
ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD (200601015674)

**Menara Allianz Sentral, 203 Jalan Tun Sambanthan, Kuala Lumpur Sentral,
50470 Kuala Lumpur**

**GROUP PERSONAL ACCIDENT INSURANCE (SCHEME)
(MASTER POLICY)**

FOR [INSERT POLICYHOLDER NAME]

[TO DELETE BASED ON CHANNEL: ALLIANZ PERLINDUNGANKU / POS PERLINDUNGANKU]

POLICY NO.:

WHEREAS the **Policyholder** described in the **Master Policy**, by a proposal and declaration which shall be the basis of the contract and is deemed to be incorporated herein, has applied to **Allianz General Insurance Company (Malaysia) Berhad (200601015674)** (hereinafter called the "**Company**") for the insurance hereinafter contained and the **Insured Person** has paid or has agreed to pay to the **Company** the premium stated in the **Confirmation of Coverage** as consideration for the insurance for the period stated therein.

NOW THIS POLICY OF INSURANCE WITNESSETH that if during the **Period of Insurance** an **Accident**, which shall solely and independently of any other cause, result in the **Insured Person's** death, or necessitate medical and/or hospital treatment as hereinafter defined, the **Company** will, subject to the terms, exclusion, provisos and conditions of and endorsed on this **Master Policy**, pay to the **Insured Person** or in the event of death, the **Insured Person's** legal representative, the sum or sums of money specified in the **Confirmation of Coverage** or in accordance with the benefits herein.

PART 1 – BENEFITS

The following benefits are payable up to the **Sum Insured** as stated in Table 1 - Schedule of Benefits according to the **Insured Person's** plan and subject to the terms and conditions of this **Master Policy**.

Table 1 – Schedule of Benefits

	Plan 1	Plan 2
Benefits	Sum Insured (RM)	Sum Insured (RM)
Death or Permanent Disablement	20,000	25,000
Hospital Income (up to maximum thirty (30) days per year)	50 per day	100 per day

A. DEATH OR PERMANENT DISABLEMENT

In the event of an **Accident** during the **Period of Insurance** causing an **Injury** resulting in death or **Permanent Disablement** to the **Insured Person** occurring within twelve (12) calendar months from the **Date of Accident**, the **Company** shall pay the death or **Permanent Disablement** benefit, as the case may be, according to the percentage of the **Sum Insured** as stated in Table 2 - Scale of Benefits.

Table 2 - Scale of Benefits		Percentage (%) of Sum Insured
(i) Death		100%
(ii) Permanent Disablement		
Loss of two limbs		100%
Loss of both hands or of all fingers and both thumbs		100%
Loss of sight of both eyes		100%
Total paralysis from neck down		100%
Injury resulting in the Insured Person being permanently bedridden		100%
Loss of arm at shoulder		100%
Loss of arm between shoulder and elbow		100%
Loss of arm at elbow		100%
Loss of arm between elbow and wrist		100%
Loss of hand at wrist		100%
Loss of leg	- at hip	100%
	- between knee and hip	100%
	- below knee	100%
Eye : Loss of	- whole eye	100%
	- all sight in one eye	100%
Permanent loss of hearing in both ears and speech		100%

In the event a total of one hundred percent (100%) of the **Sum Insured** has been paid during the **Period of Insurance**, all insurance under the **Confirmation of Coverage** of the **Insured Person** shall immediately cease to be in force and upon payment of the **Sum Insured**, the **Company's** obligation under the relevant **Confirmation of Coverage** shall be fully discharged.

B. HOSPITAL INCOME

In the event the **Insured Person** requires hospitalisation in a Government Hospital located in Malaysia as a result of an **Accident** or **Illness**, the **Company** will pay the **Insured Person** a daily benefit as specified in Table 1 - Schedule of Benefits according to the **Insured Person's** plan for the period of hospitalisation, up to a maximum of thirty (30) days for the **Period of Insurance**. This benefit is triggered only if:

- (a) the **Insured Person** is hospitalised for more than twelve (12) hours due to an **Accident** or **Illness**; and
- (b) the **Insured Person** is hospitalised within twenty-one (21) days of the **Date of Accident**.

