appointed by Us and the opinion of such physician as to such diagnosis shall be binding on both You and Us.
Pre-Existing Condition	Pre-existing Condition shall mean conditions that the Covered Member has reasonable knowledge of. The Covered Member is considered to have a reasonable knowledge of the pre-existing condition if any of the following occurs before the Inclusion Date of the Covered Member: i) The Covered Member had received or is receiving treatment; or ii) Medical advice, diagnosis, care or treatment has been recommended; or iii) Clear and distinct symptoms are or were evident; or iv) The condition would have been apparent to a reasonable person in such circumstances.

Doctor or Physician or Surgeon	A medical practitioner: i) licensed or registered to practice western medicine; and ii) who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice; and iii) who is not the Covered Member himself/herself or his/her spouse.
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:- i) has facilities for diagnosis and major surgery, ii) provides twenty-four (24) hour a day nursing services by registered and graduate nurses, iii) is under the supervision of a Physician, and iv) 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
Malaysian Resident	Malaysia Citizen or Malaysian Permanent Resident or holder of valid Work Permit or Employment Pass or Dependant's pass issued by the authorities in Malaysia.
Personal Data	Shall have the same meaning ascribed to it as under section 4 of the Personal Data Protection Act 2010. Personal Data refers to the personal data furnished by the Covered Member, You, or an authorised third party related to the Certificate. Personal Data does not include information on an individual which is in the public domain.
Material Information	The information, answers and disclosures provided by You or the Covered Member in your application form or any subsequent questionnaires provided to Us, on any matters relating to Your application between the time of submission of Your application and the time of issue, reinstatement or endorsement of this Master Certificate; and Medical reports and any other reports provided to Us on Your behalf.

SUMMARY OF RIGHTS AND BENEFITS

This summary briefly highlights some of the important terms and conditions of the Master Certificate and/or Supplementary Certificate(s), if any. For more detailed information, please refer to the respective sections.

The Type of Master Certificate	This is a yearly renewable Group Family Takaful Master Certificate, in which We have agreed to cover all Eligible Members, subject to the provisions of this Master Certificate. We agree to pay the Benefits of this Takaful Certificate in accordance with its provisions.

Our Rights to Dispute the Master Certificate	The validity of a Takaful coverage shall be incontestable after it has been in force during the lifetime of the Covered Member for two (2) years from the Certificate issue date or Commencement Date; whichever is later. However, the Certificate may be void if i) non-payment of contribution or ii) We are able to show that the statement made was on a Material Matter (as defined below) or You have or suppressed a Material Fact (as defined below) and that it was fraudulently made or omitted to be made by You or the Covered Member. For avoidance of doubt, “Material matter” or “material fact” means a matter or fact which, if known by Us, would have led to Our refusal to issue a Certificate to the Participant and/or Covered Member or would have led Us to impose terms less favourable to the Participant and/or Covered Member than those imposed in the Certificate. In the event of a misrepresentation where the Certificate has been effected for a period of two (2) years or less, the Certificate shall be dealt with accordingly whereby it may result in the Certificate being avoided and all claims refused; or a variation of terms of the Certificate may be varied; or you might be charged with a higher change in your contribution amount; or any other remedies deemed appropriate based on the misrepresentation of such Material Fact."
Benefit	Upon death of a Covered Member due to the Covered Event(s) identified in the Takaful Schedule, We shall pay to You the Sum Covered with regard to the Covered Member.
Restriction of Benefits	Payment of Benefits may be affected by such clauses as Our Rights to Dispute the Master Certificate and other clauses stated in the Restriction of Benefits provision.
Payment of Contribution	Contributions are payable one (1) year in advance. The Contribution is due on the Commencement Date specified in the Takaful Schedule. Thereafter, each Contribution is due upon renewal of this Master Certificate, if renewal is effected. If We do not receive Your Contribution within the Grace Period, the Master Certificate and/or Supplementary Certificate(s), if any, shall be void and no Benefit shall be paid.
Supplementary Certificate(s)	This Master Certificate may contain Supplementary Certificate(s) which provide additional Benefits. These additional Benefits come with additional Contribution, should You choose to include them.
Small Sum Payable	If there is a sum payable below Ringgit Malaysia Ten (RM10) upon surplus or refund to You or Covered Members, it will be credited to the bank account number as provided to Us. In the event We have unsuccessfully attempt to credit such sum payable to You or Covered Members (where applicable), it will automatically be credited to charitable fund, which will be utilized as Amal Jariah on Your or Covered Members’ behalf. The fund will be distributed to eligible recipients as approved by Shariah Committee for charitable purposes.

