



MPI Generali Insurans Berhad (14730-X)
 Head Office: 8th Floor, Menara Multi-Purpose,
 Capital Square, 8, Jalan Munshi Abdullah,
 50100 Kuala Lumpur, Malaysia.
 Postal Address: P.O. Box 10122,
 50704 Kuala Lumpur, Malaysia.
 P +603 2034 9888
 F +603 2694 5758, +603 2694 5759
 mpigenerali.com

RENEWAL SCHEDULE
JADUAL PEMBAHARUAN

COPY

Insured's Name / Address Pihak Diinsuranskan / Alamat Surat Menyurat UNIVERSITI TUNKU ABDUL RAHMAN NO 9 JALAN BERSATU 13/4 46200 PETALING JAYA SELANGOR		Class Of Insurance Kelas Insurans GROUP PERSONAL ACCIDENT			
		Policy No. No. Polisi PAG-P0231558-BR			
		Trans No. No. Trans 00010			
		Replacing Policy No. Menggantikan Polisi No. P0222083			
		Cross References No Rujukan PAG-P0222083-BR			
		Account Code Kod Akaun BWN00362			
Period of Insurance Tempoh Insurans	From Dari	01/01/2019	To Hingga	31/12/2019	Expiring At Midnight
Premium Premium	: RM	Annual Premium Premium Tahunan	: RM		
Government Tax Cukai Kerajaan	: RM				
Stamp Duty Duti Setem	: RM				
Total Amount Due Jumlah Amaun Perlu Dibayar	: RM				
RISK : 0001 Group Personal Accident OCCUPATION : Education and University					
COMPENSATION		TOTAL SUM INSURED			
01 Sum Insured (Items 1, 2 & 3)		RM	45,000		
02 Medical Expenses (Item 5(a))		RM	3,000		
Event :- Bodily injury caused solely by violent accidental external and visible means which injury shall independently of any other cause be the sole cause of the Results and shall exclude bodily injury caused by sickness, disease or medical disorder and/or disease introduced by the vector.					
THIS POLICY IS SUBJECT TO THE FOLLOWING WARRANTIES, ENDORSEMENTS AND CLAUSES:					
PWE	PREMIUM WARRANTY				
C001	DISAPPEARANCE CLAUSE				

PAG/01/2019/REN131



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C002	EXPOSURE CLAUSE
C003	PAYMENT OF BENEFITS CLAUSE
C008	AMATEUR SPORTS CLAUSE Exception 1(a) is amended to read as "The Insured engaging in Winter Sports, underwater activities involving the use of underwater breathing apparatus, Mountaineering, racing of any kind (other than on foot) and in any sporting activities in a professional capacity."
C013	HARMFUL INSECTS & SNAKES BITES CLAUSE It is hereby declared and agreed that this Policy is extended to cover the benefits Insured herein in respect of bodily injury sustained due to harmful insect bites and/or snake bites. Provided however such extension shall exclude mosquito bites, bug bites and/or diseases introduced by any vector.
C014	AUTOMATIC ADDITION AND DELETION CLAUSE The Insurance provided by this Policy is automatically extended to new employee(s) from the date of commencement of employment. Provided however that the Insured shall inform the Company of such addition(s) within thirty (30) days from the date of employment and pay the appropriate additional premium. The benefits of such person shall follow the benefits of the category of employee he/she is in and shall not exceed the highest benefits of the insured person already granted under this Policy. Employees are automatically deleted from this Policy with effect from the date they leave the service of the Insured. Subject otherwise to the terms and conditions of the Policy.
C015	UNPROVOKED MURDER, ASSAULT OR ANY ATTEMPT THREAT CLAUSE It is hereby declared and agreed that this Policy is extended to cover the risk of Murder, Assault or any attempt threat but in no event shall this extension be operative if it is provoked by the Insured.