Successive periods of hospital confinement due to the same cause shall be considered as resulting from one (1) **Accident** or **Illness** and as such, the same thirty (30) day period for payment of the daily benefit shall apply to such successive hospitalisation periods.

PART 2 – CONDITIONS

1. CONDITION PRECEDENT TO LIABILITY

The due observance and fulfillment of the terms and conditions of this **Master Policy** insofar as they relate to anything to be done or not to be done by the **Insured Person** or his/her legal representative shall be conditions precedent to any liability of the **Company** to make any payment under this **Master Policy**.

2. NOTICE

Every notice or communication to be given or made under this **Master Policy** by the **Insured Person** or his/her legal representative shall be delivered in writing to the Head Office or any branch office of the **Company**.

3. ELIGIBILITY

The **Insured Person** must be a Malaysian, residing in Malaysia, aged from eighteen (18) years up to fifty-nine (59) years old.

Ages referred to in this **Master Policy** shall be in reference to the age as at the last birthday.

4. CHANGE OF ADDRESS OR PARTICULARS

The **Insured Person** shall give immediate written notice to the **Company** of any change in his/her name, or residence or business address.

5. CHANGE IN PLAN

The **Insured Person** shall not be allowed to change the plan selected for this **Policy** during the subsistence of the **Period of Insurance**. Any change in coverage plan requested for by the **Insured Person** shall only be effective from the subsequent renewal.

6. ALTERATIONS

The **Company** reserves the right to amend the terms and conditions of this **Master Policy** and such alteration to this **Master Policy** shall only be valid if authorised by the **Company** and endorsed hereon.

The Company shall give thirty (30) days prior written notice to the **Policyholder** according to the last recorded address before any alteration is to take effect. Any alteration shall take effect from the next renewal of this **Master Policy**.

7. CLAIMS

(a) Notice of Claims

All claims must be given in writing to the **Company** within thirty (30) days from the **Date of Accident**.

The **Insured Person** shall produce for the **Company's** examination all relevant documents at such reasonable times and shall co-operate with the **Company** in all matters pertaining to any loss and/or claims. Failure to comply with this condition may prejudice the **Insured Person's** claim. Written notice of claim given by or on behalf of the **Insured Person** to the Head Office or any Branch Office of the **Company** in Malaysia or to any authorised agent of the **Company** shall be deemed notice to the **Company**.

(b) Proof of loss

Written proof of loss, including but not limited to medical reports, original receipts, police report and such other proof as required to support the nature of the claim, must be furnished to the **Company** within ninety (90) days from the **Date of Accident**.

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time provided such

proof is furnished as soon as possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

All documents and evidence must be provided at the expense of the **Insured Person** or the person entitled to receive moneys through the **Insured Person**, as the case may be ("Claimant"), in the form and nature required by the **Company**.

8. FREE-LOOK PERIOD

(a) Individual coverage issued to recipient of voucher under Perlindungan Tenang Initiative

If coverage under this **Master Policy** has been issued to an **Insured Person** who has paid the premium using the voucher issued under the Perlindungan Tenang Voucher Programme ("**PTVP**"), and the **Insured Person** decides not to take up the coverage for any reason whatsoever, the **Insured Person** may write to the **Company**, subject always to Condition 8(c) below, requesting for a cancellation provided such request for cancellation is furnished by the **Insured Person** to the **Company** within fifteen (15) days from the effective date of the **Insured Person's** coverage ("**Free Look Period**"). The **Insured Person** shall not be entitled to a refund of the voucher or its cash equivalent. The premium amount shall instead be refunded to the relevant administrator appointed to manage and remit to insurers the premium moneys paid by **Insured Persons** using the voucher provided no claim has been made.