OWNERSHIP OF THE CERTIFICATE

Ownership of the Master Certificate	Unless otherwise expressly provided for by Endorsement in the Master Certificate, We shall be entitled to treat You as the absolute owner of the Master Certificate. We shall not be bound to recognise any equitable or other claim to or interest in the Master Certificate, and the receipt of the Master Certificate or a benefit by You (or by Your legal or authorized representative) alone shall be an effective discharge of all Our obligations and liabilities. You shall be deemed to be responsible Principal or Agent of the Covered Members covered under this Master Certificate.
What are the Rights of the Owner	You control this Master Certificate during the entire period that this Master Certificate remains in force. You may exercise all rights provided under this Master Certificate without the consent of anyone else. Your rights include the right to: i. Receive any amounts payable under this Master Certificate and/or Supplementary Certificate(s), if any, ii. Cancel or terminate the Master Certificate and/or Supplementary Certificate(s), if any, by giving a thirty (30) days prior written notice, iii. Determine the category of Covered Members and their respective entitlement of Benefits under the Group Benefit Scheme, iv. Renew the Master Certificate and/or Supplementary Certificate(s), if any, within the Grace Period.

ELIGIBILITY

Application for Inclusion	Cover is mandatory for all Eligible Members. Any Eligible Member who has been omitted from cover can apply to be included for cover within thirty-one (31) days of being eligible. If the application for inclusion is after thirty-one (31) days of being eligible, acceptance as a Covered Member will be subjected to evidence of health at Your own expense. Such evidence must be satisfactory to and accepted by Us.
New Eligible Member	All New Eligible Members are automatically included into the Group Benefits Scheme when We are so informed within thirty-one (31) days of his/her joining the organisation. If notification is given to Us after thirty-one (31) days of the Eligible Date, then We reserve the rights to require evidence of health at Your own expense. Cover commences upon Our approval of the request for inclusion.
Actively At Work Condition	Eligible Members who are employees of the Master Certificate Holder who is engaged in full-time occupation for regular salary or pay must be Actively or physically At Work on the Inclusion Date or the Renewal Date, whichever is later,. If an employee is not Actively At Work on the Inclusion Date or the Renewal Date, he/she will only be covered on the first (1st) day of the month immediately following his/her active return to work.
Qualification Requirements	It is a special requirement of this Certificate that there must be an absolute minimum of ten (10) Covered Members (excluding dependants) for the Certificate to be valid, unless You and We agree otherwise.
Medical Evidence	The evidence of health requirement will be waived for any Covered Member who is not more than sixty (60) years of age on his/her date of eligibility, and the total amount of his Takaful cover under this Master Certificate does not exceed Free Cover Limit as per stated in the Takaful Schedule. In the event the findings of the medical examination of the Covered Member are not satisfactory to Us, We will, at our absolute discretion, impose an increase in the contribution as we deems fit. We reserves the right to charge an extra contribution on the Covered Member who engages in hazardous activities, as we defined. All medical examinations and/or tests of any Covered Member that We require will be conducted by a doctor that we has approved and we will bear all expenses and cost incurred

RECORDS OF COVERED MEMBER

Records of All Covered Members	You are required to keep and furnish to Us a record of all Covered Members with the following essential particulars: i. Name, Identification (IC) Number, date of birth and gender of all Covered Members ii. New additions as well as any terminations iii. Promotions in occupational duties iv. Request for subsequent inclusions Such records and any other information that may reasonably be considered to have a bearing on the administration of the Takaful cover of the Master Certificate and on the determination of the contribution rates shall be given to Us at the end of each month for so long as this Master Certificate remains in force. We reserve the right to inspect such records at any time.
Change of Business, Occupation or Physical Condition	You must notify Us immediately of any change in: i. Your address or business or trade; or ii. The Covered Member's occupational duties. You must also give notice before any renewal of this Master Certificate, of any injury, disease, physical defect or infirmity affecting the Covered Members. We reserve the right to revise the Contribution rates if the change warrants such a revision.
Increase in Entitlement to a different Category of Benefits	When a Covered Member is eligible for a higher grade of Benefits (e.g., due to a promotion in position within an organization), this upgrade in Benefits shall become effective from the date of the promotion, provided the increase in Sum Covered does not require evidence of health. Covered Member must provide evidence of health if the Sum Covered exceeds the Free Cover Limit or a pre-determined percentage of increment allowed by Us. In the event that the employee is not Actively At Work on this date, the upgraded Benefits will only begin upon his/her active return to work.

