



### **PRIVATE & CONFIDENTIAL**

John Doe, Address Line 1, Address Line 2 Selangor 12345, Malaysia

Dear John Doe,

# YOUR POLICY DOCUMENTS

**Policy Number** :

Plan : Life (Yearly Term) with Total and Permanent Disability Rider

**Insured Person**: John Doe

Thank you for choosing Fi Life. We are pleased to inform you that your application for the above policy has been approved. We attach the following documents, all of which form part of your policy:

- 1. Certificate of Insurance this contains the key details of your policy, including benefits provided and key terms and conditions applicable.
- 2. Policy General Provisions this contains general terms and conditions of your policy.
- **3.** Riders if you have bought additional benefits, riders to your policy explaining the additional benefits and the terms and conditions of the additional cover will be attached.
- **4. Nominees and Trustees of Your Policy** this lists people you have nominated as nominees and trustees of your policy.
- 5. Your Application Answers and Declarations this is a record of some of your responses to our health, lifestyle and other questions and your declarations that we relied on to issue you the policy.
- **6. Indicative Future Premiums** These are the indicative future premiums if we choose to renew your policy with us.
- Product Disclosure Sheet This is a summary of the important terms and conditions of your policy.

Please review your policy carefully. If you decide to cancel this policy, you may do so by letting us know in writing within 15 days from today at the contact points below.

We are authorised by Bank Negara Malaysia to offer life insurance and critical illness policies under the Bank Negara Malaysia Regulatory Sandbox. A fully licensed insurer status would require further approval under the Financial Services Act 2013. You can learn more about us at www.fi.life.

We are pleased to serve you. If you need any help, you can contact us as follows:

Email: hello@fi.life | WhatsApp: +6018 208 2000 | Phone: +603 8605 3306

Thank you for your support.

Yours sincerely,

Marck Ali

Malek Ali

**Chief Executive Officer** 

Fi Life Sdn Bhd (201801028096), 3A.7 Menara Ken TTDI, 37 Jalan Burhanuddin Helmi, 60000 Kuala Lumpur, Malaysia WEB www.fi.life | EMAIL hello@fi.life | PHONE +60 3 8605 3306 | WHATSAPP +60 18 208 2000 | SOCIAL @getsomefi

# **CERTIFICATE OF INSURANCE**

POLICY DETAILS				
Plan	Life (Yearly Term) with Total and Permanent Disability Rider			
Policy Number		Total Premium	RM 122.50 per month	
Policy Issue Date		Policy Expiry Date		

POLICYHOLDER DETAILS				
Policyholder	John Doe	Date of Birth	01/01/1999	
NRIC/Passport	990101-99-1235	Nationality	Malaysia	
Email	johndoe@email.com	Mobile Phone	+60121231231	
Address	Address Line 1, Address Line 2 Selangor 12345, Malaysia			

INSURED PERSON'S DETAILS				
Insured	John Doe	Date of Birth	01/01/1999	
NRIC/Passport	990101-99-1235	Nationality	Malaysia	
Email	johndoe@email.com	Mobile Phone	+60121231231	
Address	Address Line 1, Address Line 2 Selangor 12345, Malaysia			

DEATH BENEFIT DETAILS				
Sum Assured Cover Start Date Cover Age Limit Date of First Inception				
RM 1,000,000	01/01/1970 08:00 am	79		

# **ADDITIONAL BENEFIT DETAILS / RIDERS BOUGHT**

TOTAL AND PERMANENT DISABILITY (TPD)				
Sum Assured Cover Start Date Cover Age Limit Date of First Inception				
RM 1,000,000	01/01/1970 08:00 am	69		

Only **one** claim can be made for either the death benefit or the TPD benefit, not both - Please refer to the detailed terms of the Policy.

# **DOCUMENT HISTORY**

Certificate issued on Policy Issue Date.

Coverage details are to be read together with the rest of the policy documents attached.

# **GENERAL PROVISIONS**

#### 1. THIS POLICY

This Policy is a legal agreement between you and us. We agree to pay the Benefits set out in the Certificate of Insurance in return for your payment of the Premium.

We have relied on the information you have provided in the Application in deciding the terms of this policy and whether to insure the Insured Person.

If you gave us information that is incomplete or inaccurate, whether on yourself or the Insured Person, this Policy might not be valid.

#### 2. THE POLICYHOLDER

You are the Policyholder of this policy, and your name is stated in the Certificate of Insurance as the Policyholder. As the Policyholder, you are the only person who can authorise changes to this policy. Unless there are any changes in ownership of this policy, proceeds of any claim under this policy will only be paid to you or your nominee(s). Reference to "you" and "your" is directed to you as the Policyholder.

### 3. THE INSURED PERSON

The Insured Person is the person whose life is insured under this policy and who is named as the Insured Person in the Certificate of Insurance. If you bought this policy on your own life, you are both the Policyholder and the Insured Person.

#### 4. YOUR COVER

We will pay you the Benefits stated in the Certificate of Insurance.

If there is any increase or reduction in the Benefits, we will effect it by issuing you with an updated Certificate.

# 5. EXCLUSIONS

We will not make any payout under this policy if the Insured Person's death results directly or indirectly from suicide that occurs within the first 13 months from the Date of First Inception of the Policy. However, in this situation, we will return the premiums paid to us since the Date of First Inception of the Policy.

# 6. START OF YOUR COVER

Your cover starts on the Policy Cover Start Date stated in the Certificate of Insurance.

# 7. YOUR PREMIUM

Your premium and its payment frequency are as stated in the Certificate of Insurance. All transactions are in Malaysian Ringgit (RM) only.

If this policy is renewed, premiums payable upon renewal will be increased to take into account the Insured Person's advancing age and our overall portfolio claims experience. The premiums we expect to impose for successive years are listed in the attached Indicative Future Premium Schedule, but they are not guaranteed.