(b) Individual coverage issued to cash paying Insured Person

If coverage under this **Master Policy** has been issued to an **Insured Person** who has paid the premium using cash or alternative means other than the voucher issued under the **PTVP** (as may be provided for by the **Company**), and the **Insured Person** decides not to take up the coverage for any reason whatsoever, the **Insured Person** may write to the **Company**, subject always to Condition 8(c) below, requesting for a cancellation provided such request for cancellation is furnished by the **Insured Person** to the **Company** within the **Free Look Period**. The **Insured Person** is entitled to a refund of the full premium provided no claim has been made.

(c) No cancellation if there is a claim during the Free Look Period

Notwithstanding the above, if the **Insured Person** submits a claim anytime during the **Free Look Period**, the **Insured Person** shall not be entitled to cancel his or her coverage during the same **Free Look Period**.

9. POLICY RENEWAL

This **Master Policy** is issued on a five-yearly renewable basis and may be renewed thereafter for subsequent terms subject to the consent of the **Company**.

10. INSURED PERSON'S COVERAGE

The insurance cover of the **Insured Person** under this **Master Policy** which is the **Period of Insurance** shall be set out in the **Confirmation of Coverage** shall be for a period of one (1) year.

11. PREMIUM PAYMENT

- (a) The premium payable for the coverage under this **Master Policy** may be paid using the voucher issued under the **PTVP** or cash or alternative means other than the voucher, as may be provided for by the **Company**.
- (b) The premium due must be paid and received by the **Company** before the coverage commences, otherwise the **Insured Person's** coverage is automatically null and void if this condition is not complied with.
- (c) Where the **Insured Person** opts to utilise the voucher to pay the premium, the **Insured Person's** coverage shall commence one (1) day after the **Company** confirms the **Insured Person's** eligibility for the voucher under the **PTVP** and successfully redeems the voucher from the relevant **PTVP** portal on behalf of the **Insured Person** in accordance with the terms and conditions of the **PTVP**.
- (d) Where the voucher under the **PTVP** is used to pay for premium that is less than the total voucher amount, no refund whatsoever of the balance voucher amount shall be paid to the **Insured Person**.
- (e) In the event the redemption is unsuccessful, the **Insured Person's** coverage shall be automatically terminated pursuant to Condition 12(c) (Automatic Termination of Individual Coverage).

12. TERMINATION OF INSURANCE

(a) Termination by the Policyholder or Insured Person

If the **Policyholder** gives notice to the **Company** to terminate this **Master Policy**, such termination shall become effective on the date the notice is received or on the date specified in such notice, whichever is the later. Notwithstanding the termination of this **Master Policy**, the individual coverage of the **Insured Person** subsisting at the date of termination of this **Master Policy** shall continue to be in force until the expiry of the **Period of Insurance**.

If the **Insured Person** gives notice to the **Company** to terminate his/her individual coverage under this **Master Policy**, such termination shall become effective on the date after the expiry of the **Period of Insurance** regardless of the date the notice is received or any date specified in such notice. The premium paid will not be refunded and the coverage for the **Insured Person** will expire on the last date of the **Period of Insurance**.

(b) Termination by the Company

In the event the **Company** terminates this **Master Policy** or any individual coverage under this **Master Policy**, as the case may be, pursuant to Condition 19 (Misstatement or Omission of Material Fact) or by order of regulatory or governmental authorities, the **Company** shall give its notice of termination by registered post to the **Policyholder** or **Insured Person**, as the case maybe, at their respective last known correspondence address in Malaysia. Such termination shall become effective thirty (30) days following the date of such notice.

Provided that no claim has been made during the **Period of Insurance** then subsisting and a refund of the premium is not prohibited by any law, in the event premium has been paid by the **Insured Person** for any period beyond the date of termination of this **Master Policy** or any individual coverage, as the case may be:

- (i) using the voucher issued under the **PTVP**, the pro-rata premium shall be refunded to the relevant administrator appointed to manage the **PTVP**; or
- (ii) using cash or alternative means other than the voucher issued under the **PTVP**, the pro-rata premium shall be refunded to such **Insured Person**.