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C018	FUNERAL EXPENSES EXTENSION CLAUSE It is hereby understood and agreed that in the event of accidental death to the Insured Person(s), funeral expenses up to the sum stated in the Schedule will be payable to the Insured Person's next of kin or legal personal representative upon a valid claim under the Policy. Payment would be made upon receipt of Police Report and Death Certificate of the Insured Person.
C023	PREMIUM ADJUSTMENT CLAUSE The premium of this Policy is provisional and the Insured undertakes to supply the necessary information to the Company at the end of the Period of Insurance to enable the premium to be adjusted and the Insured undertakes to pay the additional premium to the Company and the Company will refund any return premium to the Insured that may result from such adjustment.
C026	LOSS NOTIFICATION CLAUSE It is hereby declared and agreed that this insurance will not be prejudiced by any inadvertant delays, errors or omission in notifying the Company of any circumstances or event giving rise or likely to give rise to a claim under this Policy, provided that notice be given to the Company immediately upon such occurrence coming to the knowledge of the Insured but not later than 60 days from the date of the occurrence.
C029	KIDNAPPING CLAUSE It is hereby declared and agreed that this Policy is extended to include death or bodily injury arising from kidnapping. Subject otherwise to the terms, conditions and exceptions of this Policy.
E002	STRIKE RIOT & CIVIL COMMOTION ENDORSEMENT It is hereby declared and agreed that this Policy extends to cover

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<p>death or disablement as within defined directly or indirectly caused by strike, riot and civil commotion. Provided the Insured Person(s) is not actively participating in such strike, riot and civil commotion otherwise this extension becomes void</p>	
E003	MOTOR CYCLING EXTENSION ENDORSEMENT It is hereby declared and agreed that Exception 1(c) appearing in the Policy is deemed to be deleted.
E004	HIJACKING ENDORSEMENT Subject otherwise to the terms, conditions and exceptions of the Policy, it is hereby declared and agreed that the policy is hereby extended to cover bodily injury arising from hijacking of any land/sea /air conveyance in which the Insured and/or Insured Person(s) is travelling as a fare-paying passenger.
E005	ACCIDENTAL GAS INHALATION, SUFFOCATION, DROWNING & FOOD POISONING ENDT It is hereby declared and agreed that the insurance by this Policy is extended to cover the Insured or Insured Person(s) against Death or Permanent Disablement as herein defined arising out of or resulting from Accidental Gas Inhalation, Suffocation, Drowning, Food Poisoning and other similar misfortune with or without any sign of external or violent visible injury.
E010	DRINK AND FOOD POISONING ENDORSEMENT It is hereby declared and agreed that the insurance by this Policy is extended to cover the Insured or Insured Person(s) against Death or Permanent Disablement as herein defined arising out of or resulting from Drink and Food Poisoning.
Territorial Limit : Worldwide	
C013 - Harmful Insects & Snakes Bites Clause	

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<p>-----</p> <p>It is hereby declared and agreed that this Policy is extended to cover the benefits Insured herein in respect of bodily injury sustained due to harmful insect bites and/or snake bites.</p> <p>Provided however such extension shall include mosquito bites, bug bites and/or diseases introduced by any vector.</p> <p>Accidental Seepage, Pollution and Contamination Exclusion Clause</p> <p>-----</p> <p>This Agreement does not cover any liability in respect of:</p> <ol style="list-style-type: none">1. Loss of, damage to, or loss of use of property directly or indirectly caused by seepage, pollution or contamination, provided always that this paragraph shall not apply to loss of or physical damage to or destruction of tangible property, or loss of use of such property damaged or destroyed, where such seepage, pollution or contamination is a consequence of an otherwise under this agreement indemnifiable sudden, unintended and unexpected happening.2. The cost of removing, nullifying or cleaning-up seeping, polluting or contaminating substances unless the seepage, pollution or contamination is a consequence of an otherwise under this agreement indemnifiable sudden, unintended or unexpected happening.3. Fines, penalties, punitive or exemplary damages. Furthermore it is agreed that the Insurer is only liable for such claims which have been reported to the Insured within twelve months from the occurrence of the otherwise indemnifiable happening. <p>Table of Compensation</p>	