## 8. NON-PAYMENT OF PREMIUM

Your premium is due on the Premium Due Date. However, you have a grace period of 30 days from the due date to make your payments. We will honour any eligible claim during the grace period but we will make appropriate deductions for unpaid premiums.

If you fail to make payment by the end of this Grace Period, this Policy will automatically terminate, in which case, we will not be liable for any claims and there will be no refunds for the payments you have made to date.

#### 9. PREMIUM PAYMENTS

You can choose to pay the Premium monthly or annually. Your payment can be made either by debit card, credit card, or e-money issued by a Malaysian bank or from an e-money issuer regulated by Bank Negara Malaysia.

You can change the payment frequency of your Premium or switch between payment methods at any time by logging in to our Customer Portal and making your changes there.

Monthly premiums are treated as instalments of the whole year's Premium. If a claim is payable, the remaining unpaid instalments for the year's Premium shall be deducted from the Sum Assured/Benefits to be paid.

We shall not refund any Premium if the Policy terminates before the Policy Expiry Date.

### 10. RENEWAL

This Policy is arranged on a yearly basis and the renewal of this Policy is not guaranteed.

If:

- a. we decide not to renew this Policy;
- b. the renewal premium amount deviates from amounts set out in the Future Premium Schedule; or
- c. there are changes to any other terms and conditions of this Policy,

we will notify you at least 30 days before the Policy Anniversary Date. If we do not give such notice, this Policy shall automatically renew on the Policy Anniversary Date if you pay the prevailing Premium chargeable for the renewal.

If you have submitted evidence of insurability before the Date of First Inception of the Policy, you will not be required to submit further evidence of insurability for subsequent renewals provided the Policy has remained continuously in-force with premiums fully paid on time since the Date of First Inception.

If the entire product offered under the Policy is being withdrawn by us due to adverse experience or for any other reason, we will use our best efforts to offer you a replacement product, if available, on the terms, conditions and premium rates then prevailing. If no replacement product is available, we will run-off all policies to expiry of the period of cover within the portfolio. Cancellation of the portfolio as a whole shall be by written notice to the Policyholders at least thirty (30) days before the Policy Anniversary Date.

### 11. TERMINATION

This Policy terminates on the earliest occurrence of:

- a. the Policy Expiry Date;
- b. expiry of the Grace Period without payment of the Premium due,
- c. full payment of the Death Benefit;
- d. should we decide to not renew this policy, the relevant Policy Expiry Date;
- e. the Death Cover Age Limit Date;
- f. our acceptance of your application to terminate this Policy; or
- g. any other event with results in termination as set out in this Policy.

### 12. CHANGES TO THIS POLICY

#### **CHANGES BY US**

We may vary the provisions for this Policy if, during its term, there is any change in:

a. any laws affecting us or this Policy; or

- b. circumstances in which we would need to apply a general increase in premium to all or any of the Benefits; or
- c. circumstances which in our opinion makes it impossible or impractical to carry out any provision in this policy

If this occurs, we will notify you at least 30 days ahead and any revised terms and conditions will be effective on the next Policy Anniversary Date.

#### **CHANGES REQUESTED BY YOU**

All requests for a change to this Policy must be made in writing or by logging on to our Customer Portal, and are subject to our approval. Here are some examples of change requests:

### A. INCREASE IN SUM ASSURED

When you apply for an increase in Sum Assured, you must disclose any changes in your health, lifestyle and occupational circumstances since your last application. To determine this, we will require you to answer a fresh online health, lifestyle and occupational questionnaire.

If we approve your application, we shall offer you an increase in Sum Assured in return for an additional premium. However, if the Insured Person's or your latest health, lifestyle and occupational circumstances have changed, we reserve the right to offer you an increase in Sum Assured in return for a higher premium rate on this Policy in addition to the additional premium.

If we approve your application for an increase in Sum Assured, the increase will take effect upon our actual receipt of the additional premium.

#### **B. DECREASE IN SUM ASSURED**

An application for a decrease in your Sum Assured can be made at any time during the term of this Policy. If approved, the decrease in your Sum Assured will only take effect if and when the Policy is renewed on the next Policy Anniversary Date.

### C. INCLUSION OF RIDERS

You may apply to include any Rider to this Policy if it is available. To assess your application, we will require you to answer a fresh online health, lifestyle and occupational questionnaire.

If we approve your application, we shall offer you the Rider in return for an additional premium However, if the Insured Person's or your latest health, lifestyle and occupational circumstances have changed, we reserve the right to offer you the Rider in return for a higher premium rate on this Policy in addition to the additional premium.

If we approve your application for the inclusion of the Rider(s), the coverage provided by the Rider will take effect upon our actual receipt of the additional premium.

# D. REMOVAL OF RIDERS

An application for removal of any riders can be made at any time when it is in force. If approved, the removal will only take effect if and when the Policy is renewed on the next Policy Anniversary Date.

# **E. FREQUENCY AND METHOD OF PAYMENT**

You may request for a change in the frequency and method of payment at our Customer Portal. It will take effect as soon as practicable and no more than 10 business days after your request.

#### F. CHANGE IN SMOKING STATUS

If the Insured Person is currently insured as a smoker or a vaper but the Insured Person stops smoking or vaping for 12 months or more, you can request to reduce the Premium. We will need the Insured Person to complete a non-smoking declaration form before payments can be reduced. If we approve such a request, it will be effective if and when the Policy is renewed on the next Policy Anniversary Date.

#### G. DOCUMENTING POLICY CHANGES

We will document all changes to this Policy by issuing an updated Certificate of Insurance.

#### 13. OTHER VARIATIONS AND WAIVERS

No variation or waiver of any provision in the Policy shall be valid unless such variation or waiver is evidenced through the issuance of an updated Certificate of Insurance or confirmed by us in writing on our letterhead signed by our Chief Executive Officer. No third party has the authority to make any variation to or to waive any of the terms and conditions in this Policy.

