

FWD Medical Care+

MY Certificate



This is your takaful plan and your Certificate Number is XXXXXXXX.

Read it to understand all the benefits as well as the important terms and conditions that apply to your takaful cover. Don't worry, we've made it as easy to read as possible.

If you need help, call our hotline: 1 300 13 7988



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About your certificate

Thank you for choosing FWD Takaful Berhad. We're pleased to manage your takaful protection plan, so you can celebrate living.

Your FWD Medical Care+ certificate

This is a family takaful plan managed by FWD Takaful Berhad, in accordance with Shariah and guided by our Shariah Committee.



Takaful is a mutual assistance scheme based on the spirit of brotherhood and solidarity where you and the other participants agree to assist each other financially, if any of the associated events defined in the respective takaful certificate take place.

We manage the relevant Participants' Risk Fund (PRF) that provides relevant benefits, associated with this certificate based on the Wakalah contract in accordance with the provision of this certificate.

The relationship between you and the other relevant participants is based on Tabarru' and Ta'awun (mutual assistance). Whereas, the relationship between you and us is based on the Wakalah contract. Your certificate is made up of the documents listed below.

- Your takaful schedule.
- This takaful certificate.
- Your certificate information statement.
- Your application form and any documents as well as information you provided with it.
- Any endorsement to your certificate.

By reading your certificate carefully, you'll know exactly what you're covered for, and how to make a claim.



A certificate endorsement is the document we provide to tell you about any official change to your certificate.

Easy to read

We're here to change the way you feel about takaful – starting with this document. We've made it easy to read, so you're able to understand your benefits and what you're covered for.



We highlight important information like this. Read these carefully.

Words with special meaning

Some words in this certificate have a special meaning. We show those meanings on [page 26](#) (important words and phrases). Please refer to this section when you need to.

Accident	Injury
Annual limit	Intensive care unit (ICU)
As charged	Issue date
Certificate	Major accidents
Certificate anniversary	Major claims
Certificate expiry date	Medically necessary
Certificate owner, you, your	Outpatient
Commencement date	Participants' risk fund
Day	Person covered
Day Surgery	Pre-existing conditions
Disability	Prescribed medicines
Doctor or Physician or Surgeon or Medical practitioner	Reasonable and customary charges
Eligible expenses	Sickness, disease or illness
Emergency	Shariah
Endorsement	Shariah Committee
Expiry date	Specialist
Hospital	Specified illnesses
Hospitalisation/ Hospitalised/Inpatient/ Confinement	Surgery
	Takaful schedule
	We, us, our, ours

If you have any questions

If you still have any questions after you have read this certificate, please call our **Service Hotline at 1 300 13 7988** – we're here for you.

Certificate information statement

This is not a savings or investment product

Your FWD Medical Care+ certificate is not a savings or investment product. You'll not receive any money from this certificate other than from the hospitalisation benefits illustrated in [page 5](#) (what you're covered for).

Paying your contribution

For details about how to pay the contributions and what happens if you don't pay, see [page 21](#) (your contributions).

You can pay your contributions by setting up recurring payments through your debit card or credit card.

Choosing who receives the benefits

We'll provide you the benefits under this certificate if the person covered were to be hospitalised or needed emergency outpatient treatment while the certificate is in force.

Proof of age

In order for us to pay any benefits, we'll require you and person covered to provide proof of age. You may do so by providing a copy of any of the following:

- National Registration Identity Card (NRIC).
- Birth certificate.

Surrender of certificate

If you surrender your certificate:

- the person covered will lose the coverage; and
- we'll deduct from your contribution an amount that covers the period you have been covered for, and then refund you any unused tabarru'.

In addition, any changes to the person covered's health or circumstances may make it more difficult or costly, for them to get coverage in the future.

15-day free-look period

If you aren't completely satisfied with your certificate, and you haven't made a claim under it, you have 15 days from the date you receive your certificate to cancel it and receive your contributions back.

You'll not be able to claim under your certificate once it is cancelled.

What you need to do

- To cancel during the free-look period, you may tell us by sending an email to contact.my@fwd.com.my, or by calling our **Service Hotline at 1 300 13 7988** so that we can advise you on the cancellation process.
- We need to receive your free-look termination request within 15 days of the certificate delivery date.