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Item	Result	Compensation
		RM
		(Per Person)
1)	Death	45,000.00
2)	Permanent Total Disablement Loss of One Hand or Both Hands and one foot or both feet, and/or Loss of sight of one or both eyes.	45,000.00
3)	Permanent Total Disablement by accident due to causes other than Loss of Limb or sight.	45,000.00
4)	Actual expenses reasonably and necessarily incurred for medical treatment by registered practitioner and funeral expenses.	3,000.00
5)	Funeral Expenses	3,000.00
6)	In respect of traditional medical treatment, the compensation is limited to RM500.00	500.00
MEMO 1		

Insured Person' for the purpose of this Insurance is defined as a Student who is registered with the Universiti to pursue course of studies, which include all the industrial training and/or industrial training placements.		
MEMO 2		

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<p>-----</p> <p>The Insurance will commence from the time the Insured Person registers at the Universiti and will terminate when the Insured Person ceases to be a student of the Universiti. However, if the Insured Person prematurely leaves or ceases to be student of the Universiti which has collected from him/her the premium on the semester basis, coverage will terminate on the last day of the semester holidays (i.e. before the commencement of the following new semester) provided that the Insured Person is not engaged in any occupational risks or activities more hazardous than as a student.</p>	
<p>MEMO 3 -----</p> <p>Notwithstanding anything stated in the contrary to Exception 1(B) this Policy covers any Results directly or indirectly caused by the use of woodworking machinery in pursuance of the course of study.</p>	
<p>MEMO 4 -----</p> <p>This Policy is granted on the condition that the Insured Persons are of sound physical and mental health, of temperature habits, free from any defect infirmity and illness which may render the Insured Persons more than ordinary liable to accident or which may hinder the speed of recovery from any injury and have never had any fit or paralysis and company for personal accident or medical policy shall be void. Each Insured Person is separately independently subject to this memorandum.</p>	
<p>MEMO 5 -----</p>	

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SELANGOR

The Insured Persons declared for insurance shall as though they were the Insured be bound by the terms and condition of this Policy.

Nominated/Appointed Adjusters :

- (a) MSM International Adjusters (Malaysia) Sdn Bhd
(b) Cunningham Lindsey Adjusters (M) Sdn Bhd

Interest Insured(s) : On All Students of Universiti
Tunku Abdul Rahman

Provisional 2019 Headcount : 24,500 Students.

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SIGNED ON BEHALF OF THE COMPANY



AUTHORISED SIGNATORY

ISSUED ON 14/02/2019
AT KUALA LUMPUR (BROKER)

PAG/01/2019/REN



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COINSURANCE AND LEADER CLAUSE

COPY

Attaching to Policy Number: PAG-P0231558-BR 00010

COINSURANCE AND LEADER CLAUSE

It is hereby declared and agreed notwithstanding anything contained in the within Policy, or on any endorsement hereon to the contrary that any reference to "the Company" shall be deemed to mean the below mentioned Companies each of which agrees for its individual proportion set against its name subject to the terms, exceptions and conditions herein or attached hereto or endorsed hereon, that if during the period of insurance stated in the Policy/Schedule the Insured shall sustain loss or damage in the circumstances provided for by this Policy indemnify the Insured in the manner herein described.

It is further declared and agreed notwithstanding anything contained to the contrary that the lead Coinsurer is authorised to sign the Policy/Endorsement/Renewal Receipt.

For all intents and purposes this Policy shall have effect as though each of the below mentioned insurance companies had issued a separate Policy for its individual proportion of the Sum Insured.

Company	Proportion %
MPI GENERALI INSURANS BERHAD	70.00000000
GREAT EASTERN GENERAL INSURANCE (MALAYSIA) BERH	30.00000000

PAG/01/2019/CLC