CONTRIBUTION

Contribution	The first and subsequent Contributions must be paid in full within the Grace Period stated in this Master Certificate. The Takaful cover shall continue during the Grace Period. However, in the event that a claim is incurred within the Grace Period, but before the Contribution is paid, We shall deduct this unpaid Contribution, as well as balance of the Contribution for the remaining Period of Coverage, from the claim proceeds. In the event that the Contribution is not paid within the Grace Period, then this Master Certificate shall be cancelled and We shall be entitled to the pro-rated Contribution for the period between the date of inception of this Certificate up to its cancellation date.
Deduction of Wakalah Fee	We shall deduct an amount as Wakalah Fee from the Contribution that You have paid. The amount of Wakalah Fee is as stated in the Takaful Schedule.
Allocation to the Risk Fund	Balance of the Contribution after deduction of the Wakalah Fee shall be allocated to the Risk Fund for the purpose of Takaful.
Surplus from the Risk Fund	If there is a surplus from the Risk Fund at the end of the financially audited Takaful period corresponding to the Master Certificate, and the overall position of the Risk Fund allows for such surplus to be distributed, the amount to be allocated to You shall be based on surplus allocation ratio specified in the Takaful Schedule. However, distribution of the net surplus is subjected to the condition that Your incurred claims under the Master Certificate and/or Supplementary Certificate(s), if any, have not exceeded the amount of Contribution made during the same financially audited Takaful period.
Insufficient Fund to Fulfil Takaful Obligation	In the event of any deficit in the Risk Fund or the Risk Fund is insufficient to meet the Takaful obligations, the deficit will be first funded by the amount allocated for contingency purposes. If the Risk Fund is still in deficit, a Qard will be arranged provided that the insufficiency is not due to Takaful Operator's negligence. The Qard will be carried forward to the following financial year and any surplus emerging thereafter will be used to pay off the Qard. If the insufficiency is due to Takaful Operator's negligence, Takaful Operator will make the outright transfer for the insufficiency.
Renewal Contribution	On each Renewal Date, We will advise You of the applicable Renewal Contribution for each renewal period. If the Contribution for renewal is not paid upon expiry of the Grace Period, then this Master Certificate and/or Supplementary Certificate(s), if any, will expire and will have no further validity. Any claims occurring after the Master Certificate and/or Supplementary Certificate(s), if any, have expired will not be valid.

Reinstatement	If the Master Certificate and Supplementary Certificate(s), if any, Lapse due to non-payment of Contribution, they may be reinstated with Our consent. We may reinstate the Master Certificate and Supplementary Certificate(s), if any, at Our discretion by charging the outstanding Contribution as We consider as appropriate having regard to the period from the due date until the date of payment.

PERIOD OF COVER

Period of Cover	This Master Certificate and the Supplementary Certificate(s), if any, is valid for one (1) year, effective on the Commencement Date as specified in the Takaful Schedule.
Renewal of Cover	The option to renew this Takaful Master Certificate and the Supplementary Certificate(s), if any, will be subject to Our agreement. Once the Period of Coverage (as stated in the Takaful Schedule) expires, You can renew the Master Certificate and the Supplementary Certificate(s), if any, by paying the Renewal Contribution within the Grace Period. We are not liable if a claim occurs within the Grace Period, unless the claim occurred after the Renewal Contribution has been paid. Should We decide not to renew this Master Certificate and/or the Supplementary Certificate(s), We will give you thirty (30) days written notice before the expiry date of the current Certificate. This written notice will be sent to Your last known address on Our records by registered mail.
Exceeded Age Limit at Renewal	The renewal of this Master Certificate and/or Supplementary Certificate(s) shall not apply to Covered Members who have exceeded the eligible age at the date of renewal, as stated in the Takaful Schedule.

TAKAFUL BENEFITS

Death Benefit	If a Covered Member dies due to the Covered Event(s) identified in the Takaful Schedule, while this Master Certificate is In Force, the amount of Benefit payable to You is the Sum Covered with regard to the Covered Member. Upon payment of the Death Benefit, We shall be discharged from any further liability under this Master Certificate with regard to the Covered Member.

RESTRICTION OF BENEFITS

Misstatement of Age or Gender	If the Covered Member age has been incorrectly stated and the coverage would not have been possible in terms of our rules and regulations at the correct age, the coverage for the affected Covered Member shall be void and all contributions paid for the affected Covered Member will be refunded. If however the coverage would still have been possible, then any difference in the contribution paid for the affected Covered Member required from the inception of the affected Covered Member will be payable to us or refunded, as the case may be.
Right to challenge a Certificate of Takaful	We cannot challenge a Certificate of Takaful for misrepresentation more than two (2) years from a Commencement Date for that Certificate of Takaful, unless We are able to show that the Participant or the Covered Member suppressed or fraudulently provided Material Information, which if known by Us, would have led to our refusal to issue the Certificate of Takaful, or would have led Us to impose terms and conditions less favourable than those imposed in the Master Certificate. In the event that We identify misrepresentation within two (2) years of the Commencement Date for that Certificate of Takaful, the Certificate of Takaful of that Covered Member may be terminated or voided, claims for Takaful Benefits refused, or the terms and conditions applicable to the Covered Member changed in the Master Certificate.

