



PROGRESSIVE FAMILY PA PERSONAL ACCIDENT POLICY



What is this product about?

With our Progressive Family Plan you can protect your loved ones from unnecessary suffering. You will enjoy true peace of mind, knowing they will have financial security when you can no longer provide it.

Special Features:

- **Wide Range Of Choices** 24 plans plus 4 selectable plans for children. These plans are designed to meet your needs and budget and they range from Plans with basic protection to those with comprehensive coverage. You can also include your spouse and/or dependent children in the same policy. However, housewives and children are not entitled to the weekly benefits.
- **24- Hour Protection Worldwide**
- **Easy Application** As long as you are a citizen or permanent resident in Malaysia you are entitled to apply for this insurance. You just need to complete the proposal form and send it either to us or your insurance advisor for immediate processing.
- **Limited occupation exclusion**
- **Wider extension cover**
 - Motor cycling
 - Flying on un-schedule aircraft/helicopter endorsement
 - Rukun Tetangga endorsement
 - Food and drink
 - Hunting endorsement
 - Kidnapping endorsement
 - Insect, snake, vermin, animals bites endorsement
 - Rape trauma endorsement with sub-limit
 - Dengue recuperation endorsement with sub-limit
 - Snatch theft compensation endorsement with sub-limit
 - Unprovoked murder, assault or any attempt threat endorsement

What are the covers / benefits provided?

Your Progressive Family PA policy will compensate you and/or your spouse and/or your children for bodily injury caused by an accident resulted in your disablement or necessitate medical treatment or in the event of death, to you nominated beneficiary or legal personal representative on the following benefits:-

Accidental Death	Pays up to the amount applied for - the Capital Sum Insured in the event of death.
Permanent loss or disablement	Pays up to the amount applied for – the Capital Sum Insured for loss of limbs in the event of accident.
Weekly benefits for temporary total disablement	Pays up to the amount applied for - up to 52 weeks from the date of accident if you are totally unable to attend to your work as certified by a qualified medical practitioner.
Medical expenses	Reimbursement up to the amount for - the actual, necessary and reasonable medical and clinical expenses incurred by you in respect of any accident which include Traditional Treatment expenses of maximum RM 200.00 per accident.

PRODUCT DISCLOSURE SHEET

(Read this Product Disclosure Sheet before you decide to take out this insurance. Be sure to also read the general terms and condition)

Funeral expenses	Pays up to the amount applied for - in the event of accident.
Cremation and/or repatriation expenses	Pays up to the amount applied for - cremation and/or repatriation expenses incurred in sending the Insured Person's mortal remains back to his/her home country whilst he/she is travelling outside his/her home country in the event of accident.
Hospital income	Pays on a daily basis - up to the amount applied for, for the period of hospitalisation for treatment of injury, up to a maximum of 180 days.
Corrective dental and/or cosmetic surgery	Pays up to the amount applied for - for corrective dental and/or surgical operation to the neck, head, or chest (navel up) in the event of accident.
Ambulances services expenses	Reimbursement up to the amount applied for - for actual expenses incurred in event of accident.
Orthopaedic equipment	Pays up to the amount applied for - the actual cost of purchasing a wheelchair, artificial limbs and crutches, as recommended by the attending specialist physician/surgeon.

Note: Duration of cover is for one year. You need to renew your insurance policy annually.

How much premium do I have to pay?

The total premium that you have to pay may vary depending on your preferable plan and your occupation. Please refer to “**SCHEDULE OF BENEFITS, LIMITS AND PREMIUM RATE**” attached with this product disclosure sheet.

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

TYPE	AMOUNT
Stamp Duty	RM10 each policy
Commission paid to the insurance intermediaries (if any)	25% of premium
Goods and Services Tax (GST) – with effective date 1 st April 2015	6%

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

Definition of Words

Accident	A sudden, unforeseen and fortuitous event..
Injury/Bodily Injury	Injury suffered by you caused solely and directly by accident and shall exclude injury caused by sickness, disease or medical disorder.
Spouse	Your legal husband/wife who is not legally separated or divorced at the commencement of the Policy. Spouse shall mean one legal Spouse as named in the Policy Schedule.
Children	Natural children, step-children, legally adopted or unmarried children as named in the Policy Schedule.