What we'll do

- We'll refund you any contributions paid by you. We'll cancel your certificate, and you'll not be able to claim any benefits under it.
- We'll not approve your request to cancel if you have made a claim under your certificate during the 15-day free-look period.

Tell us about any changes

You should tell us about any important changes to your personal details (address or contact number). See [page 16](#) (changes to your certificate) for more details.

How to contact us if you have any questions or to make a claim

Call our **Service Hotline at 1 300 13 7988** if you have any questions about your certificate, or if you need to make a claim. See [page 20](#) (how to claim) for more details on making a claim.

Exclusions and conditions

Exclusions and conditions may apply to the cover you have chosen. We set out the exclusions that apply to your certificate on [page 15](#) (exclusions).

How to resolve a concern or complaint

We want to resolve any concerns or complaint you may have as quickly as possible. You should follow the steps below to resolve your concern.

How to resolve a concern or complaint

Step 1 – Talk to us

The first thing you should do is talk to one of our consultants about your concerns. Call our Service Hotline at 1 300 13 7988. (Monday to Friday: 9:00 a.m. - 6:00 p.m., excluding weekends and public holidays).

The consultant or manager will try to resolve your complaint as soon as possible.

Step 2 – Call or write to our Complaints Unit

If you feel that your complaint have not been resolved, you can write to:

FWD Complaints Unit
Level 29 Menara Shell
211 Jalan Tun Sambanthan, Brickfields
50470 Kuala Lumpur

Toll Free: 1 300 13 7988
Tel: 03-2771 7888
Fax: 03-2710 7800
E-mail: contact.my@fwd.com

We'll respond to your complaint within 3 working days of us receiving it.

Step 3 – Seek an external review from the OFS

If we cannot resolve your complaint, you can choose to lodge a complaint with the Ombudsman for Financial Services (OFS).

The OFS is a free and independent dispute resolution centre for the resolution of disputes involving financial institutions and consumers.

You can lodge a complaint by post, fax, online, or in-person. The Ombudsman's details are:

Level 14
Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman
50000 Kuala Lumpur

Tel: 03-2272 2811
Fax: 03-2272 1577
E-mail: enquiry@ofs.org.my
Website: www.ofs.org.my

The sum involved in the dispute must be within the jurisdiction of the Ombudsman.

Step 4 – Seek an external review from BNMLINK or BNMTELELINK

If we or the OFS cannot resolve your complaint, you can also choose to lodge a complaint with the Bank Negara Malaysia Laman Informasi Nasihat dan Khidmat (BNMLINK or BNMTELELINK).

BNMLINK provides face-to-face customer service to walk-in visitors on general enquiries and public complaints. BNMLINK and BNMTELELINK's details are:

Laman Informasi Nasihat dan Khidmat (BNMLINK)
Ground Floor, D Block
Jalan Dato' Onn
50480 Kuala Lumpur

Operating Hours:
9:00 a.m. - 5:00 p.m.
(Monday - Friday)

Contact Centre (BNMTELELINK)
Bank Negara Malaysia
P.O. Box 10922
50929 Kuala Lumpur
Tel: 1 300 88 5465 (1-300-88-LINK)
(Overseas: 603-2174-1717)


Operating Hours:
9:00 a.m. - 5:00 p.m.
(Monday - Friday)
E-mail: bnmtelelink@bnm.gov.my
SMS: 15888
Fax: 603-2174-1515



Quick summary of your benefits

This section describes the main benefits of your certificate. It is a guide to your takaful plan. To understand the full details about what we pay and how we pay it, you should go to [page 5](#) (what you're covered for).

Your benefits at a glance



Inpatient benefits



Outpatient benefits



Other benefits
Additional related medical expenses which include compassionate benefit and accidental death benefit

When we won't pay

We won't pay any benefit if any of the following happen.

- Your certificate has ended. See [page 17](#) (when your certificate ends).
- An exclusion applies. See [page 15](#) (when we'll not pay any benefit).



What you're covered for

In this section, we explain what benefits you're covered for, and any specific exclusions or conditions that apply to those benefits. General exclusions may also apply – see [page 15](#) (exclusions).