CLAIMS

Notice of Claim	You must provide Us with written notice of claim for any of the Covered Event within sixty (60) days from the date the Covered Event occurs. In the case of Total and Permanent Disability (TPD), as defined in the Total and Permanent Disability Supplementary Certificate, You must provide Us with written notice of claim within six (6) months from the TPD Date. Failure to give notice within such time shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.
Filing Proof of Loss	We will send You the appropriate claim form upon receiving the written notice of claim. Please attach all relevant information such as the itemised hospital bills, receipts, medical report or death certificate to support Your claim. Evidence of claim shall be furnished at Your own cost, and should be furnished to Us within ninety (90) days from the date the Covered Event occurs. In the case of Total and Permanent Disability (TPD), evidence of claim must be furnished to Us within one (1) year from the TPD Date.

Our Right to Request for a Medical Examination	We reserve the right to request that the Covered Member be subjected to a medical examination by a Doctor of Our choice, as and when We require. In case of a death claim, We shall also reserve the right to investigate the circumstances of death. We will bear the cost of such medical examination or investigation.
Payment of Claim	Any payments under this Master Certificate and/or Supplementary Certificate(s), if any, shall be payable to You and You will be liable for any estate duty or administration of the Benefit subsequent to the payments made by Us. Upon full payment of the Benefit, We will be discharged from any further liability under this Master Certificate and/or Supplementary Certificate(s), if any, in respect of the Covered Member.
Fraudulent Claim	We shall not pay any Benefit for a claim that is fraudulently or falsely made, either by the Covered Member or by anyone else on his/her behalf. Should this fraudulent or false claim occurs, the Takaful cover in respect of that Covered Member shall immediately be cancelled and void and the Contributions paid in respect of the Covered Member shall be forfeited to Us.
How to settle a dispute through arbitration	If You dispute a decision We have made relating to the Master Certificate, and You do not wish to mediate the dispute, or You do not accept Financial Bureau's decision or award, You may refer to arbitration. Request for referral must be made within twelve (12) months of the dispute. You and We shall mutually agree to appoint a single Arbitrator. If You or We cannot agree upon a single Arbitrator within one (1) month of the notice of arbitration, then You and We shall each appoint an Arbitrator, and the two (2) Arbitrators will appoint an umpire. The umpire shall sit with the Arbitrators and preside in their meetings. All appointments must be in writing by the respective parties making the appointment. The single Arbitrator (in the case where You and Us agree to a single Arbitrator), or the Arbitrators and umpire (in the case where You and Us do not agree on a single Arbitrator), shall review the dispute and make a decision. The arbitration decision will cover the settlement of the dispute and the costs of arbitration. The decision of arbitration is not contestable and is binding on both You and Us.

GENERAL PROVISIONS

Alteration to the Terms and Conditions of this Certificate	No agent is authorised to alter or amend this Master Certificate and/or Supplementary Certificate(s), to waive any conditions or provisions, to extend the time of paying a contribution or to bind Us by making any promise or representation. No change in this Master Certificate and/or Supplementary Certificate(s) shall be valid unless evidenced by an Endorsement signed by Our officer. We reserve the right to make any amendments to the terms and conditions of this Certificate and/or Supplementary Certificate(s) by giving thirty (30) days written notice by registered mail, which will be sent to Your last known address in Our records.

Obligation to take reasonable care and not to misrepresent	If the Covered Member is required by Us, before the Master Certificate is varied, to answer any questions or provide declarations, or if the Covered Member are required to confirm or amend any answers or declarations previously provided in relation to the Master Certificate, it is the duty of the Covered Member to take reasonable care not to make a misrepresentation when answering the questions or making the disclosures.
Right to vary terms in event of changes in laws	We may vary the terms of the Master Certificate if there are changes in legislation, or a directive is issued by any government authority, which imposes responsibilities on either party or which affects any of the terms of the Master Certificate. The changes will be determined by Us to be appropriate and equitable. We shall notify the effected Participant or Persons Covered in writing, when terms in the Master Certificate need to be changed.
Data, data protection obligations and rights	We shall be able to process Personal Data according to the section 4 of the Personal Data Protection Act 2010. We shall be able to disclose Personal Data provided by the Participant or the Covered Members, as the context may require, to: 1. Etiqa Life Insurance Berhad, Etiqa Family Takaful Berhad, Etiqa Life International (L) Ltd or Etiqa Offshore Insurance (L) Ltd; 2. Other entities within the Maybank Group; 3. Our authorised agents and service providers with whom We have contractual agreements for some of Our functions, services and activities; 4. Other insurance companies or Takaful operators and distribution partners (such as, banks, Islamic banks, insurance brokers, Takaful brokers, reinsurance companies, Retakaful operators); 5. Industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA); 6. Our merchants and strategic partners; 7. Any parties authorised by the Participant or a Covered Member (from time to time); or 8. Enforcement regulatory and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities. The Participant and Covered Member will keep Us updated in respect of all such Personal Data as soon as is practicable. We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us. We may from time to time request that the Participant and Persons Covered provide other Personal Data required for the purposes of the Master Certificate. Prior to providing Us with the Personal Data of a Covered Member, or another individual, the Participant or Covered Members providing the Personal Data, must inform that individual of Our privacy notice. For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our branches, contact Etiqa Oneline at 1300 13 8888, or refer to Our website at www.etiqa.com.my.