#### 14. TRANSFER OF OWNERSHIP OF POLICY

When this Policy is first issued, you are automatically both the owner of the policy, as the Policyholder, and the Insured Person. You can change the ownership of your policy by assigning this Policy to someone else at any time by completing the deed of assignment form that can be obtained from our Customer Portal.

#### 15. TAXES

If any service tax, value added tax, or any such similar tax or any other duties, taxes, levies are imposed by a regulatory authority on this Policy, including any Riders, you will be responsible to pay such amount.

# 16. FREE-LOOK PERIOD AND CANCELLATION

You may cancel this policy:

- a. within 15 days after the electronic delivery of this policy to your email address, or within 15 days of each Policy Anniversary Date for each renewed policy. In this situation, we will immediately stop your cover and refund your payments paid for the Policy Year.
- b. at any time after the 15-day period above, however, in this situation, your premium payment is not refundable.

### 17. NO CASH VALUE

This Policy does not have any cash value upon its cancellation or surrender. It contains no savings or investment elements, nor does it participate in our profits.

# 18. MAXIMUM COVERAGE ACROSS ALL OUR POLICIES

Subject to eligibility, if:

- a. you are a Malaysian or a Malaysian Permanent Resident, you can buy any number of our policies up to an aggregate sum assured of RM1,000,000 on your life. If policies purchased from us exceed the aggregate sum assured of RM1,000,000 on your life without our express written consent, we will only be liable to pay out a maximum aggregate of RM1,000,000 only.
- b. you are NOT a Malaysian or NOT a Malaysian Permanent Resident, you can buy any number of our policies up to an aggregate sum assured of RM500,000 on your life. If policies purchased from us exceed the aggregate sum assured of RM500,000 on your life without our express written consent, we will only be liable to pay out a maximum aggregate of RM500,000 only.

Maximum aggregate sum assured coverage of Additional Benefits are stated in their respective riders.

# 19. MISSTATEMENT OF AGE OR SEX

If the Insured Person's age or sex has been misstated, in the absence of fraud, the Benefits payable under this Policy will be determined on the basis of the correct age and sex and the Premiums paid.

Our age requirements are that an Insured person must be between the ages of 18 and 60 years old (inclusive) at the Date of First Inception of the Policy. If, based on the correct age, the Insured Person was not insurable according to our age requirements, this Policy will be void as from the Cover Start Date, and we

will refund the total Premium paid without interest from the Cover Start Date.

#### 20. INCONTESTABILITY

In the absence of fraud, negligent misrepresentation or non-payment of Premiums, we will not contest the validity of this Policy if it has been in force for at least two (2) years from Date of First Inception of the Policy.

#### 21. CLAIMS

#### A. CLAIMS NOTICE PERIOD

For claims under this Policy, the claimant must give written notice to us, or file a claim via Fi Life's online claims portal at <a href="https://www.fi.life/claims">www.fi.life/claims</a>, within sixty (60) days from the date of the death or diagnosis of the Insured Person.

Failure to give notice within this time will not invalidate the claim if it can be shown that it was not reasonably possible to give notice earlier and that notice was given as soon as reasonably possible.

#### **B. DOCUMENTS REQUIRED**

We must receive the following documents to process your claim:

For death claims:

- a. Insured Person's death certificate; and
- b. If one has been issued, the Insured Person's coroner's report.

Additionally, for all claims:

- a. The Insured Person's birth certificate, identity card and other identification document;
- b. If the Insured Person is a different person from the Policyholder, the Policyholder's identity card and other identification document; and
- c. The claimant's identity card and other identification document

### **C. OTHER CLAIM TERMS**

- a. We may need further information, including information from the Insured Person's doctor, or for more documents to be provided.
- b. We may appoint a Medical Specialist of our choice to re-examine the Insured Person to confirm any medical diagnosis or cause of death.
- c. For claims arising outside Malaysia, we will require all documents in English along with documents in the language which they were originally issued.
- d. For claims arising outside Malaysia in respect of an Insured person who is not a Malaysian citizen or a Malaysian Permanent Resident, a claim cannot be made under this Policy if such Insured Person has been outside of Malaysia for a consecutive period of 90 days prior to her death.
- e. Before any claim under this policy shall become payable, we shall be entitled to require the submission of other legal documents establishing the right of the claimant to receive payment.
- f. All documents required by us should be provided at the claimant's expense.
- g. We may refuse to process a claim in the event all relevant documents have not been submitted to us.
- h. Your entitlement to Death Benefits ends on the Death Cover Age Limit Date and no claims for Death Benefit are payable after that date.

#### 22. WHOM WE PAY THE BENEFITS TO

The proceeds of any claim paid under this Policy will only be paid to you or your assignee as the Policyholder, or to individuals you have nominated in the Nominee and Trustee List which forms part of this

Policy. Any Indebtedness owing to us will be deducted from the benefits to be paid.

#### A. NOMINEE(S)

- a. You may nominate a natural person as your nominee to receive policy monies payable upon your death (Death Benefit). We would advise you to nominate at least one nominee and to let the nominee know of his/her nomination.
- b. Your nomination shall be revoked:
  - i. upon the death of the nominee during your lifetime;
  - ii. if there is more than one nominee, upon the death of all nominees during your lifetime;
  - iii. by your notice in writing to us; or
  - iv. by any subsequent nomination you may make.

### **B. MUSLIM POLICYHOLDERS**

If you are a Muslim Policyholder, your nominee will receive the policy monies only as an executor upon your death. Your nominee must distribute the money in accordance with syariah law.