Age Limit:

Adults	Between 18 years of age up to 64 years old. In respect of the policy purchased before age 65 years old, this policy can be renewed up to the age of 70 years old
Children	As young as 15 days old up to 17 years old or up to 23 years of age if the child is registered as a full time student with an institution or higher education and is not gainfully employed.

Occupational Classification

- Class 1 Persons engaged in administrative, management, clerical and non-manual work irrespective of trade.
- Class 2 Persons engaged in work of a supervisory nature, in wholesale trade, or frequent travelling and whose duties do not involve the use of tools or machinery or expose to any special hazard.
- Class 3 Persons engaged in manual work not particularly hazardous in nature but involving the use of tools or machinery (but not woodworking machinery)

Excluded Occupation

Army	Crew members of airline	Demolition
Divers	Fishermen	Law enforcers
Loggers	Military	Mining
Offshore Oil and Gas	Pilots	Professional Sports and Racing
Seamen	Stevedores	Tunnelling
War Correspondents		

Importance of Disclosure

Consumer Insurance Contract

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.

Compensation/ Indemnity

We will pay for compensation on death or injury in accordance with the "Schedule of Benefits & Compensation" attached with this Product Disclosure Sheet. 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.

Cash Before Cover (Applicable to Individual only)

It is fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by us before cover commences. If this condition is not complied with then this insurance Policy is automatically null and void.

Automatic Addition and Deletion Clause

It is hereby declared and agreed that additional **Insured Persons** will automatically be held covered under this Policy up to a limit as specified in the Schedule provided that notice of each addition be advised by you within 14 days of the date of commencement of employment and the appropriate premium paid. Deletions of **Insured Persons** will be similarly effected from the date of termination of their employment. Subject otherwise to the terms, conditions and exceptions of this Policy.

Loss Notification Clause (60 days)

This policy will not be prejudice by any inadvertent delays, errors or omissions in notifying the Company of any circumstances or events giving rise or likely to give rise to a claim under this policy provided that notice be given rise to the Company immediately upon such occurrence coming to the knowledge of the Insured Person but not later than 60 days from the date of the occurrence. Subject otherwise to the terms, conditions and exceptions of this Policy

If you have any inquiries about our Progressive Family PA Insurance or any other types of insurance products, please contact us or any of our branches or your insurance intermediary or visit our website.

PROGRESSIVE INSURANCE BHD
6th, 9th & 10th Floor, Menara BGI, Plaza Berjaya
No.12, Jalan Imbi, 55100 Kuala Lumpur
Tel: 03-21188000 Fax: 03-21188098
Website: www.progressiveinsurance.com.my

Payment on Account Clause

It is understood and agreed that in the event of the occurrence of a loss under this insurance the Company will make payment on account in respect of such loss to the **Insured Person** is desired. Subject otherwise to the terms, conditions and exceptions of this Policy.

Claims Procedures

You must give written notice of injury to us within the time frame stipulated in your policy.

Death claim A police report and notification to us should be made as soon as possible. The claim form should be submitted with all the supporting documents, such as the death certificate and burial permit. If there is no beneficiary nominated, the dependents of the deceased or administrator of the deceased's estate should provide proof of dependency or the letter of administration.

Injury claim You must give written notice of injury to us within the time frame stipulated in your policy. You should submit the claim form with all supporting documents such as the medical report and receipts of payments for hospital expenses to us.

What are the major exclusions under this policy?

This policy does not cover certain losses, such as:

- War
- High risk sporting activities
- Drugs
- AIDS/ HIV related illness
- Sexually transmitted diseases
- Electronic date recognition
- Nuclear, chemical, biological, terrorism

Note: This list is non-exhaustive. Please refer to the sample policy contract for the full list of exclusions under this policy.

Can I cancel my policy?

You may cancel your policy by giving written notice to us. Upon cancellation, you are entitled to a refund of the premium less premium based on our short period rates for the period of the policy which has been in force, subject to the minimum premium to be retained by us. No refund premium is allowed if there is a claim under the policy.

Why do I need to inform the insurance company if there are changes to your contact details?

It is importance that you inform the insurance company of any changes of your contact details to ensure that all correspondence reach you in a timely manner. It also important to inform us of any change in your life profile including your occupation and personal pursuits which would affect the risk profile.

Where can I get further information on this insurance policy?