Conditions Precedent to Liability	The due observance and fulfilment of the terms, conditions and endorsements of the Master Certificate and Supplementary Certificate(s), if any, shall be conditions precedent to Our liability to effect any payment under this Master Certificate and the Supplementary Certificate(s).
Currency of Payment	Any payment made by You to Us, or by Us to You, shall be in Ringgit Malaysia.
Notices	All notices from You to Us, or from Us to You, shall be in writing and sent by registered mail.
Governing Law and Jurisdiction	This Master Certificate is issued under the laws of Malaysia and is subject to and governed by the laws prevailing in Malaysia.
Legal Proceedings	No action at law or in equity shall be brought to recover on this Certificate prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Certificate. If the Covered Member shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Master Certificate, the Covered Member 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 the Master Certificate terms, provisions and conditions. The acceptance of such proof of loss shall be at Our sole and entire discretion
Assignment	The Benefits under this Master Certificate shall be non-assignable.
Cancellation	We reserve the right to cancel the Takaful cover on any Covered Member at any time by giving thirty (30) days written notice, sent by registered mail to Your last known address. However, such cancellation shall bear no impact to the Covered Member's Takaful cover prior to the notification date. Likewise, You may cancel this Master Certificate and/or Supplementary Certificate(s) at any time by giving Us not less than thirty (30) days prior notice in writing. The Master Certificate and/or Supplementary Certificate(s) shall terminate on the date of receipt of the notice or the date of cancellation specified in the written notice, whichever is later. Upon termination, You shall remain liable to pay to Us the full contribution in respect of any Covered Member who was covered by the Certificate and/or Supplementary Certificate(s) prior to the date of termination. Provided that no claims have been made during the current Period of Coverage and the Contribution has been paid in full, You shall be entitled to a refund of the pro-rated Contribution for the remaining Period of Coverage, following cancellation or termination, after deduction of any expenses incurred by Us relating to the Certificate and/or Supplementary Certificate(s).

Termination	A Covered Member is no longer covered under this Master Certificate and the Supplementary Certificate(s) upon: i. Cancellation, termination or expiry of this Master Certificate and/or Supplementary Certificate(s); or ii. The date of full settlement of the Sum Covered for the Covered Member under the Certificate and/or Supplementary Certificate; or iii. Attainment of the maximum age of cover, as specified in the Takaful Schedule; or iv. Termination of employment (whether because of retirement, resignation or otherwise) or membership; or v. Non-payment of Contribution when due, whichever occurs first
Right to terminate due to Anti-Money Laundering and Counter Financing of Terrorism	If We discover, or have justified suspicion, that the Certificate is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate the Certificate immediately. We shall deal with all Contributions paid and all benefits or sums payable in respect of the Certificate in accordance with any applicable laws.
Changes in Taxation, Regulations and Legislation	We may vary the terms of this Certificate as We consider appropriate and equitable, if there are changes in taxation, regulations or legislation that affect this Certificate. We will notify You in writing three (3) months prior when terms in this Certificate need to be changed. If any such tax applies, it shall be Your obligation to pay such chargeable tax (where applicable). In the event You do not pay such all value added tax, goods and services tax or any other tax of a similar nature, Etiqa may, but is not obliged to pay such tax on Your behalf, and You shall reimburse or indemnify Etiqa for all of such tax upon demand by Etiqa.

ACCELERATED TOTAL AND PERMANENT DISABILITY (TPD) SUPPLEMENTARY CERTIFICATE

Total and Permanent Disability (TPD) Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. This Supplementary Certificate is not an additional payment to the Basic Certificate. Acceptance by Us of a claim under this Supplementary Certificate will automatically reduce the Sum Covered for the Covered Member under the Basic Certificate and all benefits applying under other Supplementary Certificates attached to it. In addition, the Basic Master Certificate's provisions shall apply to this Supplementary Certificate.

DEFINITIONS

Total and Permanent Disability (TPD)

Total and Permanent Disability may be defined as one of the following:

(i) A disability where the Covered Member is incapable of performing any work, occupation or profession for wages, compensation or profit, throughout the Covered Member's remaining lifetime;

(ii) A disability where the Covered Member is unable to perform at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptions.

The six (6) Activities of Daily Living are:

Transfer	Ability to get in and out of a chair without requiring physical assistance.
Mobility	Ability to move from room to room without requiring any physical assistance.
Continence	Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.
Dressing	Ability to put on or take off necessary items of clothing without physical assistance from another person.
Bathing or Washing	Ability to wash or shower without physical assistance from another person.
Eating	Ability to feed without any physical assistance, once food has been prepared.

(iii) **Presumptive TPD**, where the Covered Member, irrespective of age or earning ability, suffers from any of the following losses:

- Total and irrecoverable loss of sight in both eyes; or
- Loss of two or more limbs, each above the wrist or ankle; or
- Total and irrecoverable loss of sight in one eye and loss of one limb at or above the wrist or ankle.