(c) Automatic Termination of Individual Coverage

The individual coverage of the **Insured Person** shall lapse/terminate on the earlier of the following occurrences:

- (i) at mid-night (standard Malaysian time) on the last day of the **Period of Insurance**;
or
- (ii) when the **Insured Person** attains the age of sixty (60) years.

Where payment of the premium is by way of the voucher issued under the **PTVP** and the redemption of the voucher is unsuccessful, the individual coverage of the **Insured Person** shall be automatically terminated from the effective date of the coverage.

13. CURRENCY AND EXCHANGE RATES

All premiums shall be paid in Malaysian Ringgit. In the event that the **Insured Person** suffers

any loss outside Malaysia and in currency other than Malaysian Ringgit, the **Company** shall compensate the **Insured Person** in Malaysian Ringgit, based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) at the **Date of Accident**.

14. APPLICABLE LAW

This **Master Policy** and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian Courts shall have exclusive jurisdiction hereto.

No action at law or in equity shall be brought to recover on this **Master Policy** prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **Master Policy**.

15. RECEIPTS

Subject to the proviso below, the receipt by the **Insured Person** or his/her legal personal representative, as the case may be, of any compensation payable herein under this **Master Policy** shall in all cases be effectual discharge of liability of the **Company**.

Provided Always That where the **Insured Person** instructs us to pay the death claim proceeds under Benefit A (Death) in Part 1 above to an individual of his choice by providing the relevant details of such individual as may be required by the **Company** during the lifetime of the **Insured Person**, the **Company** shall pay the death claim proceeds to such individual. Such payment made and the receipt by the relevant individual shall discharge the **Company** from any liability hereunder in respect of payment of the death claim proceeds.

16. TERRITORIAL LIMIT

This **Master Policy** provides cover on a worldwide basis except where expressly referenced otherwise.

17. CONSENT TO USE PERSONAL DATA

(a) The **Policyholder** and/or **Insured Person** represents and warrants that if it submits information relating to the **Insured Persons** or other individuals to the **Company**, that it has the authority to provide information relating to such **Insured Persons** or other individuals, that it has informed the **Insured Person** or other individuals about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by the **Company**, and that the **Policyholder**, **Insured Person** or other individuals agree and consent that the **Company** may collect, use, disclose and process the personal information (whether obtained during the application

process or administration of this **Master Policy**) in accordance with the **Company's** Privacy Notice as published from time to time at allianz.com.my.

(b) **General Data Protection Regulation ("GDPR")**

If any **Insured Person** wishes to exercise their GDPR rights, the **Policyholder** shall inform the **Insured Person** to write to the **Company** at privacy@allianz.com.my in order for the **Company** to assess and comply with the EU Privacy Law – GDPR.

18. DUTY OF DISCLOSURE

(a) **Consumer Insurance Contract**

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance wholly for **purposes unrelated to the Policyholder or Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person** had a duty to take reasonable care not to make a misrepresentation in answering the questions in the proposal form and all the questions required by the **Company** fully and accurately and also disclose any other matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continued until the time the contract was entered into, varied or renewed.**

(b) **Non-Consumer Insurance Contract**

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if the **Policyholder** or the **Insured Person**, as the case may be, had applied for this insurance for **purposes related to the Policyholder's or Insured Person's trade, business or profession**, the **Policyholder** or **Insured Person** had a duty to disclose any matter that the **Policyholder** or **Insured Person** knows to be relevant to the **Company's** decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claim denied or reduced, terms changed or varied, or contract terminated. **This duty of disclosure continues until the time the contract was entered into varied or renewed.**

- (c) The **Policyholder** and **Insured Person** also have a duty to tell the **Company** immediately if at any time, after this **Master Policy** contract or coverage under this **Master Policy**, has been entered into, varied or renewed with the **Company**, any of the information given for this **Master Policy** or coverage under this **Master Policy** is inaccurate or has changed.

19. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the **Insured Person**, the **Company** shall not be liable if there be any misstatement in or if a material fact has been omitted from the proposal form. If any claim made by the **Insured Person** shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support of such claim, then the **Company** reserves the right to deny or reduce such claim or terminate the **Insured Person's** coverage, as the case may be.

20. APPLICABLE TAX

In the event that any sales and services tax, value added tax or any similar tax and any other duties, taxes, levies or imposts (collectively "**Applicable Tax**") whatsoever are introduced by any authority and are payable under the laws of Malaysia in connection with any supply of goods and/or services made or deemed to be made under this **Master Policy**, the **Company** will be entitled to charge any Applicable Tax as allowed by the laws of Malaysia. Such Applicable Tax payable shall be paid in addition to the applicable premiums and other charges. All provisions in this **Master Policy** on payment of premiums and default hereof shall apply equally to the Applicable Tax.

21. SANCTION LIMITATION AND EXCLUSION CLAUSE

No insurer/co-insurer shall be deemed to provide cover and no insurer/co-insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer/co-insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

PART 3 – EXCLUSIONS

This **Master Policy** does not cover death or any **Injury** or **Illness** directly or indirectly caused by or in connection with any of the following:

- (a) War, invasion, act of foreign enemy, criminal or terrorist activities, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power;
- (b) Insanity, suicide (whether sane or insane), intentional self-inflicted injuries or any attempt thereof;
- (c) Intoxication beyond the legal limit related to driving offences and/or under the influence of illegal drugs;

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- (d) Any form of disease, infection or parasites and Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or Human Immunodeficiency Virus Infection (HIV);
 - (e) **Notifiable Disease** requiring isolation or quarantine by law;
 - (f) Childbirth, miscarriage, pregnancy or any complications thereof, unless solely caused by an **Accident**;
 - (g) Provoked murder or assault;
 - (h) While travelling in an aircraft licensed for passenger service as a member of the crew;
 - (i) While committing or attempting to commit any unlawful act;
 - (j) While participating in any professional sports;
 - (k) Martial arts or boxing, aerial activities including parachuting and hang-gliding, underwater activities exceeding fifty (50) meters in depth, mountaineering involving the use of ropes or mechanical guides;
 - (l) Racing (other than on foot), pace-making, speed or reliability trials;
 - (m) Ionization, radiation or contamination by radioactivity, nuclear weapons material; and
 - (n) Riding/driving without a valid driving license (NOTE: this will not apply to **Insured Persons** with an expired license but who is not disqualified from holding or obtaining such driving license under the regulations of the Malaysia Road Transport Department or any other relevant laws).

PART 4 – DEFINITIONS

Accident means any sudden or unexpected event, resulting directly and independently from the action of an external cause, other than any intentionally self-inflicted **Injury**.

Confirmation of Coverage means the confirmation issued by the **Company** to the **Insured Person** to confirm the coverage under this **Master Policy** and other related matters including the benefits, **Sum Insured** and **Period of Insurance**.

Date of Accident means the day when any **Injury** and other covered incident(s) occurs, is inflicted on, and/or contracted by the **Insured Person**.

Free Look Period means the period of fifteen (15) days from the effective date of the **Insured Person's** coverage under this **Master Policy** during which the **Insured Person** may request for a cancellation of his or her coverage provided there is no claims made during such time, as more particularly set out in Condition 8 (Free Look Period) above.

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

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

Injury means bodily injury(ies) suffered anywhere in the world caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear occurring during the **Period of Insurance**.

Insured Person means the individual who is the customer of the **Policyholder** as more particularly described in the **Confirmation of Coverage**.

Illness means a physical condition marked by a pathological deviation from the normal healthy state occurring during the **Period of Insurance**.

Period of Insurance means the duration for when the **Insured Person** is insured as set out in the **Confirmation of Coverage**, subject to the terms, conditions and exclusions in this **Master Policy**.

