

PROGRESSIVE FAMILY PA BENEFITS
Personal Accident Policy

Benefits	Plan A1	Plan A2	Plan A3	Plan A4	Plan A5	Plan A6	Plan A7	Plan A8
Accidental Death	50,000	50,000	100,000	100,000	150,000	150,000	200,000	200,000
Permanent Disablement	50,000	50,000	100,000	100,000	150,000	150,000	200,000	200,000
Temporary Total Disablement (Max 52 Weeks)	Nil	75	Nil	75	Nil	75	Nil	75
Medical Expenses	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500
Funeral Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Cremation And/Or Repatriation Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Hospital Income - Per Day Up To 180 Days	100	100	100	100	100	100	100	100
Corrective Dental / Cosmetic Surgery	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Ambulance Services	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500
Orthopaedic Equipment	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500

Benefits	Plan B1	Plan B2	Plan B3	Plan B4	Plan B5	Plan B6	Plan B7	Plan B8
Accidental Death	300,000	300,000	400,000	400,000	500,000	500,000	600,000	600,000
Permanent Disablement	300,000	300,000	400,000	400,000	500,000	500,000	600,000	600,000
Temporary Total Disablement (Max 52 Weeks)	Nil	100	Nil	100	Nil	100	Nil	100
Medical Expenses	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500
Funeral Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Cremation And/Or Repatriation Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Hospital Income - Per Day Up To 180 Days	150	150	150	150	150	150	150	150
Corrective Dental / Cosmetic Surgery	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Ambulance Services	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Orthopaedic Equipment	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000

Benefits	Plan C1	Plan C2	Plan C3	Plan C4	Plan C5	Plan C6	Plan C7	Plan C8
Accidental Death	700,000	700,000	800,000	800,000	900,000	900,000	1,000,000	1,000,000
Permanent Disablement	700,000	700,000	800,000	800,000	900,000	900,000	1,000,000	1,000,000
Temporary Total Disablement (Max 52 Weeks)	Nil	200	Nil	200	Nil	200	Nil	200
Medical Expenses	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500
Funeral Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Cremation And/Or Repatriation Expenses	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Hospital Income - Per Day Up To 180 Days	250	250	250	250	250	250	250	250
Corrective Dental / Cosmetic Surgery	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Ambulance Services	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
Orthopaedic Equipment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000

Note:

- (a) Children are only eligible for Plan A1, A3, A5 or A7 only (with 50% of Adult benefits).
- (b) Housewives and children are not eligible to weekly benefits.

Occupational Class	Category	Annual Premium (RM) (Before Service Tax and Stamp Duty*)							
		Plan A1	Plan A2	Plan A3	Plan A4	Plan A5	Plan A6*	Plan A7	Plan A8
Class 1 & 2	Insured	78.70	98.20	108.70	128.20	138.70	158.20	168.70	188.20
	Insured & Spouse	141.68	176.78	195.68	230.78	249.68	284.78	303.68	338.78
	Per Child	39.36		54.36		69.36		84.36	
Class 3	Insured	137.75	171.88	190.25	224.38	242.75	276.88	295.25	329.38
	Insured & Spouse	248.04	309.46	342.64	404.06	437.24	498.66	531.84	593.26

Occupational Class	Category	Annual Premium (RM) (Before Service Tax and Stamp Duty*)							
		Plan B1	Plan B2	Plan B3	Plan B4	Plan B5	Plan B6	Plan B7	Plan B8
Class 1 & 2	Insured	243.60	269.60	303.60	329.60	363.60	398.60	423.60	449.60
	Insured & Spouse	438.48	485.28	546.48	593.28	654.48	701.28	762.48	809.28
Class 3	Insured	426.32	471.82	531.32	576.82	636.32	681.82	741.32	786.82
	Insured & Spouse	768.02	849.92	957.22	1,039.12	1,146.42	1,228.32	1,335.62	1,417.52

Occupational Class	Category	Annual Premium (RM) (Before Service Tax and Stamp Duty*)							
		Plan C1	Plan C2	Plan C3	Plan C4	Plan C5	Plan C6	Plan C7	Plan C8
Class 1 & 2	Insured	513.40	565.40	573.40	625.40	633.40	685.40	693.40	745.40
	Insured & Spouse	924.12	1,017.72	1,032.12	1,125.72	1,140.12	1,233.72	1,248.12	1,341.72
Class 3	Insured	898.48	989.48	1,003.48	1,094.48	1,108.48	1,199.48	1,213.48	1,304.48
	Insured & Spouse	1,618.68	1,782.48	1,807.88	1,971.68	1,997.08	2,160.88	2,186.28	2,350.08

* Note:

- The Service Tax rate is subject to the prevailing rate as imposed by the Government of Malaysia.
- Stamp Duty is RM10. Stamp duty for premium not exceeding RM150 is exempted until 31/12/2028.

The benefits payable under eligible Policy is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Progressive Insurance Bhd or PIDM (visit www.pidm.gov.my)