TPD Date	The TPD Date is the date the Covered Member first becomes totally and permanently disabled, as defined under the **Definition of Total and Permanent Disability (TPD)** above.

BENEFITS

Total and Permanent Disability Benefit ("TPD Benefit")	While this Supplementary Certificate is In Force, upon Total and Permanent Disability of a Covered Member due to the Covered Event(s) identified in the Takaful Schedule, We shall pay You the Sum Covered of the Supplementary Certificate in respect of the Covered Member. The Sum Covered of the Basic Certificate in respect of the Covered Member shall automatically be reduced by the amount of TPD Benefit paid. In the event of a total One Hundred Percent (100%) having been paid, We shall be discharged from any further liability in respect of the Covered Member.
Survival Period of Six (6) Months	There is a survival period of six (6) months if the TPD occurs as defined in definition (i) or (ii) of the TPD definition. The TPD Benefit can only be paid upon Our approval and proof that the Covered Member survives and such disability must have persisted continuously for at least six (6) months from the TPD Date. The six (6) months survival period is not applicable if it is a Presumptive TPD, as defined in definition (iii) of the TPD definition.
Exclusions	We shall not pay the TPD Benefit if TPD is directly or indirectly caused by: (i) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare. (ii) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; (iii) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning. (iv) Self-inflicted injuries or attempted suicide, unless proven insane. (v) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol. (vi) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions (vii) Committing or trying to commit any illegal act. (viii) Any illness or disease and its complication(s) which is pre-existing or existed prior to the Inclusion Date or the date of Reinstatement of this Supplementary Certificate

PERMANENT PARTIAL DISABILITY (PPD) SUPPLEMENTARY CERTIFICATE

Permanent Partial Disability Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. This Supplementary Certificate is not an additional payment to the Basic Certificate. Acceptance by Us of a claim under this Supplementary Certificate will automatically reduce the Sum Covered for the Covered Member under the Basic Certificate and all benefits applying under other Supplementary Certificate attached to it. In addition, the Basic Certificate's provisions shall apply to this Supplementary Certificate.

BENEFITS

Permanent Partial Disability (PPD) Benefit	If a Covered Member suffers from Permanent Partial Disability due to the Covered Event(s) identified in the Takaful Schedule, We shall pay You a percentage of the Sum Covered for Permanent Partial Disability, in respect of the Covered Member. The percentage of Benefit payable is specifically stated in the Table of Benefits for Permanent Partial Disability. In the event that the Covered Member suffers from more than one (1) type of Permanent Partial Disability, the total amount of Permanent Partial Disability Benefit payable shall not exceed One Hundred Percent (100%) of the Sum Covered for Permanent Partial Disability in respect of the Covered Member. The Sum Covered of the Basic Certificate in respect of the Covered Member shall automatically be reduced by the amount of Permanent Partial Disability Benefit paid. In the event of a total One Hundred Percent (100%) having been paid, We shall be discharged from any further liability in respect of the Covered Member. Under this Supplementary Certificate, total and permanent loss of use of limb/member could also be treated as loss of limb/member subject to certification by Our appointed physician.
Conditions for Benefit to be Paid	We shall only pay the Permanent Partial Disability Benefit if: i) the covered disablement occurs within thirty (30) days of the Covered Event(s), as specified in the Takaful Schedule; and ii) the covered disablement occurs before the Covered Member reaches the maximum age of cover of the Supplementary Certificate, as specified in the Takaful Schedule; and iii) The Covered Member survives for at least thirty (30) days after the date of event.

Exclusions	We shall not pay the Benefit under this provisions if the disability occurs due to: a) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or b) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; or c) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning; or d) Self-inflicted injuries or suicide or attempted suicide, while sane or insane; or e) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; or f) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions; or g) Committing or trying to commit any illegal act.
Existing Health Condition	This Supplementary Certificate also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date or date of Reinstatement of the Supplementary Certificate.

TABLE OF BENEFITS FOR PERMANENT PARTIAL DISABILITY (NORMAL SCALE)

DESCRIPTION OF DISABLEMENT	PERCENTAGE OF THE SUM COVERED PAYABLE
Loss of sight of one eye	40%
Loss of one hand or one arm or one foot or one leg	50%
Loss of four fingers	40%
Loss of hearing in one ear	15%
Loss of thumb	
- both phalanges	25%
- one phalanx	10%
Loss of index finger	
- three phalanges	10%
- two phalanges	8%
- one phalanx	4%
Loss of middle finger	
- three phalanges	6%
- two phalanges	4%
- one phalanx	2%
Loss of ring finger	
- three phalanges	5%
- two phalanges	4%
- one phalanx	2%
Loss of little finger	
- three phalanges	4%
- two phalanges	3%
- one phalanx	2%
Loss of metacarpals	
- first or second (additional)	3%
- third, fourth or fifth (additional)	2%
Loss of toes	
- all	15%
- great, both phalanges	5%
- great, one phalanges	2%
- other than great, if more than one toe lost, each	1%

ACCIDENTAL DEATH AND DISABILITY (ADD) SUPPLEMENTARY CERTIFICATE

Accidental Death and Disability Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. This Supplementary Certificate is an additional payment to the Basic Certificate. Acceptance by Us of a claim under this Supplementary Certificate will not reduce the Sum Covered for the Covered Member under the Basic Certificate. In addition, the Basic Certificate's provisions shall apply to this Supplementary Certificate.