#### C. NON-MUSLIM POLICYHOLDERS

If you are a non-Muslim Policyholder:

- a. Your nomination will create a trust of policy monies payable upon your death if you nominate your spouse or child or, if you have no spouse or child, you nominate your parents. Upon your death, the nominees shall receive the policy monies as beneficiaries under the trust created.
- b. If you appoint a trustee, upon your death, he/she will be entrusted to receive the policy monies to distribute to your nominees. You should inform your nominees of the identity of your trustee.
- c. If you appoint a trustee, you must get the trustee's prior written consent if you want to change the trust nomination or vary, surrender, assign or pledge this Policy.
- d. If you do not appoint a trustee, any adult nominee who is legally able to enter into a contract will be deemed to be the trustee. If there are more than one such adult nominee, they will be joint trustees.
- e. You cannot appoint yourself as the trustee of this Policy.
- f. If you nominate a person other than your spouse or child, or if you have no spouse or child, you nominate a person other than your parents, that nominee will only receive the policy monies as an executor upon your death. He/she must distribute the policy monies in accordance with your will or the law relating to the distribution of your estate.

### 23. RESIDENCY

The Insured Person (and you, if you're not the Insured Person) must be resident in Malaysia. If not a Malaysian citizen or a Malaysian Permanent Resident, the Insured Person (and you, if you're not the Insured Person) must intend for Malaysia to be their primary country of residence for the next 24 months and have a legal right to reside in Malaysia by having the following employment or residency rights:

- a. A Malaysian Employment Pass Category I (Expatriate), II (Expatriate) and III (Knowledge/Skilled) issued by the Expatriate Services Division of the Department of Immigration, or a dependent (spouse, child) of such a person who has either a dependent's pass or a Long-Term Social Visit Pass issued by the Expatriate Services Division; or
- b. Malaysia My Second Home ("MM2H") residency rights in Malaysia

We have the right to void or deny a claim under this Policy if the Insured Person (or you, if you're not the Insured Person) does not have a legal right to reside in Malaysia.

See also claim conditions for Insured Persons who are not Malaysian citizens or Malaysian Permanent Residents in clause 21C.

# 24. IMPORTANCE OF YOUR ANSWERS TO OUR QUESTIONS

This Policy is issued in consideration for the payment of Premium as specified in this Policy and based on the answers given by you in your Application. Such material information, as recorded in our application system and the attached document "Your Application Answers and Declarations" as well as any subsequent information that you might provide when applying to increase your cover, shall form part of this contract of our application system between you and us. It is your responsibility to be absolutely truthful with us. We rely on your information and disclosures to issue this policy and pay any claim. If you are not absolutely truthful or if you fail to disclose all relevant information to us, we can void your policy or change the terms of your policy or benefits as allowed under Financial Services Act 2013.

#### 25. NO MONEY LAUNDERING OR FINANCING OF TERRORISM

You represent and warrant and certify to us that:

- a. none of the funds used for the purchase of this Policy is derived from illegal activities or sources; and
- b. the purpose of the purchase of this Policy is not for money-laundering activities or for facilitating the financing of terrorism.

If we receive an enforcement order from the relevant authorities to freeze or seize this Policy, we must comply with the order and freeze and/or, hand over the funds payable in respect of the policy in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 or other relevant laws. If we discover or have reasonable doubt that this Policy is being used as an instrument for money laundering activities and/or facilitating financing of terrorism, this Policy will be terminated.

### **26. SANCTIONED INDIVIDUALS**

If you, the Insured Person, your nominee, your trustee or your assignee are the subject of any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the applicable jurisdiction, the European Union, United Kingdom or United States of America, that fact will constitute a material reason that invokes our right to terminate this policy. In such circumstances, we will report the information on this Policy to the relevant authorities in the respective jurisdiction in accordance with the said laws and regulations.

In the circumstances described above, we will not be liable for any claim or benefit in respect of this Policy. In addition, we shall have no liability whatsoever with respect to any loss, cost or damage suffered by you, the Insured Person or the beneficial owner as a result of our handling of this matter.

## 27. YOUR PRIVACY

All information you provide us will be strictly processed in accordance with our privacy notice and our personal data protection policy which are published on our website and in compliance with the Personal Data Protection Act 2010 and other applicable laws.

# 28. GOVERNING LAW AND JURISDICTION

This policy is governed by and interpreted according to Malaysian law. Any dispute arising out of this Policy must be adjudicated exclusively in the courts of Malaysia.

### 29. DEFINITIONS

The following are words and expressions used in this Policy and the Riders, unless otherwise stated. The singular includes the plural and the feminine includes the masculine and neuter gender, and in each case, vice versa unless specifically indicated otherwise.

# We, us, our, Company

Fi Life Sdn Bhd, company number 201801028096.

# You, your, yours, Policyholder

The person with whom the contract of insurance is made, also known as the Policyholder. It also includes the person to whom ownership of this policy has been transferred to.

### This Policy, your Policy, Policy

This contract together with the following attachments (and any subsequent revisions of them):

- a. Certificate of Insurance;
- b. Riders;
- c. Your Application Answers and Declarations;
- d. Your Nominee and Trustee List:
- e. Your Indicative Future Premium Schedule:
- f. Product Disclosure Sheet:

and any other documents signed by you or the Insured Person that we may rely on.

#### **Additional Benefit/Benefits**

The additional benefit or benefits, if any, attached to this policy in addition to the Death Benefit.

# **Application**

The information and answers provided by you and/or the Insured Person when applying for this Policy, whether online or by other means. This includes the information and answers in the attached "Your Application Answers and Declarations" and in any supplementary questionnaires, correspondences, and medical examination forms which we relied on or may rely on before deciding whether to insure the Insured Person.

### **Assignment**

The transfer of ownership the Policyholder's rights under this Policy to any person or corporation.

### **Benefits**

The amount payable as stated in the Certificate of Insurance on the occurrence of an event stated in this Policy and Rider, which includes Death Benefit and Additional Benefits.