Summary of your certificate benefits



Inpatient benefits

- Hospital room and board
- Intensive care unit (ICU)
- Hospital supplies and services
- Surgical fees
- Operating theatre fees
- Anaesthetist's fees
- Ambulance fees
- In-hospital physician visit



Other benefits

- Organ transplant
- Second medical opinion
- Home nursing care
- Inpatient psychiatric treatment
- Intraocular lens
- Companion bed
- Alternative medical practitioner
- Medical report fees
- Outpatient dengue treatment
- Outpatient physiotherapy treatment
- Compassionate benefit
- Accidental death benefit
- Restoration benefit



Outpatient benefits

- Pre-hospitalisation diagnostic tests
- Pre-hospitalisation specialist consultation
- Post-hospitalisation treatment
- Day surgery/day care procedure
- Outpatient cancer treatment
- Outpatient kidney dialysis treatment
- Emergency accidental outpatient treatment
- Daily cash allowance at Malaysian government hospital



What you're covered for

Schedule of Benefits

We have stated the plan that you've chosen in your takaful schedule.

Plan	Medical Plus	Medical Pro
Annual limit	RM50,000	RM150,000
Lifetime limit	–	–
Inpatient benefits		
Hospital room and board (maximum up to 180 days per year)	RM150	RM250
Intensive care unit (ICU) (maximum up to 90 days per year)	As charged	As charged
Hospital supplies and services	As charged	As charged
Surgical fees (pre-surgery care up to 30 days and post-surgery care up to 30 days from surgery date)	As charged	As charged
Operating theatre fees	As charged	As charged
Anaesthetist's fees	As charged	As charged
Ambulance fees	As charged	As charged
In-hospital physician visit (maximum up to 150 days per year, maximum 2 visits per day)	As charged	As charged
Outpatient benefits		
Pre-hospitalisation diagnostic tests (within 60 days before hospitalisation)	As charged	As charged
Pre-hospitalisation specialist consultation (within 60 days before hospitalisation)	As charged	As charged
Post-hospitalisation treatment (within 90 days after hospitalisation)	As charged	As charged
Day surgery/day care procedure	As charged	As charged
Outpatient cancer treatment	As charged	As charged
Outpatient kidney dialysis treatment	As charged	As charged
Emergency accidental outpatient treatment (within 24 hours and follow-up treatment up to 30 days)	As charged	As charged
Daily cash allowance at Malaysian government hospital (maximum up to 150 days per year)	RM200	RM200



Schedule of Benefits

We have stated the plan that you've chosen in your takaful schedule.

Plan	Medical Plus	Medical Pro
Other benefits		
Organ transplant	As charged	As charged
Second medical opinion (limit per year)	RM1,000	RM1,000
Home nursing care (maximum up to 180 days per lifetime)	As charged	As charged
Inpatient psychiatric treatment (up to 30 days per year and 180 days per lifetime)	As charged	As charged
Intraocular lens	RM3,000 per eye and RM6,000 per lifetime	RM3,000 per eye and RM6,000 per lifetime
Companion bed (For 1 person, maximum 60 days per year)	As charged	As charged
Alternative medical practitioner (limit per year)	RM1,000	RM1,000
Medical report fees (limit per disability)	RM100	RM100
Outpatient dengue treatment	As charged	As charged
Outpatient physiotherapy treatment (within 90 days after hospitalisation)	As charged	As charged
Compassionate benefit	RM5,000	RM5,000
Accidental death benefit	RM25,000	RM25,000
Restoration benefit (annual limit is restored once per lifetime)	RM50,000	RM150,000



What you're covered for

Inpatient benefits

Hospital room and board We shall reimburse the reasonable and customary charges for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the hospital during confinement, subject to, for any one day, the rate of room and board benefit as set forth in the Schedule of Benefits.

Person covered will only be entitled to this benefit while confined to a hospital as an inpatient.

Intensive care unit (ICU) We shall reimburse the reasonable and customary charges for actual room and board incurred during confinement as an inpatient in the ICU of the hospital. This benefit shall be payable equal to the actual charges made by the hospital, subject to the maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an ICU exceeds the maximum number of days set forth in the Schedule of Benefits, we shall only reimburse the standard daily hospital room and board rate.

No hospital room and board benefit shall be paid for the same confinement period where the daily ICU benefit is payable.