DEFINITIONS

Total and Permanent Disability (TPD) (Accidental)

Total and Permanent Disability may be defined as one of the following:

(i) A disability where the Covered Member is incapable of performing any work, occupation or profession for wages, compensation or profit, solely due to an Accident, throughout the Covered Member's remaining lifetime;

(ii) A disability where the Covered Member is unable to perform at least three (3) out of six (6) Activities of Daily Living without physical assistance from another person, mechanical equipment, devices or adaptions.

The six (6) Activities of Daily Living are:

Transfer	Ability to get in and out of a chair without requiring physical assistance.
Mobility	Ability to move from room to room without requiring any physical assistance.
Continence	Ability to exercise voluntary control over bowel and bladder functions necessary to maintain personal hygiene.
Dressing	Ability to put on or take off necessary items of clothing without physical assistance from another person.
Bathing or Washing	Ability to wash or shower without physical assistance from another person.
Eating	Ability to feed without any physical assistance, once food has been prepared.

(iii) **Presumptive TPD**, where the Covered Member, irrespective of age or earning ability, suffers from any of the following losses:

- Total and irrecoverable loss of sight in both eyes; or
- Loss of two or more limbs, each above the wrist or ankle; or
- Total and irrecoverable loss of sight in one eye and loss of one limb at or above the wrist or ankle.

TPD Date

The TPD Date is the date the Covered Member first becomes totally and permanently disabled, as defined under the **Definition of Total and Permanent Disability (TPD)** above.

BENEFITS

Accidental Death Benefit	While this Supplementary Certificate is In Force, upon death of a Covered Member due to an Accident, the amount of Benefit payable to You is the Sum Covered of this Supplementary Certificate, in respect of the Covered Member. Upon payment of the Accidental Death Benefit, We shall be discharged from any further liability under this Supplementary Certificate with regard to the Covered Member.
Accidental Disability Benefit	If a Covered Member suffers from Total and Permanent Disability due to an Accident, the amount of Benefit payable to You is the Sum Covered of this Supplementary Certificate, in respect of the Covered Member. Upon payment of the Accidental Disability Benefit, We shall be discharged from any further liability under this Supplementary Certificate with regard to the Covered Member.
Survival Period of Six (6) Months	There is a survival period of six (6) months if the TPD occurs as defined in definition (i) or (ii) of the TPD definition. The TPD Benefit can only be paid upon Our approval and proof that the Covered Member survives and the disability had lasted continuously for at least six (6) months from the TPD Date. The six (6) months survival period is not applicable if it is a Presumptive TPD, as defined in definition (iii) of the TPD definition.
Exclusions	We shall not pay the Benefit under this Supplementary Certificate if accidental death or disability occurs due to: a) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or b) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; or c) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning; or d) Self-inflicted injuries or attempted suicide, unless proven insane e) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; or f) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions; or g) Committing or trying to commit any illegal act; or h) Physical and violent provocation by any Covered Member, leading to a similar response that leads to physical harm or death; or i) Illness or disease of any kind due to bacterial or pus-forming infection, other than that which occurs through an accidental cut or wound; or j) Inhalation of poison, gas or fumes whether voluntarily or involuntarily taken.
Existing Health Condition	This Supplementary Certificate also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date or date of Reinstatement of the Supplementary Certificate.

ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT SUPPLEMENTARY CERTIFICATE

Accidental Medical Reimbursement Benefit Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. This Supplementary Certificate is an additional payment to the Basic Certificate. Acceptance by Us of a claim under this Supplementary Certificate will not reduce the Sum Covered for the Covered Member under the Basic Certificate. In addition, the Basic Certificate's provisions shall apply to this Supplementary Certificate

BENEFITS

Medical Expenses Benefit	While this Supplementary Certificate is In Force, if the Covered Member incurs any medical, surgery or hospital expenses as a result of an Injury caused by an Accident, We shall reimburse to You the expenses paid. This Benefit shall only be payable provided: (i) The medical treatment is given by a qualified Physician; and (ii) The first expense is incurred within fifteen (15) days after the date of Accident; and (iii) Subsequent expenses, if any, are incurred within twenty six (26) weeks after the date of Accident; and (iv) The aggregate Benefits paid for any one (1) Accident have not exceeded the amount of Sum Covered for the Medical Expenses Benefit, in respect of the Covered Member, as stated in the Takaful Schedule.
Exclusions	This Supplementary Certificate does not cover any claims arising from or caused directly or indirectly by any of the following: (i) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare. (ii) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; (iii) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning; (iv) Self-inflicted injuries or suicide or attempted suicide, unless proven insane; (v) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; (vi) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions; (vii) Committing or trying to commit any illegal act;