## **Certificate of Insurance**

The certificate forming part of this Policy stating the ownership and details of this Policy including the Benefits, the Insured Person and the applicable Riders (and includes any subsequent updated certificates).

## **Cover Start Date**

The date the insurance cover under this Policy commences as stated in the Certificate of Insurance.

### **Customer Portal**

The customer portal at <a href="https://fi.life/myaccount">https://fi.life/myaccount</a>.

### **Date of First Inception**

The date you first took out this Policy with us.

# **Death Benefit**

The Sum Assured payable upon the Insured Person's death as stated in the Certificate of Insurance.

### **Death Cover Age Limit Date**

The date when the Insured Person will cease to be covered for the Death Benefit under this Policy, being the next Policy Anniversary Date after the Insured Person's 80th birthday, as stated in the Certificate of

Insurance.

### **Grace Period**

A period of 30 days from the due date of any Premium payment, except for the first Premium.

#### **Indebtedness**

Amount due to us under the terms of this Policy and the Riders, including the Premium and other charges due

### **Insured Person**

The person whose life is insured by this Policy and who is named as the Insured Person in the Certificate of Insurance.

### **Medical Specialist**

A medical practitioner registered in Malaysia qualified and licensed to practice western medicine whose specialty qualifies him or her to confirm a diagnosis of Total and Permanent Disability, Accidental Death as defined in this Policy or confirm any other medical diagnosis or cause of death, but excludes the Policyholder, the Insured Person, or a relative or business partner of the Policyholder or the Insured Person.

# **Policy Anniversary Date**

Each annual anniversary of the Cover Start Date as stated in the Certificate of Insurance.

### **Policy Issue Date**

The date on which this Policy is issued as stated in the Certificate of Insurance.

# **Policy Expiry Date**

The date on which this Policy expires as stated in the Certificate of Insurance.

#### **Policy Year**

The Period between two (2) consecutive Policy anniversaries.

# **Pre-Existing Condition**

A condition existing before the Date of First Inception of the Policy for which:

- a. the Insured Person had signs or symptoms of an illness or bodily injury which would have caused any ordinary prudent person to seek treatment, diagnosis or care or medical advice; or
- b. treatment was recommended by or received from a general physician and/or Medical Specialist; or
- c. the Insured Person has undergone medical tests or investigations.

Any congenital disorder (known or unknown), or related illness and complication arising out of or connected with the Pre-existing Condition, shall be considered as Pre-existing Condition.

### **Premium**

The amount to be paid to us to keep this Policy in force.

# **Premium Due Date**

The date that Premium is due to be paid as notified by us to you.

# **Riders**

Supplementary documents stating Additional Benefits that we have agreed to provide for in return for additional premium.

# Smoker, Vaper

A person who has smoked a cigarette or consumed vaping liquids (also known as 'juices') using vape devices or any other electronic cigarette devices or any other related substance in the past 12 months, they're a 'Smoker'/'Vaper'.

# **Sum Assured**

The amount of insurance coverage for this Policy, or Rider, if applicable, as stated in the Certificate of Insurance (and includes any subsequent updated Certificate of Insurance).

# To 'Void' Your Policy

This means your Policy will be considered never to have existed and no claim will ever be paid.

# Total and Permanent Disability Benefit (TPD Benefit) Rider

#### 1. TPD Benefit

If you have bought TPD Benefit as an Additional Benefit, in the event of Total and Permanent Disability of the Insured Person, the Sum Assured as stated in the Certificate of Insurance will be payable.

Your TPD Benefit cover starts on the TPD Cover Start Date stated in the Certificate of Insurance.

### 2. Total and Permanent Disability (TPD) is defined as follows:-

### a. For an Insured Person who is not working:

The Insured Person must be unable to perform at least three (3) out of the six (6) Activities of Daily Living as defined below without the assistance of another person or device for a period not less than six (6) months in a row.

- Transfer: Getting in and out of a chair without requiring physical assistance.
- Mobility: The ability to move from room to room without requiring any physical assistance.
- Continence: The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- Dressing: Putting on and taking off all necessary items of clothing without requiring assistance from another person.
- Bathing/Washing: The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- Eating: All tasks of getting food into the body once it has been prepared.

# b. For an Insured Person who is working:

The Insured Person must be totally incapable of being employed or engaged in any work or any occupation for a period not less than six (6) months in a row.

Whether the Insured Person is working or not, the cover does not extend to disability in the presence of HIV, self-inflicted injury and pregnancy.

### 3. TPD Cover Age Limit Date

Your entitlement to Total and Permanent Disability Benefit and coverage under this Rider ends on the TPD Cover Age Limit Date (being the last day of the policy year in which the Insured Person turns 69 years old as stated in the Certificate of Insurance) and no claims for Total and Permanent Disability are payable after that date.

### 4. TPD Claims

For TPD claims we will require a written opinion from a Medical Specialist confirming that the Insured Person is suffering Total and Permanent Disability.

### 5. Maximum Coverage of Death Benefit and TPD Rider

- a. If you are a Malaysian or you are a Malaysian Permanent Resident you can buy any number of our policies for your TPD Benefit provided your combined policies for TPD Benefit and Death Benefit purchased from us does not exceed the aggregate sum assured of RM1,000,000. If policies purchased from us exceed the aggregate sum assured of RM1,000,000 for your Death Benefit and TPD Benefit without our express written consent, we will only be liable to pay out a combined maximum aggregate of RM1,000,000 for your Death Benefit and your TPD Benefit
- b. If you are NOT a Malaysian or NOT a Malaysian Permanent Resident, you can buy any number of our policies for your TPD Benefit provided your combined policies for TPD Benefit and Death Benefit purchased from us does not exceed the aggregate sum assured of RM500,000. If policies purchased from us exceed the aggregate sum assured of RM500,000 for your Death Benefit and TPD Benefit without our express written consent, we will only be liable to pay out a combined maximum aggregate of RM500,000 only for your Death Benefit and your TPD Benefit.