Hospital supplies and services We shall reimburse the reasonable and customary charges actually incurred for general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma, including the cost of blood and plasma whilst person covered is confined as an inpatient.

Surgical fees We shall reimburse the reasonable and customary charges for a surgery by the specialist/surgeon, including pre-surgical assessment, specialist's/surgeon's visits to person covered and post-surgery care, up to the maximum number of days from the date of surgery, as indicated in the Schedule of Benefits. If more than one surgery is performed for any one disability, the total payments for all the surgeries performed shall not exceed the overall annual limit and/or lifetime limit (if any) stated in the Schedule of Benefits.

Operating theatre fees We shall reimburse the reasonable and customary operating room charges incidental to the surgical procedure.

Anaesthetist's fees We shall reimburse the reasonable and customary charges by the anaesthetist for the administration of anaesthesia.

Ambulance fees We shall reimburse the reasonable and customary charges incurred for necessary domestic road ambulance services (inclusive of attendant) to and/or from the hospital of confinement.

Payment will not be made if person covered is not hospitalised.

In-hospital physician visit We shall reimburse the reasonable and customary charges by a physician for medically necessary visiting an in-paying patient while confined for a non-surgical disability but not exceeding the maximum number of visits and number of days as set forth in the Schedule of Benefits.



Outpatient benefits

Pre-hospitalisation diagnostic tests

We shall reimburse the reasonable and customary charges for all medically necessary diagnostic and laboratory tests which are performed for diagnostic purposes on account of an injury or illness in connection with a disability preceding hospitalisation within the maximum number of days as set forth in the Schedule of Benefits in a hospital and which are recommended by a physician/specialist.

No payment shall be made if upon such diagnostic tests, person covered is not hospitalised for the treatment of the medical condition diagnosed.

Pre-hospitalisation specialist consultation

We shall reimburse the reasonable and customary charges for the consultation by a specialist in connection with a disability within the maximum number of days as set forth in the Schedule of Benefits preceding confinement in a hospital and provided that such consultation is medically necessary and has been recommended in writing by the attending physician/specialist, these may include prescription for medication and any subsequent consultation.

Payment will not be made where person covered is not hospitalised for the treatment of the medical condition diagnosed.

Post-hospitalisation treatment

We shall reimburse the reasonable and customary charges incurred in follow-up treatment for the same disability as during hospitalisation immediately following discharge from hospital for a non-surgical disability within the maximum number of days as stated in the Schedule of Benefits.

Day surgery/day care procedure

We shall reimburse the reasonable and customary charges incurred for medically necessary treatment to the person covered on the use of recovery facility for a surgical procedure on a pre-plan basis at the hospital/specialist clinic (but not for an overnight stay).



Outpatient benefits (con't)

Outpatient cancer treatment

We shall reimburse the reasonable and customary charges incurred for the treatment of cancer performed at a legally registered cancer treatment centre, if person covered is diagnosed with cancer as defined below. The treatment types covered as cancer treatment are only limited to radiotherapy and chemotherapy (injectable or oral), including consultation, examination tests and take home drugs. Such treatment must be received or advised at the outpatient department of a hospital or a registered cancer treatment centre or immediately following discharge from the hospital confinement or after the surgery.

Cancer is defined as any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes but is not limited to leukemia, lymphoma and sarcoma.

The following are not covered:

- all cancers which are histologically classified as any of the following:
 - pre-malignant
 - non-invasive
 - carcinoma in situ
 - having borderline malignancy
 - having malignant potential
- all tumours of the prostate histologically classified as T1N0M0 (TNM classification)
- all tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- all tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- chronic lymphocytic leukemia less than RAI Stage 3
- all cancers in the presence of HIV
- any skin cancer other than malignant melanoma

Outpatient kidney dialysis treatment

We shall reimburse the reasonable and customary charges incurred for the medically necessary treatment of kidney dialysis performed at a legally registered dialysis centre, if person covered is diagnosed with kidney failure as defined below.

Such treatment (dialysis including consultation, examination tests and take home drugs) must be received at the outpatient department of a hospital or a registered dialysis treatment centre or immediately following discharge from hospital confinement or surgery.