Should you require additional information about this insurance policy, please refer to the 'insuranceinfo' booklet available at all our branches or you can obtain a copy from your insurance intermediary or visit website www.insuranceinfo.com.my

How to lodge a complaint and the redress available?

If you have a complaint about our product or services or you are not satisfied with the rejection or offer of settlement of a claim, you can write or call our Complaints Unit to resolve the matter. If you are still not satisfied with our decision, you may also address your complaint to either:

Pengarah
Laman Informasi Nasihat dan
Khidmat (LINK)
Tingkat Bawah, Blok C
Bank Negara Malaysia
Peti Surat 10922
50929 Kuala Lumpur
Tel : 1-300-88-5465 (1-300-88-LINK)
Fax: 03-2174-1515

OR

**Ombudsman Perkhidmatan
Kewangan**
Tingkat 14, Blok Utama
Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur
Tel: 03-2272 2811
Fax: 03-2272 1577

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 31.12.2023



PROGRESSIVE INSURANCE BHD (19002-P)

PROGRESSIVE FAMILY PA PERSONAL ACCIDENT POLICY

SCHEDULE OF BENEFITS & COMPENSATION

BENEFITS		COMPENSATION	
A.	Accidental Death	The Capital Sum Insured for Death specified in the Schedule	
B.	Permanent Loss or Disablement as specified below	A sum equal to the percentage of the Capital Sum Insured specified in the Schedule. The percentage payable is shown below against each Benefit, but not exceeding in all 100% for any one Insured Person:	
B1	Total and permanent disablement from engaging in or attending to employment or occupation of any kind and every kind.	100%	
B2	Total and permanent loss of all sight in one eye or both eyes	100%	
B3	Total loss by physical severance or total and permanent loss of use of:		
	a. one or two limbs	100%	
	b. one or two hands	100%	
	c. arm above the elbow	100%	
	d. arm at or below the elbow	100%	
	e. leg above the knee	100%	
	f. leg at or below the knee	100%	
B4	Permanent total insanity	100%	
B5	Total and permanent loss of:		
	a. Sight in one eye except perception of light	50%	
	b. lens of one eye	50%	
B6	Total loss by physical severance or total and permanent loss of use of:		
	a. thumb and four fingers of one hand	70%	
	b. four fingers of one hand	45%	
	c. thumb (two phalanges)	25%	
	d. thumb (one phalanx)	10%	
	e. index finger (three phalanges)	15%	
	f. index finger (two phalanges)	8%	
	g. index finger (one phalanx)	4%	
	h. middle finger (three phalanges)	10%	
	i. middle finger (two phalanges)	4%	
	j. middle finger (one phalanx)	2%	
	k. ring finger (three phalanges)	8%	
	l. ring finger (two phalanges)	4%	
	m. ring finger (one phalanx)	2%	
	n. little finger (three phalanges)	6%	
	o. little finger (two phalanges)	3%	
	p. little finger (one phalanx)	2%	
	q. all toes of one foot	17%	
	r. great toe (two phalanges)	5%	
	s. great toe (one phalanx)	2%	
	t. any other toe	3%	
B7	Total and permanent loss of:		
	a. Hearing in two ears	75%	
	b. Hearing in one ear	25%	
	c. Speech	60%	
B8	Any permanent partial disablement not specified above other than loss of sense of taste or smell	Such percentage to be assessed by us as in the opinion of our advisers is not inconsistent with the percentages specified above and without regard to the Insured Person's employment or occupation.	
C.	Temporary Total disablement from engaging in or attending to usual employment or occupation.	The Weekly Benefit specified in the Schedule	For a period not exceeding 52 weeks from the commencement date of this Benefit.
D.	Medical Expenses (Medical, surgical, hospital, nursing home and nursing fees) or charges necessarily incurred within 104 weeks of the happening of the injury, provided that all such fees or charges are necessarily and reasonably incurred for professional services from a fully qualified and registered medical practitioner, physician, surgeon or nurse, Chinese Physician/Bonesetter and/or at a hospital prescribed by such medical practitioner, physician or surgeon.	Reimbursement up to the Capital Sum Insured specified for Medical Expenses in the Schedule other than treatment by Chinese Physician/Bonesetter where the amount payable shall not exceed RM 200.00 in respect of any one injury. This Sum Insured is the limit for any one Period of Insurance.	
E.	Funeral Allowance in the event of Benefit A (Accidental Death)	The Capital Sum Insured specified for Funeral Allowance.	
F.	Cremation and/or Repatriation Expenses necessarily and reasonably incurred and supported by receipted accounts from a recognised undertaker /airline transporter in the event of Benefit A (Accidental Death).	Reimbursement up to the Capital Sum Insured specified for Cremation and / or Repatriation for each Insured Person for the cost incurred in respect of conveyance of the body /remains of the Insured Person from anywhere in the world to his/her place of residence within Malaysia. The Sum insured is the limit of any one period of Insurance.	