#### 6. One Claim for Death benefit or TPD Benefit

- a. The TPD Rider will terminate upon full payment of the Death Benefit.
- b. You can make only one claim for either the Death Benefit or the TPD Benefit, and not both. If we have made payment of the TPD Benefit, you will not be entitled to make a claim of the Death Benefit and vice versa.

#### 7. Exclusions

We will not pay the TPD Benefit if:

- a. The Insured Person's Total and Permanent Disability results from:
  - · self-inflicted injury, while sane or insane;
  - HIV
  - complications from pregnancy;
  - war declared or undeclared, strikes, civil war or any warlike operations;
  - poison, gas, fumes (voluntarily or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled);
  - consumption of alcohol or drugs beyond legally permissible limits;
  - committing, attempting or provoking an assault or a felony;
  - · violation of law by the Insured Person;
  - service in police, military, navy or air force;
  - participation in any kind of racing, operating any aerial conveyance except for flying scheduled airlines; or
  - any Pre-existing Illness or Disability or any signs or symptoms that existed before the date this Rider was first purchased; or
- b. the Total and Permanent Disability occurs outside Malaysia, and the Insured Person:
  - i. is not a Malaysian citizen or a Malaysian Permanent Resident; and
  - ii. was outside of Malaysia for a consecutive period of 90 days before the Insured Person's Total and Permanent Disability.

# **NOMINEES AND TRUSTEES OF YOUR POLICY**

You made the following nominations on 01/01/1970 08:00 am.

Nominee 1		
Name	Nominee One	
NRIC / Passport Number	990101-99-1234	
Email	nominee@email.com	
Relationship	Spouse	
Share %	100	



# YOUR APPLICATION ANSWERS AND DECLARATIONS

This section contains the answers you provided and the declarations you made in your online application, which form part of your Policy. Please note that this section might not reflect a complete record of your answers and we reserve the right to produce a complete record of your answers in the event of any dispute.

# **A. YOUR APPLICATION ANSWERS**

When you applied for this policy on we asked you, the following questions and these were your answers:

PERSONAL & CONTACT DETAILS			
Name (as per NRIC/Passport)	John Doe		
NRIC / Passport Number	990101-99-1235		
Gender	Male		
Date of Birth	01/01/1999		
Email	johndoe@email.com		
Mobile Number	+60121231231		
Malaysian Residential Address	Address Line 1, Address Line 2		
Postcode	12345		
State	Selangor		
Country	Malaysia		
Employment Status	Currently employed		
Annual Income	RM125,001 - 150,000		
Occupation	Desk-based Work		
Name of Employer / Company Name	Company Name Sdn Bhd		

HEALTH DETAILS				
Smoker Status	Non-smoker			
Height	170cm			
Weight	70kg			
Have you ever had or received medical advice or treatment for any of these? (select all that apply)				
Abnormal growth, lump, tumour, cyst, cancer, carcinoma in situ or pre cancer of any kind?	NO			
Diabetes, sugar in urine, increased blood sugar levels or impaired glucose tolerance	NO			
Blood disorders, including anaemia or thalassaemia	NO			

High blood pressure or high cholesterol	NO
Heart or vascular disorders, including chest pain, stroke, heart attack or heart valve problems	NO
Breathing or lung disorders including asthma, emphysema, tuberculosis or sleep apnoea	NO
Gastro-intestinal disorders, including stomach, bowel, liver, gall bladder, pancreas disorders or hepatitis B / C	NO
Kidney or bladder disorders, including kidney failure, renal stones, blood or protein in the urine, nephritis, pyelitis or lupus nephritis	NO
Congenital, neurological or eye disorders, including limb weakness, paralysis, chronic headache, Multiple Sclerosis, Parkinson's, epilepsy	NO
Muscular-skeletal or joint disorders, including arthritis, gout, osteoporosis or tendonitis	NO
Thyroid disorders or prostate disorders	NO
Mental health problems, including depression or anxiety	NO
Sexually transmitted diseases (STD) including carrying antibodies to HIV or AIDS	NO
None of the above	NO
Do you have any other medical condition for which you are receiving treatment, seeking medical advice, awaiting surgery, undergoing tests or do you currently have any signs or symptoms of illness or disease for which you have not sought medical advice?	NO
Have you been tested positive for COVID-19?	NO
Have you ever had a parent, brother or sister who was diagnosed with ar aged 50?	ny of these conditions before
Hereditary disease	NO
Kidney disease	NO
Diabetes	NO
Heart disease	NO
Stroke	NO
Cancer	NO
<ul><li>Cancer</li><li>None of the above</li></ul>	NO YES

LIFESTYLE DETAILS		
Have you ever injected or used illegal drugs?	NO	

Do you regularly drink more than 8 standard alcoholic drinks in a single session or more than 28 alcoholic drinks in a typical week?	NO
Have you ever engaged in activity related to HIV?	NO
Do you participate in any of these activities?	
Competitive or professional boxing	NO
Competitive car, go-kart, motorcycle, bicycle or powerboat or sailing boat racing	NO
Hang gliding, paragliding or other self-launch flying	NO
Hunting	NO
Mountaineering or outdoor rock climbing, abseiling or caving	NO
Private (fixed wing or helicopter) flying exceeding 80hrs per year	NO
Free diving or scuba diving deeper than 30 meters	NO
Skydiving, parachuting, parasailing, ballooning	NO
White water rafting where river difficulty is grade 4 or higher	NO
None of the above	YES

### **B. YOUR DECLARATIONS**

# I, John Doe, declare that:

- 1. To the best of my knowledge, all of the information provided by me is complete and true and I have not left out or misrepresented any information or material facts which are likely to influence your assessment and acceptance of this application. I am not aware of any other circumstance which might make me have a shorter life than the average member of the community or more likely to contract a terminal illness. I agree to inform Fi Life Sdn. Bhd. if there is any change in the state of my health or activities between the date of this application and the date this Policy is issued, varied or renewed.
- 2. I have read, understood and agree to the terms and conditions of the Product Disclosure Sheet and the Policy.
- 3. I have read and understood your privacy notice and your personal data protection policy published on your website and agree to be bound by them. I authorise any physician, hospital, clinic, insurance company or other organisation to disclose to Fi Life any information about me with reference to my health and medical history and any hospitalisation, advice, treatment, disease or ailment at any time before or after my death.
- 4. None of the funds to be used to buy this policy are derived from illegal activities or sources, and that the purchase of this Policy is not for illegal activities or the financing of terrorism.

