



Date: _____

PROGRESSIVE INSURANCE BHD (19002-P)

PROGRESSIVE PERSONAL ACCIDENT

PERSONAL ACCIDENT INSURANCE POLICY

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)



What is this product about?

This product will compensate you for bodily injury, disability or death caused by accidental means which injury shall solely by violent, accidental, external and visible cause result in your disablement or necessitate medical and/or surgical treatment or in the event of death, to your nominated beneficiary or legal personal representative.

Special features:-

- Flexibility of selection of benefits
- Affordable annual premium
- 24-hour protection
- Motor cycling extension
- Limited occupation exclusion
- Flying on un-schedule aircraft/helicopter endorsement
- Rukun Tetangga endorsement
- Loss Notification Clause (60 days)
- Food and drink
- Hunting endorsement
- Kidnapping endorsement
- Insect, snake, vermin, animals bites endorsement
- Nuclear, chemical, biological terrorism exclusion clause
- 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
- Payment on Account Clause

What are the covers / benefits provided?

This product covers:-

- | | |
|--|---|
| A. Accidental Death | Pays up to the amount applied for - the Capital Sum Insured in the event of death |
| B. Permanent loss or disablement | Pays up to the amount applied for – equal to the percentage of the Capital Sum Insured as specified in Schedule of benefits and compensations for loss of limbs in the event of accident |
| C. Weekly benefits for temporary total disablement | Pays up to the amount applied for - up to 104 weeks from the commencement of the first benefit to occur |
| D. Weekly benefits for temporary partial disablement | Pays up to the amount applied for - up to 104 weeks from the commencement of the first benefit to occur |
| E. Medical expenses | Reimbursement up to the amount applied for – the actual, necessary and reasonable medical, surgical, hospital, nursing home and nursing fees incurred. This capital Sum is the limit for any one period |
| F. Funeral expenses and/or repatriation and cremation expenses (in the event of accident) | Reimbursement up to the amount applied for – funeral and/or repatriation and cremation expenses for the cost incurred in respect of conveyance of Insured Person's mortal remains from anywhere in the world to his/her place of residence within Malaysia. |

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 benefits selection and your occupation as below but subject to minimum premium of RM50.00 per policy:-

Benefits	Amount Insured	Total Premium for respective occupation		
		1	2	3
A. Accidental Death	Per RM10,000.00	RM5.00	RM6.25	RM 8.75
B. Permanent Loss or Disablement	Per RM10,000.00	RM 5.00	RM 6.25	RM 8.75
C. Temporary Total Disablement (per week)	Per RM100.00	RM 30.00	RM 37.50	RM 52.50
D. Temporary Partial Disablement (per week)	Per RM50.00	RM 15.00	RM 18.75	RM 26.25
E. Medical Expenses	Limit any one accident -			
	RM1,000.00	RM 15.00	RM 18.75	RM 26.25
	RM2,000.00	RM 30.00	RM 37.50	RM 52.50
	RM3,000.00	RM 45.00	RM 56.25	RM 78.75
F. Funeral and/or Repatriation and Cremation Expenses	Limit - RM3,000.00	RM 15.00	RM 18.75	RM 26.25

- Note :
1. Benefit C & D are only available provided benefits A & B are selected at the same time with a minimum sum insured of RM100,000.00
 2. Benefit C sum insured is limited to 75% of weekly earning. Subject to a maximum RM500.00 per week
 3. Benefit D sum insured shall not exceed 50% of benefit C and not be insured without benefit C
 4. For class 3 occupation, maximum limit for benefit C & D is RM200.00 & RM100 respectively

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 |

Age Limit:

The eligible age for adult is a minimum 16 years of age and maximum of 64 years of age at time of entry but in any case shall terminate in respect of Insured attains the age of 70 years.

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
Pilots	Offshore Oil and Gas	Seamen
Stevedores	Professional Sports and Racing	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.

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of 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.

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.

If you have any inquiries about our Personal Accident 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

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 risks
- Terrorism
- Self inflicted injury
- Suicide and insanity
- Provoke murder or assault
- High risk sporting activities
- Drugs, AIDS/ HIV related illness, Sexually transmitted diseases
- Engaging in military, naval, air force, police or fire service duties

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 important 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 is 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
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Other types of Personal Accident cover available

- Progressive Family PA
- Motorist Personal Accident
- Travel Personal Accident

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 PERSONAL ACCIDENT PERSONAL ACCIDENT INSURANCE 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 104 weeks from the commencement date of this Benefit.
D.	Temporary Partial Disablement from engaging in or attending to usual employment or occupation.	The Weekly Benefit specified in the Schedule	For a period not exceeding 104 weeks from the commencement date of this Benefit.
E.	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 in respect of any one injury. This Capital Sum is the limit for any one Period of Insurance.	
F.	Funeral and/or Repatriation and Cremation Expenses in the event of Benefit A (Accidental Death)	The Capital Sum Insured specified for Funeral Allowance.	

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 be 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:
 - (a) Any period of time subsequent to the death of the Insured Person or subsequent to Compensation becoming payable under any parts of Benefit B.
 - (b) Both Benefit C & Benefit D for the same period of disablement
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.