G.	Hospital Income. A daily benefit for the period that the Insured is confined in a hospital for treatment of Injury for a period not exceeding 180 days.	Reimbursement up to the Capital Sum Insured specified in the Schedule from the commencement date of this Benefit in respect of any one injury for each Insured Person. The Sum insured is the limit of any one period of Insurance.
I.	Corrective Dental/Cosmetic Surgery (Medical, surgical, hospital, nursing home and nursing fees) or charges necessarily incurred within 52 weeks of the happening of the injury for corrective dental and / or surgical operations to the neck, head or chest (navel up), provided that all such fees or charges are necessarily and reasonably incurred for professional services from a fully qualified and registered medical practitioner, physician, surgeon or nurse, and/or at a hospital prescribed by such medical practitioner, physician or surgeon.	Reimbursement up to the Sum Insured specified in the Schedule for any one Insured Person. The Sum insured is the limit of any one period of Insurance.
J.	Ambulance Fees. Necessary and reasonable incurred for the emergency use of ambulance services in the event of an accident.	Reimbursement up to the Sum Insured as specified in the Schedule. The Sum insured is the limit of any one period of Insurance.
K.	Purchase of Orthopedic Equipment. Necessary and reasonable incurred for the purchase of a wheelchair, artificial arm or leg and crutches as recommended by the attending physician and /or surgeon in the event of an accident.	Reimbursement up to the Capital Sum Insured as specified in the Schedule for any one Insured Person. The Sum insured is the limit of any one period of Insurance.

Compensation Limit in Respect of any one Insured Person

1. We shall not pay for:
 - (a) Any specific **Accident** under Benefit B where, for the same **Accident** greater compensation is payable for another parts of Benefit B which includes the specific **Benefit**.
 - (b) Benefit A in addition to any Benefit B if caused by the same **Accident**, except that if payment has been made under any part of Benefit B and death occurs subsequently solely caused by and within 52 weeks of the **Accident**, then we will pay any difference if the compensation payable for Benefit A is greater than that already paid for Benefit B.
 - (c) More than 100% of the Capital Sum Insured for Benefit A or Benefit B (whichever is the higher) in any one period of insurance in aggregate for any or all benefits for any one Insured Person.
 - (d) Result B1 until one year after the happening of the event.
 - (e) Benefit B8 until the total amount of compensation shall have been ascertained and agreed.
2. The compensation payable for Benefits A & B shall reduced by the amount of any weekly benefits already paid under Benefit C (temporary Total Disablement) and/or Benefit D (Temporary Partial Disablement)
3. Weekly benefit shall not be payable for any period of time subsequent to the death of the Insured Person or subsequent to Compensation becoming payable under any parts of Benefit B.
4. Weekly benefit for either or both Benefit C and D shall be payable when total amount has been agreed, or at the Insured's request at intervals of not less than four weeks (but not in advance) commencing for weeks after receipt by the Company of written notice of the injury.
5. Nothing will be payable in respect of Benefit E if there is any other insurance in force covering the loss or if the Insured or the Insured Person are entitled to indemnity from any other source, provided that the Company shall not be relieved of liability under this Benefit so far as concerns any excess beyond the amount payable under such other insurance or indemnity.

Overall Compensation Limit

If there is more than one Insured Person under this Policy Our maximum **aggregate** liability in respect of all Insured Person travelling in one aircraft or surface transport vehicle or vessel shall not exceed the Conveyance Limit as stated in the Policy Schedule or the aggregate of the amount of Compensation payable in respect of such Insured Persons whichever is less.

If the aggregate amount of all claims for injury to Insured Persons travelling in one conveyance exceeds the Conveyance Limit as stated in the Policy Schedule, the Company's liability in respect of each of such Insured Persons will be a rateable proportion of the Benefits due in respect of that Insured Person.