# C. YOUR CONFIRMATION OF UNDERSTANDING

- 1. I am aware that this Policy pays out the following benefits to my beneficiaries:
  - a. The full sum assured in the event of my death; or
  - b. The full sum assured in the event of my Total and Permanent Disability.
- 2. I am aware that no payout will be made under this policy:
  - a. If my death was the result of suicide within 13 months from the time the policy was issued to me.
  - b. If my Total and Permanent Disability resulted from a self-inflicted injury, while sane or insane.
  - c. For any hospitalisation or medical expenses or for any illness.
- 3. I am aware that if I change my mind, I have the right to return the policy within 15 days of the date of its

delivery to me to obtain a full refund.

4. I am aware that I can nominate my beneficiaries later in this application or by visiting Fi Life's <u>customer portal</u> at any time after the policy is issued.

Agreed, declared and confirmed electronically on 01/01/1970 08:00 am.



# YOUR INDICATIVE FUTURE PREMIUMS

Plan : Life (Yearly Term) with Total and Permanent Disability Rider

Policy Number :

Policyholder : John Doe

**Policy Issue Date** : 01/01/1970 08:00 am

If your policy is renewed, the table below shows the monthly or annual premiums that you are likely to pay from your current age till age 79.

Renewals and the premium rates shown below are not guaranteed. Your premium rates might change in the future depending on our claims experience.

If there is any change to your premium rates, you will be given 30 days' notice of such change. The revised premium rate will only take effect in the next policy year when your policy is renewed.

Insured Person's Age	Date new premium takes effect	Premium if paid monthly (RM)	Premium if paid annually (RM)
25		108.33	1,300.00
26		108.33	1,300.00
27		108.33	1,300.00
28		108.33	1,300.00
29		108.33	1,300.00
30		108.33	1,300.00
31		108.33	1,300.00
32		108.33	1,300.00
33		108.33	1,300.00
34		108.33	1,300.00
35		101.67	1,220.00
36		111.67	1,340.00
37		117.50	1,410.00
38		125.83	1,510.00
39		135.00	1,620.00
40		150.00	1,800.00
41		166.67	2,000.00
42		183.33	2,200.00
43		183.33	2,200.00
44		194.17	2,330.00

45	225.83	2,710.00
46	260.00	3,120.00
47	290.00	3,480.00
48	325.00	3,900.00
49	381.67	4,580.00
50	469.17	5,630.00
51	518.33	6,220.00
52	570.83	6,850.00
53	628.33	7,540.00
54	687.50	8,250.00
55	750.83	9,010.00
56	820.83	9,850.00
57	892.50	10,710.00
58	1,034.17	12,410.00
59	1,161.67	13,940.00
60	1,298.33	15,580.00
61	1,445.83	17,350.00
62	1,611.67	19,340.00
63	1,791.67	21,500.00
64	1,991.67	23,900.00
65	2,206.67	26,480.00
66	2,445.00	29,340.00
67	2,700.00	32,400.00
68	2,976.67	35,720.00
69	3,285.00	39,420.00
70	3,285.00	39,420.00
71	3,610.00	43,320.00
72	3,960.00	47,520.00
73	4,340.00	52,080.00
74	4,755.00	57,060.00
75	5,197.50	62,370.00

76	5,679.17	68,150.00
77	6,193.33	74,320.00
78	6,750.00	81,000.00
79	7,346.67	88,160.00



# THE PRODUCT DISCLOSURE SHEET

# Plan: Life (Yearly Term) with Total and Permanent Disability Rider

### PRODUCT DISCLOSURE SHEET

(Read this Product Disclosure Sheet before you decide to buy the insurance policy. Be sure to also read the full policy terms and conditions.)

Fi Life Sdn Bhd. (201801028096)

Life (Yearly Term) with Total and Permanent Disability Rider

Last updated:01/01/1970 08:00 am

### 1. What is this product about?

- This is a life insurance plan that provides you or your beneficiaries a cash lump sum (the "Sum Assured") should you suffer death or total and permanent disability.
- This is a pure protection plan with no savings or investment component, no participation in profits, and no surrender value.
- This life insurance plan covers you for one year, but you can apply for it to be renewed from year-toyear.
- Premiums for this plan increases as you get older. You can view indicative future premiums after you obtain a quote at <a href="https://www.fi.life">www.fi.life</a>, and, if you do purchase the policy, in your policy document pack.

## 2. What are the benefits provided?

This policy pays you or your beneficiaries a cash lump sum if you die or suffer Total and Permanent Disability.

The lump-sum payout is not cumulative, meaning, if you suffer Total and Permanent Disability and then you die, you or your beneficiaries will receive a single payment of the Sum Assured.

# 3. How much premium do I have to pay?

The total premium that you have to pay varies depending on the Sum Assured chosen, age at entry, payment frequency and on our underwriting requirements and guidelines.

