

Complimentary COVID-19 Hospitalisation Coverage Scheme

1. BENEFITS PROVISIONS

Insured Members are entitled to following benefits:

1.1. COVID-19 HOSPITALISATION BENEFIT

If the Insured Member is diagnosed with and Hospitalised due to Category 3, 4 or 5 of COVID-19 according to the guidance of the Ministry of Health Malaysia, on the recommendation of a registered Physician, We will, upon request and receipt of satisfactory supporting documents, provide the following benefits subject to the limit for this benefit as specified in the Provision 1.2:

1.1.1. PRE-HOSPITALISATION SPECIALIST CONSULTATION AND DIAGNOSTIC TESTS

Reimbursement of the Reasonable and Customary Charges incurred for pre-Hospitalisation Specialist consultation and diagnostic tests including Medically Necessary Antigen Rapid Test Kit (RTK-Ag) or Polymerase Chain Reaction (PCR) test or such other equivalent test as approved by the Ministry of Health Malaysia within thirty (30) days before Hospitalisation. Payment shall only be made if the Insured Member is subsequently Hospitalised for the treatment of COVID-19.

1.1.2. DURING HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary treatment when Hospitalised due to COVID-19.

1.1.3. POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for Medically Necessary post-Hospitalisation follow-up treatment due to COVID-19 by the same attending Physician, within thirty (30) days from the hospital discharge date. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for thirty (30) days.

1.2. BENEFITS LIMITATIONS

1.2.1. COVID-19 CATEGORY LIMIT

The maximum amount payable for Category 3, 4 or 5 of COVID-19 according to the guidance of the Ministry of Health Malaysia shall be as follows:

COVID-19 Category	COVID-19 Category Limit
Category 3	Up to RM 10,000
Category 4	Up to RM 50,000
Category 5	Up to RM 100,000

1.2.2. COVID-19 OVERALL LIMIT

The maximum aggregate amount payable for all benefits under this Scheme for each Insured Member, unless otherwise stated, shall be subject to a COVID-19 overall limit of RM 100,000. In the event all the COVID-19 overall limit has been exhausted, all insurance cover for the relevant Insured Member shall immediately cease to be payable for the remaining Coverage Period.

2. ELIGIBILITY

Persons who meet the following eligibility criteria shall be eligible for the insurance cover under this Scheme:

- 2.1. being the principal Life Assured of any Participating Allianz Life Product(s), which application is submitted to Us and the policy issued by Us within the Promotion Period; and
- 2.2. aged between fourteen (14) days old and seventy (70) years old as at the Effective Date of Coverage.

Each eligible person shall only be covered once as an Insured Member under this Scheme regardless of him being the principal Life Assured of more than one (1) Participating Allianz Life Product.

3. EFFECTIVE DATE OF COVERAGE:

Starting from the issue date of the first Participating Allianz Life Product where the Insured Member meets the eligibility criteria.

4. COVERAGE PERIOD:

Twelve (12) months from the Effective Date of Coverage, subject to a thirty (30)-day waiting period.

5. TERMINATION PROVISIONS

The insurance of the Insured Member under this Scheme shall automatically terminate if any one (1) of the following occurs:

- 5.1. on the date the Insured Member commences full-time military service; or
- 5.2. after one (1) year from the Effective Date of Coverage; or
- 5.3. the policy of any of the Participating Allianz Life Products under this Scheme is cancelled or surrendered during the free-look period, which is within fifteen (15) days or such longer period as may be specified by Bank Negara Malaysia, from the date of receipt of the policy for the Participating Allianz Life Product by the Policy Owner; or
- 5.4. upon the death of the Insured Member.

6. EXCLUSIONS PROVISIONS

We shall not pay any benefit arising from or accelerated directly or indirectly, wholly or partly, for the following:

