

# Domestic Travel Partner Plus Policy

Your Domestic Travel Partner Plus Policy will indemnify you in the manner and to the extent described in the policy, in respect of events occurring during your journey within the period of insurance. All benefits payable under this policy shall be paid to you, and in the event of your death, to your nominee(s) if stated in the policy schedule, otherwise to your estate.

# Age Limit

30 days to 80 years old

# Plans Available Individual Plan Family Plan You, or any one eligible person as defined in the policy You, your legal spouse (one only as named in the Schedule), and any number of your lawfully dependent child aged between 30 days and 18 years or upto 23 years who is studying full-time in a recognized institution or higher learning, all residents in your home territory.

## Table Of Coverage

| TABLE OF COVERAGES            |            |                  |            |              |  |  |
|-------------------------------|------------|------------------|------------|--------------|--|--|
|                               |            | SUM INSURED (RM) |            |              |  |  |
| COVERAGES                     | BASIC      | BASIC PLAN       |            | PREMIER PLAN |  |  |
|                               | Individual | Family           | Individual | Family       |  |  |
| SECTION 1 - PERSONAL ACCIDENT |            |                  |            |              |  |  |
| Death                         |            |                  |            |              |  |  |
| • Adult                       | 150,000    | 150,000          | 300,000    | 300,000      |  |  |
| • Child                       | 37,500     | 37,500           | 75,000     | 75,000       |  |  |
| Permanent Disablement         |            |                  |            |              |  |  |
| • Adult                       | 150,000    | 150,000          | 300,000    | 300,000      |  |  |
| • Child                       | 150,000    | 150,000          | 300,000    | 300,000      |  |  |
| • Maximum Per Family          |            | 450,000          |            | 900,000      |  |  |

# Tokio Marine Insurans (Malaysia) Berhad

| TABLE OF COVER   | RAGES            |        |              |        |
|--|------------------|--------|--------------|--------|
|  | SUM INSURED (RM) |        |              |        |
| COVERAGES  | BASIC PLAN       |        | PREMIER PLAN |        |
|  | Individual       | Family | Individual   | Family |
| SECTION 2 - MEDICAL EXPENSES   |                  |        |              |        |
| • Per Adult/Child  | 15,000           | 15,000 | 30,000       | 30,000 |
| • Maximum Per Family   |                  | 45,000 |              | 90,000 |
| Coverage 1: Medical and other expenses   |                  |        |              |        |
| - Due to accident  |                  |        |              |        |
| - extend to cover Accident Whilst Participating In Hazardous<br>Water Activities |                  |        |              |        |
| - extend to cover Zika, JE, Dengue & Malaria                                     |                  |        |              |        |
| Coverage 2: Alternative Medicine Treatment                                       |                  |        |              |        |
| (due to Accident)  |                  |        |              |        |
| - Sub Limit subject to overall Medical Expenses limit:                           |                  |        |              |        |
| • Per Adult/Child: RM 1,000  |                  |        |              |        |
| Maximum Per Family Limit: RM 3,000   |                  |        |              |        |
| SECTION 3 - DAILY HOSPITAL ALLOWANCE (DUE TO ACCIDENT)                           |                  |        |              |        |
| • Per day per Adult/Child  | 50               | 50     | 50           | 50     |
| • Per Adult/Child  | 1,000            | 1,000  | 1,000        | 1,000  |
| • Maximum Per Family   |                  | 3,000  |              | 3,000  |
| SECTION 4 - PERSONAL LUGGAGE AND PERSONAL EFFECTS                                |                  |        |              |        |
| • Per Adult/Child  | 200              | 200    | 200          | 200    |
| • Maximum Per Family   |                  | 600    |              | 600    |
| SECTION 5 - TRAVEL DELAY   |                  |        | -            |        |
| Each 8 consecutive hours   | 50               | 50     | 50           | 50     |
| • Per Adult/Child  | 500              | 500    | 500          | 500    |
| • Maximum Per Family   |                  | 1,500  |              | 1,500  |

| TABLE OF COVERAGES                                  |                  |        |              |        |  |  |
|---|------------------|--------|--------------|--------|--|--|
|   | SUM INSURED (RM) |        |              |        |  |  |
| COVERAGES   | BASIC PLAN       |        | PREMIER PLAN |        |  |  |
|   | Individual       | Family | Individual   | Family |  |  |
| SECTION 6 - REPATRIATION EXPENSES OF MORTAL REMAINS |                  |        |              |        |  |  |
| • Per Adult/Child                                   | 10,000           | 10,000 | 20,000       | 20,000 |  |  |
| • Maximum Per Family                                |                  | 30,000 |              | 60,000 |  |  |
| SECTION 7 - COMPASSIONATE ALLOWANCE DUE TO KIDNAP   |                  |        |              |        |  |  |
| • Per Adult/Child                                   | 7,500            | 7,500  | 7,500        | 7,500  |  |  |
| • Maximum Per Family                                |                  | 22,500 |              | 22,500 |  |  |

For more details of the policy coverage and benefits, please refer to the Domestic Travel Partner Policy at our website www.tokiomarine.com.

## Main Exclusions

- War and related risks including riot or civil commotion
- Radioactive and nuclear weapon material accidents
- Suicide (whether sane or insane) or any attempt thereat
- You during the travel period engaging in any occupation involving manual labour
- Flying as a pilot or crew member in any aircraft other than as a fare paying passenger in an aircraft licensed for passenger service
- Childbirth, miscarriage, pregnancy or other complications thereof unless caused directly or indirectly by accident
- Intoxicating liquor or drug not prescribed by qualified registered medical practitioner
- Illness, diseases, infections, acquired immune deficiency syndrome (AIDS), human immune deficiency virus (HIV) and/or HIV related illness
- Criminal acts
- Travelling contrary to medical advice or specifically to obtain medical treatment

This list is non-exhaustive. Please refer to the Domestic Travel Partner Policy for the full list of exclusions.

#### **Duty of Disclosure**

- Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.
- Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

#### **Payment of Premium**

- Premium must be made to our agent or direct to us
- Premium can be made by cash, credit card or cheques (cheques should be made in favour of Tokio Marine Insurans (Malaysia) Berhad)
- Insist on a receipt for the premium paid
- Contact us if you have not received your policy after one month of purchase

# WHAT YOU SHOULD DO In The Event Of Injury

#### Notification of Claim

You must notify us in writing with full details of the incident/accident as soon as possible within the time frame stipulated in your policy. Early notification is required to avoid any prejudice to your claim. If involved in a serious accident, you are required to lodge a police report immediately.

#### Submission of Claim

You must submit your claim with all supporting information and documents as requested to us as soon as possible. If adjusters/investigators are appointed by us, you must give full cooperation to them in assessing your claim.

#### Duty of Disclosure of Claim Information

You must provide answers to the Claim Form truthfully as any misrepresentation or concealment will prejudice your claim.

#### **Compensation / Indemnity**

We will pay for compensation on death or injury (Permanent Disablement) in accordance with the 'Table of Benefits' attached to the policy. However for claim such as medical expenses, you are compensated on reimbursement basis on the actual amount incurred subject to the limit specified in the policy. You cannot make multiple claims on medical expenses.

# HOW TO LODGE A Complaint And Redress Avenues Available



(please refer to www.bnm.gov.my/bnmlink/index.htm) or you could take your case to court.

For more information about Tokio Marine and our products and services, please log on to our website www.tokiomarine.com.

Tokio Marine Insurans (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.