- You may choose to pay your premium either monthly or annually.
- Your premium will increase according to your attained age. Your indicative future premiums can be found after you obtain a quote at <a href="www.fi.life">www.fi.life</a> or in your policy document pack.
- The premium rates charged for this plan are **not guaranteed and depend on the claims experience of the Company**. We reserve the right to revise the rates by giving you 90 days' prior notice.
- This policy provides a grace period of 30 days, which gives you an additional period of time after the due date, for the payment of your premium.

# 4. What are the fees and charges that I have to pay?

None.

### 5. What are some of the key terms and conditions that I should be aware of?

### **Eligibility**

- Insured person must be between the ages of 18 and 60 years old (inclusive).
- Insured person must be a Malaysian citizen or a Malaysian Permanent Resident.
- Persons who are not Malaysian citizens or Malaysian Permanent Residents are eligible if they intend for Malaysia to be their primary country of residence for the next 24 months and have the following residency rights in Malaysia, specifically:
  - a Malaysian Employment Pass Category I (Expatriate), II (Expatriate) and III (Knowledge/Skilled) issued by the Expatriate Services Division of the Department of Immigration, or a dependent (spouse, child) of such a person who have either a dependent's pass or a Long-Term Social Visit Pass issued by the Expatriate Services Division; or
  - o a Malaysia My Second Home ("MM2H") residency rights in Malaysia.
- Nationals from sanctioned countries are not eligible.

#### **Maximum Sum Assured**

For Malaysians and Malaysian Permanent Residents, you can buy any number of our policies provided your combined sum assured for death and Total and Permanent Disability does not exceed the aggregate sum assured of RM1,000,000.

For persons who are not Malaysian citizens or Malaysian Permanent Residents, you can buy any number of our policies provided your combined sum assured for death and Total and Permanent Disability does not exceed the aggregate sum assured of RM500,000.

### **Importance of Disclosure**

- You must disclose all material facts such as personal particulars, occupation and any medical condition
  which you already had when you apply for this policy. This includes any medical condition or symptoms
  whether or not being treated and any previous medical condition which recurs or which you should
  reasonably have known about even if you have not consulted a medical practitioner. If you are in any
  doubt, you should disclose the medical condition.
- Failure to notify us of all material facts and medical conditions may result in claims being refused or cover withdrawn.

### **Policy Renewal / Renewal Premium**

- This is a yearly term policy which is renewable by us until the Insured Person attains the coverage age limit specified. Unless renewed, the coverage will cease on the expiry date.
- We do not guarantee the renewal of this policy. If we decide to renew this Policy, we will give you notice
  of our decision at least 30 days before the Policy Anniversary Date and inform you of the applicable
  Premium payable for the renewal. If you do not hear from us, you should look for alternative coverage.

#### **Cash Before Cover**

It is a fundamental condition of this insurance that the premium due must be paid and received by us before cover commences.

#### **Free-look Period**

You may cancel your policy by returning the policy within 15 days after the electronic delivery of policy to you. The premiums that you have paid will be refunded to you.

# If you or the insured person are not Malaysian citizens or Malaysian Permanent Residents

The policy benefits are only applicable if the Insured Person's primary residence is in Malaysia at the time of the insured person's death, total and permanent disability. If the death, total and permanent disability occurs overseas, no claim is payable if the Insured Person has been outside of Malaysia for a consecutive period of 90 days prior to her death, total and permanent disability.

If Malaysia is no longer your primary country of residence, your policy will be voided.

# 6. What are the major exclusions under this policy?

#### **Death**

We will not make any payout under this policy if the Insured Person's Death results from suicide within 13 months of the date you first took out the policy with us.

# **Total and Permanent Disability**

We will not make any payout under this policy if the Insured Person's Total and Permanent Disability results from:

- self-inflicted injury, while sane or insane;
- war declared or undeclared, strikes, civil war or any warlike operations;
- poison, gas, fumes (voluntarily or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled);
- consumption of alcohol or drugs beyond legally permissible limits;
- committing, attempting or provoking an assault or a felony;
- violation of law by the Insured Person;
- service in police, military, navy or air force;
- participation in any kind of racing, operating any aerial conveyance except for flying scheduled airlines;
- any pre-existing illness or disability;

### 7. Can I cancel my policy?

Yes, you can. If you cancel your policy, coverage will continue until the next premium due date. This policy does not provide any surrender value upon cancellation.

You can cancel by logging in to our Customer Portal at <a href="www.fi.life/myaccount">www.fi.life/myaccount</a>. Alternatively contact us at our contact points in paragraph 9 below.

# 8. What do I need to do if there are changes to my contact details?

It is important that you inform us of any change in your contact details to ensure that all correspondences reach you in a timely manner. To make changes, please log in to our Customer Portal at <a href="https://www.fi.life/myaccount">www.fi.life/myaccount</a>. Alternatively contact us at the contact points in paragraph 9 below.

### 9. Where can I get further information?

If you have any enquiries, please contact us at:

Fi Life Sdn Bhd. 3A-7 Menara Ken TTDI 37 Jalan Burhanuddin Helmi 60000 Kuala Lumpur, Malaysia

Customer Care Hotline: Phone: <u>+603 8605 3306</u> Whatsapp: <u>+6018 208 2000</u>

Email: hello@fi.life

# 10. Are there other similar types of cover available.

You can purchase this policy with a Critical Illness Rider. For details of this cover, please visit www.fi.life.

### **IMPORTANT NOTE:**

YOU OUGHT TO BUY A LIFE INSURANCE POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY OR CONTACT US DIRECTLY FOR MORE INFORMATION.

This insurance plan is underwritten by Fi Life Sdn Bhd (Company Number 201801028096), a company approved by Bank Negara Malaysia to offer life and critical illness insurance in the Bank Negara Malaysia Regulatory Sandbox. A fully licensed insurer status would require further approval under the Financial Services Act 2013.

The information provided in this disclosure sheet is valid as at 01/01/1970 08:00 am.