- 6.1. Non COVID-19 related treatment;
- 6.2. Any Disability arising within the first thirty (30) days from the Effective Date of Coverage;
- 6.3. Use or acquisition of all appliances (e.g. artificial limbs, hearing aids, aero chambers and equipment for nebulising, Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD), orthopedic pads) and the rental charges for the use of such devices except during Hospitalisation under this Scheme subject to the limits for such coverage;
- 6.4. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) and HIV related diseases or its sequelae, and any communicable diseases requiring quarantine by law;
- 6.5. Any care or diagnostic test or treatment which is not Medically Necessary, has not been established as being effective or which is experimental or treatment which has not been recognised and approved by Ministry of Health of Malaysia. This exclusion includes but is not limited to stem cell treatment, related workout and any complications arising thereafter and blood surety;
- 6.6. Hospitalisation primarily for investigatory purposes, routine physical examinations, health check-ups, preventive treatments and diagnostic tests not incidental to treatment or diagnosis of a covered Disability;
- 6.7. Alternative therapy comprising alternative treatment, medical services or supplies, including but not limited to Acupuncture, Acupressure, Chiropractic, Osteopathy, Reflexology, Bone Setting, Massage, Aroma Therapy, Herbal, Podiatric, Dietetic consultation and treatment, education services/therapies and Traditional Complimentary Medicine;
- 6.8. Care or treatment for which payment is not required, already reimbursed or which is payable fully or in part by any other insurance or indemnity covering the Insured Member and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract;
- 6.9. Psychotic, psychiatric, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
- 6.10. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, and other ineligible non-medical items, except for the following items:
 - 6.10.1. medical record fees;
 - 6.10.2. insurance billing fees/billing service/billing insurance;
 - 6.10.3. insurance processing fees;
 - 6.10.4. administration fees;
 - 6.10.5. admission fee; and
 - 6.10.6. admission kit/pack incurred during Hospitalisation only.
- 6.11. Speech and Occupational therapy when not part of a rehabilitation programme following Hospitalisation due to trauma, unless it is a follow-up to an In-Patient Disability which shall then be subject to its relevant limit;
- 6.12. Any preventive supplements/supplies including but not limited to the following:
 - 6.12.1. Vitamins/Supplements, Herbal Cures, Anti-Obesity / Weight Reducing Agents, Eye Lubricants, and any over the counter purchases except prescribed medicines; and
 - 6.12.2. Soaps, Shampoos, Cleansers, Vitamin Creams, Vitamin Ointment, Moisturisers, Lubricants, Anti-Aging, Fairness Treatment, and any other product having similar effects.

7. CLAIM PROVISIONS

7.1. INCOMPLETE CLAIMS

All claims must be submitted to Us within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and eligible benefits are not payable unless all original final tax invoices, original itemised/ detailed medical bills, original receipts and any supporting documents required by Us for such claims have been submitted and agreed upon by Us. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at Our sole and absolute discretion.

7.2. PAYMENT OF CLAIM

In case of death of an Insured Member while in the course of COVID-19 treatment, We may, subject to the terms and conditions of this Scheme, pay fees or charges of the treatment provided that receipted bills or invoices showing payment of such fees or charges of Eligible Expenses are submitted to Us. Such payments to the Insured Member's estate, towards the account of the Insured Member or to the person entitled through the Insured Member, shall fully discharge all Our liabilities under this Scheme with respect to the deceased Insured Member.

8. GENERAL PROVISIONS

8.1. ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001

If We receive an order from the relevant authorities to freeze or seize the monies received as premium or monies payable in respect of this Policy as provided under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 or such similar legislation or if We discover or have reasonable suspicion that this Policy is exploited for money laundering activities and/or to finance terrorism, We reserve the right to terminate this Policy immediately. We shall deal with all premiums paid and all benefits/sums payable in respect of this Policy in any manner which We deem appropriate, including but not limited to handing it over to the relevant authorities.

8.2. CERTIFICATION, INFORMATION AND EVIDENCE

8.2.1. All certificates, information, medical reports and evidence as required by Us shall be furnished at the expense of the Insured Member and in such a form that We may require. In any event all notices which We shall require You to give must be in writing and addressed to Us. The Insured Member shall, at Our request and expense, submit to Us a medical examination whenever such is deemed necessary.

8.3. CONTRIBUTION

8.3.1. If the Insured Member also has other insurance covering any COVID-19 treatment insured by this Scheme, We shall not be liable to pay for such COVID-19 treatment in a proportion greater than the amount applicable to it under this Scheme bears to the total amount of all valid insurance covering such COVID-19 treatment.

8.3.2. The Insured Member shall not be insured for more than one such benefit provided under any policy issued by Us unless otherwise declared and accepted by Us. If the Insured Member is insured for more than one such policy, We will consider the Insured Member to be insured under the policy, which provides the highest amount of benefits.