	(viii) Physical and violent provocation by any Covered Member, leading to a similar response that leads to physical harm or death; or (ix) Illness or disease of any kind due to bacterial or pus-forming infection, other than that which occurs through an accidental cut or wound; and (x) Inhalation of poison, gas or fumes whether voluntarily or involuntarily taken.
Existing Health Condition	This Supplementary Certificate also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date in respect of a Covered Member.

FUNERAL EXPENSES SUPPLEMENTARY CERTIFICATE

Funeral Expenses Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. In addition, the Basic Master Certificate's provisions shall apply to this Supplementary Certificate.

BENEFITS

Funeral Expenses Benefit	While this Supplementary Certificate is In Force, upon death of the Covered Member, We shall pay the Sum Covered of this Supplementary Certificate, in respect of the Covered Member regardless the claim payable decision on the Basic Death Sum Covered.

TERMINAL ILLNESS SUPPLEMENTARY CERTIFICATE

Terminal Illness Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. In addition, the Basic Certificate's provisions shall apply to this Supplementary Certificate.

BENEFITS

Terminal Illness Benefit	The Covered Member must be suffering from a condition, which in the opinion of an appropriate medical consultant is highly likely to lead to death within 12 months. The Covered Member must no longer be receiving active treatment other than that for pain relief. Terminal Illness due to AIDS is excluded.
Conditions for Benefit to be Paid	In the event that the Covered Member suffers a terminal illness as described above, the Death Benefit described in Basic Certificate will be paid in one lump sum up to RM100,000 upon receipt of the proof of such Terminal Illness. If the Death Benefit is greater than RM100,000, the balance will be paid if the Covered Member dies within 12 months from the date of the initial payment.

TEMPORARY TOTAL DISABILITY (TTD) SUPPLEMENTARY CERTIFICATE

Temporary Total Disability (TTD) Supplementary Certificate	This Supplementary Certificate is issued together with the Basic Master Certificate as You have participated in this additional Benefit. The Sum Covered and required Contribution, if any, for this Supplementary Certificate is shown in the Takaful Schedule. This Supplementary Certificate is not an additional payment to the Basic Certificate. Acceptance by Us of a claim under this Supplementary Certificate will automatically reduce the Sum Covered for the Covered Member under the Basic Certificate and all benefits applying under other Supplementary Certificate attached to it. In addition, the Basic Certificate's provisions shall apply to this Supplementary Certificate.

DEFINITIONS

Temporary Total Disability (TTD)	Temporary Total Disability, as referred to in this Supplementary Certificate, shall mean a disability where the Covered Member becomes continuously and totally incapable of performing any work, occupation or profession for wages, compensation or profit, due to the Covered Event(s) identified in the Takaful Schedule.

BENEFITS

Temporary Total Disability Benefit ("TTD Benefit")	While this Supplementary Certificate is In Force, upon Temporary Total Disability of a Covered Member, We shall pay You the Benefit under the Supplementary Certificate in respect of the Covered Member, as stated in the Takaful Schedule. This Benefit is payable weekly, after a period of deferment, up to a maximum number of weeks, as specified in the Takaful Schedule. The maximum amount of TTD Benefit payable throughout a Covered Member's lifetime shall be limited to the maximum number of weeks specified in the Takaful Schedule. If any TTD Benefit, in respect of a Covered Member, has been paid during the Period of Coverage, the maximum number of weeks for the Covered Member shall automatically be reduced by the number of weeks where the TTD Benefit was paid. In addition, if the Supplementary Certificate is renewed on the Renewal Date, the maximum number of weeks for the Covered Member shall be limited to the number of weeks that has been reduced by the period where the TTD Benefit was paid during the previous Period of Coverage.
Limitation of Benefits	If the total Benefit payable during a period under: i) the Temporary Total Disability Benefit of this Supplementary Certificate; and ii) the payment from all other public/private sponsored compensation scheme(s) should exceed the amount of weekly Benefit payable by this Supplementary Certificate, the Benefit payable under this Supplementary Certificate shall be reduced to such a sum as will limit the total benefits to the weekly Benefit amount of this Supplementary Certificate.
Exclusions	We shall not pay the TTD Benefit if TTD occurs due to: a) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or

	b) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, mountaineering or potholing; or c) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning; or d) Self-inflicted injuries or suicide or attempted suicide, while sane or insane; or e) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; or f) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions; or g) Committing or trying to commit any illegal act.
Existing Health Condition	This Supplementary Certificate also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date or date of Reinstatement of the Supplementary Certificate.

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