Permanent Disablement means the conditions which are described under item (ii) of the table in Benefit A (Death or Permanent Disablement) under Part 1 – Benefits which have been confirmed by a **Medical Practitioner**.

Perlindungan Tenang Voucher Programme or “**PTVP**” means the voucher programme introduced by the government of Malaysia to provide aid by way of issuance of vouchers to individuals who are within the B40 income classification to purchase insurance/takaful coverage under the Perlindungan Tenang initiative.

Policyholder means a person or corporate body as described in the **Schedule** to whom this **Master Policy** has been issued in respect of cover for the **Insured Person**.

Master Policy means this policy contract including the **Schedule, Confirmation of Coverage** and all endorsements.

Medical Practitioner means a registered medical practitioner licensed by the medical authorities of the country in which treatment is provided and who is practicing within the scope of his/her licensing and training but excluding a **Medical Practitioner** who is the **Insured Person** himself.

Notifiable Disease means **Illness** or disease sustained by an **Insured Person** resulting from pandemic influenza and any other **Illness** or disease which has been declared as a pandemic or epidemic by order of the relevant government authorities or a recognized public health authority.

Schedule means the document issued to the **Policyholder** pursuant to this **Master Policy**.

Sum Insured means the sum insured or the amount of benefit payable as stated in the **Confirmation of Coverage**.

Checklist on the required supporting documents of Claims

Benefits	Documents	
Death/Permanent Disablement	1	Medical report and/or death certificate;
	2	Post mortem report;
	3	Driving license and Police Report if involved in Motor Vehicle Accident;
	4	Completed Allianz e-payment form.
Hospital Income	1	Driving license and Police Report if involved in Motor Vehicle Accident;
	2	Hospital admission/discharge note or summary;
	3	Medical report;
	4	Completed Allianz e-payment form.

The above list is not exhaustive. The **Company** reserves the right to request for any relevant document(s) as may be applicable and reasonable to support an **Insured Person's**/claimant's claim at the **Insured Person's**/claimant's expense.

IMPORTANT NOTICE

POLICY COVERAGE AND PREMIUM PAYMENT

It is a condition of this **Master Policy** that the premium due for the coverage under the **Master Policy** must be paid before cover commences. If this condition is not complied with, then the **Insured Person's** coverage under this **Master Policy** will be deemed cancelled from inception.





Lodging of Complaints

We are committed to maintaining high levels of service, honesty, integrity and trustworthiness. If you have any reason to be dissatisfied with any of our products or services, we would like to hear from you. Your feedback is very important to us as we are always looking for ways to improve and serve you better.

To provide us with your feedback, you may contact us via the following channels:

Write to:

Customer Feedback Center, Allianz Arena, Ground Floor Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur.

 1 300 22 5542   AllianzMalaysia  customer.service@allianz.com.my  allianz.com.my

Avenues to Seek Redress

You may submit your complaint to the Ombudsman for Financial Services (OFS) if you are not satisfied with our final response or decision, in the event that your complaint is within the scope of the OFS as well as the following monetary thresholds:

- (1) Insurance claims not exceeding RM250,000.00; and
- (2) Motor third party property damage claims not exceeding RM10,000.00.

The OFS can be contacted at the following address:

Ombudsman for Financial Services, Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

 03 2272 2811  03 2272 1577  enquiry@ofs.org.my  www.ofs.org.my





If your complaint does not fall within the purview of the OFS, you may refer your complaint to Laman Informasi Nasihat dan Khidmat (LINK) of Bank Negara Malaysia (BNM) at the following address:

Write to (BNMTELELINK):

Pengarah, LINK & Pejabat BNM, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur.

Walk-in (BNMLINK):

Ground Floor, Block D, Bank Negara Malaysia, Jalan Dato' Onn, 50480 Kuala Lumpur.

 1 300 88 5465  03 2174 1515  bnmtelelink@bnm.gov.my  www.bnm.gov.my

You may check with our Customer Feedback Center on the types of complaints handled by the OFS or BNM before submitting your complaint.