8.4. CURRENCY OF PAYMENT

All payments under this Scheme shall be made in Ringgit Malaysia (RM).

8.5. MISREPRESENTATION/FRAUD

If the proposal or declaration of the Insured Member is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if the Participating Allianz Life Products shall have been obtained through any misstatement, misrepresentation or suppression of information, or if any false declaration or statement shall be made in support thereof, then in any of these cases, the insurance coverage of the Insured Member shall be void. We reserve the right to decline any claim made and terminate the Insured Person's cover under this Scheme if any claim made under this Scheme is found to be fraudulent or exaggerated.

8.6. NOTICE

Every notice or communication to Us shall be in writing and sent to Us. No alterations in the terms of this Scheme, will be held valid unless the same is signed or initialled by Our authorised representative.

8.7. OVERSEAS TREATMENT

8.7.1. If the Insured Member elects or is referred by the attending Physician to receive treatment outside Malaysia, the benefits payable in respect of such treatment shall be limited to the Reasonable and Customary Charges that are Medically Necessary for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

8.7.2. For the avoidance of doubt, if there is no equivalent local treatment in Malaysia, then the benefits in respect of any treatment outside Malaysia shall be limited to the cost of the current available treatment in Malaysia for the Insured Member's condition as recommended by the attending Physician.

8.8. PERSONAL DATA PROTECTION, OBLIGATIONS AND RIGHTS

- 8.8.1. Any personal information including financial information and sensitive personal data (“Personal Data”) disclosed to Us by the Policy Owner or the Insured Member will be collected, used, retained, disclosed and otherwise processed by Us or Our employees, representatives, reinsurers, agents and affiliates in accordance with the Personal Data Protection Act 2010 or such other related legislation.
- 8.8.2. Personal Data will be collected, used, retained, disclosed and otherwise processed for the following purposes:
 - 8.8.2.1. to better understand the Policy Owner’s insurance situation, provide quotes, enter into and execute the Policy Owner’s insurance contract, and to set up and administer the Policy Owner’s policy;
 - 8.8.2.2. for underwriting, risk assessment, handling and settling of claims and audit purposes;
 - 8.8.2.3. for detection and prevention of criminal activity or fraud in connection with an insurance transaction;
 - 8.8.2.4. to manage and service Our relationship with the Policy Owner and the Insured Member and provide Policy Owner and the Insured Member with better customer service including marketing and promoting of other products and services by Us or Our affiliates;
 - 8.8.2.5. to maintain and develop Our business systems and infrastructure; and
 - 8.8.2.6. for data transfer, and sharing with, Us and Our affiliates and/or third parties acting on Our behalf, including those located outside Malaysia.
- 8.8.3. For the avoidance of doubt, We may disclose or share the Personal Data provided to Us to :
 - 8.8.3.1. Allianz General Insurance Company (Malaysia) Berhad;
 - 8.8.3.2. other entities within the Allianz Group;
 - 8.8.3.3. Our authorised agents and service providers with whom We have contractual agreements for some of Our functions, services and activities;
 - 8.8.3.4. other insurance companies and distribution partners (such as, banks, Islamic banks, insurance brokers, reinsurance companies);
 - 8.8.3.5. industry trade associations such as Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA)
 - 8.8.3.6. Our merchants and strategic partners;
 - 8.8.3.7. any parties authorised by the Policy Owner or an Insured Member (from time to time); and/or
 - 8.8.3.8. enforcement regulatory and governmental agencies as permitted or required by law, authorised by any order of court or to meet obligations to regulatory authorities.
- 8.8.4. The Policy Owner or Insured Member shall keep Us updated in respect of any changes in the Personal Data provided to Us as soon as it is practicable. We shall not be liable for any direct or indirect loss or damage which the Policy Owner or the Insured Member may suffer due to any inaccuracy or incompleteness of the Personal Data provided to Us.
- 8.8.5. In providing Personal Data of the Insured Member to Us, the Policy Owner hereby confirm that the Insured Member has consented to the Policy Owner processing the Insured Member’s Personal Data including disclosing such Personal Data to Us.
- 8.8.6. For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please refer to Our website at www.allianz.com.my.

9. DEFINITIONS

- 9.1. “**Coverage Period**” shall have the meaning as ascribed in Provision 4.
- 9.2. “**COVID-19**” shall mean the infectious disease caused by the SARS-CoV-2 virus.
- 9.3. “**Disability**” shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes, including COVID-19.
- 9.4. “**Effective Date of Coverage**” shall mean the effective date the Insured Member is eligible for the insurance coverage of twelve (12) months under this Scheme, which is effective from the issue date the policy of Participating Allianz Life Product.
- 9.5. “**Eligible Expenses**” shall mean expenses incurred for Medically Necessary COVID-19 treatment subject to the limits as specified in the Schedule of Benefits.
- 9.6. “**Hospital**” shall mean only 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:-
 - 9.6.1. has facilities for diagnosis and major Surgery,
 - 9.6.2. provides twenty four (24) hours a day nursing services by registered and graduate nurses,
 - 9.6.3. is under the supervision of a Physician, and

- 9.6.4. 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.
- 9.7. **“Hospitalisation/ Hospitalised”** shall mean admission to a Hospital as a registered In-Patient for Medically Necessary treatments for COVID-19 upon recommendation of a Physician where the registered In-Patient continuously stays in the Hospital prior to discharge. A patient shall not be considered as an In-Patient if the patient does not physically stay in the Hospital for the whole period of confinement.
- 9.8. **“In-Patient”** shall mean the Insured Member who undergoes confinement for a treatment of COVID-19, as a registered resident bed patient using and being charged for the room and board facilities in Hospital.
- 9.9. **“Insured Member”** shall mean the person who meets the following eligibility criteria:
- 9.9.1. being the principal Life Assured of the Participating Allianz Life Product(s) which application is submitted to Us and the policy thereof issued by Us during the Promotion Period; and
- 9.9.2. aged between fourteen (14) days old and seventy (70) years old as at the Eligibility Date.
- 9.10. **“Life Assured”** shall mean the person whose life is insured under the policy of Participating Allianz Life Product purchased.
- 9.11. **“Medically Necessary”** shall mean a medical service, which is: -
- 9.11.1. consistent with the diagnosis and customary medical treatment for COVID-19;
- 9.11.2. in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;
- 9.11.3. not for the convenience of the Insured Member or the Physician, and unable to be reasonably rendered out of Hospital (if admitted as an In-Patient);
- 9.11.4. not of an experimental, investigational or research nature, preventive or screening nature; and
- 9.11.5. for which the charges are fair and reasonable and customary for COVID-19 treatments.
- 9.12. **“Participating Allianz Life Products”** shall mean: -
- 9.12.1. HSBC’s UniversalLegacy;
- 9.12.2. HSBC’s FamilyCare;
- 9.12.3. HSBC’s HealthPlus;
- 9.12.4. HSBC’s EliteCare (with at least 1 additional Secure Waiver; or Critical Waiver; or PA Care; or Critical Edge; or Critical Cover).
- 9.13. **“Physician/Doctor”** shall mean a registered medical practitioner qualified and licensed to practise western medicine and who, in rendering such treatment, is practising within the scope of his licensing and training in the geographical area of practice, but excluding a Physician or Doctor who is the Insured Member himself.
- 9.14. **“Policy Owner”** shall mean the entity whose name and address is as specified in the schedule of the Participating Allianz Life Product(s) and shall include its successors in title and assigns.
- 9.15. **“Promotion Period”** shall mean the period commencing on 1st January 2022 and expiring on 31st March 2022, as may be extended by Us from time to time.
- 9.16. **“Reasonable and Customary Charges”**
- 9.16.1. shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred in Malaysia, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar treatment of COVID-19 and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Member’s medical condition.
- 9.16.2. We reserve the right to determine whether any particular Hospital/medical charge is a Reasonable and Customary Charges with reference but not limited to the Private HealthCare Facilities and Services (Private Hospitals and Other Private HealthCare Facilities) Regulation 2006 of Malaysia including any subsequent amendment(s) or enactment of it.
- 9.17. **“Scheme”** shall mean this Group COVID-19 Hospitalisation Scheme.
- 9.18. **“Specialist”** shall mean a Physician/Doctor registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior

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and special expertise in specified fields of medicine or dentistry, but excluding a Specialist who is the Insured Member himself.

9.19. "We/Us/Our" shall mean Allianz Life Insurance Malaysia Berhad.