Kidney Failure means end stage renal failure presenting as chronic, irreversible failure of both kidneys to function as a result of which renal dialysis is initiated.

Emergency accidental outpatient treatment

We shall reimburse the reasonable and customary charges incurred for medically necessary treatment as an outpatient at any registered clinic or hospital as a result of a covered bodily injury arising from an accident, within twenty-four (24) hours of such accident and subject to the limits stated in the Schedule of Benefits.

Follow-up treatment by the same doctor or same registered clinic or hospital for the same covered bodily injury shall be provided up to a maximum of thirty (30) days from date of accident, subject to the limits stated in the Schedule of Benefits.

Daily cash allowance at Malaysian government hospital

We shall pay daily cash allowance for each day of confinement for a covered disability in a Malaysian government hospital, subject to the amount and number of days shown in the Schedule of Benefits.



Other benefits

Organ transplant

We shall reimburse the reasonable and customary charges incurred on transplantation surgery for person covered being the recipient of the transplant of a heart, lung, liver, kidney, pancreas or bone marrow. Payment for this benefit shall be subject to the limit as set forth in the Schedule of Benefits. The costs of acquisition of the organs and all costs incurred by the donors are not covered.

Second medical opinion

We shall reimburse the reasonable and customary charges incurred on consultation and diagnostic fees for second medical opinion for 36 critical illnesses done by specialists in Malaysia up to limit as set forth in the Schedule of Benefits. The covered critical illnesses are listed below.

- | | |
|--|---|
| 1. Alzheimer's disease or severe dementia | 20. Kidney failure |
| 2. Bacterial meningitis | 21. Loss of independence existence |
| 3. Benign brain tumour | 22. Loss of speech |
| 4. Blindness | 23. Major head trauma |
| 5. Brain Surgery | 24. Major organ or bone marrow transplant |
| 6. Cancer | 25. Motor neuron disease |
| 7. Cardiomyopathy | 26. Multiple sclerosis |
| 8. Chronic aplastic anaemia | 27. Muscular dystrophy |
| 9. Coma | 28. Paralysis of limbs |
| 10. Coronary artery by-pass surgery | 29. Parkinson's disease |
| 11. Deafness | 30. Primary pulmonary arterial hypertension |
| 12. Encephalitis | 31. Serious coronary artery disease |
| 13. End-stage liver failure | 32. Stroke |
| 14. End-stage lung disease | 33. Surgery to the aorta |
| 15. Full blown AIDS | 34. Systemic lupus erythematosus with severe kidney complications |
| 16. Fulminant viral hepatitis | 35. Terminal illness |
| 17. Heart attack | 36. Third degree burns |
| 18. Heart valve surgery | |
| 19. HIV infection due to blood transfusion | |

If the person covered has been diagnosed by a licensed physician with a medical condition, the person covered is entitled to receive a second medical opinion from a hospital, on a review of the person covered's medical records relating to the medical condition. This benefit is subject to a maximum amount as shown in the Schedule of Benefits for consultation and diagnostic tests in Malaysia.

This benefit covers fees for consultation with doctor, as well as costs of imaging, radiology or diagnostic tests and laboratory tests recommended by the consulting doctor to further examine the medical condition and to establish the second medical opinion.

This benefit does not cover fees for other services or treatments including but not limited to prescribed medicines and physiotherapy. All claims for this benefit must be accompanied by a medical report, an official receipt and any other required documents from the hospital specifying the nature of sickness, diagnosis and date and time.

Consultation with specialists worldwide

We also cover consultation with specialists worldwide, which covers study and review of the medical diagnosis for the 36 critical illnesses by third party administrator.



What you're covered for

Other benefits (con't)

Home nursing care

We shall reimburse the actual charges incurred for medically necessary nursing care or service rendered by a medically qualified and licensed nurse in the person covered's home, within sixty (60) days immediately following discharge from hospital after hospitalisation for a period of three (3) days or more.

- Such nursing care or service must be recommended by the attending physician for minimum duration of three (3) hours each day.
- The amount payable for this benefit shall be equal to the actual charges incurred, subject to the maximum number of days and the limits stated in the Schedule of Benefits.

Inpatient psychiatric treatment

We shall reimburse the actual charges incurred for inpatient psychiatric treatment for psychiatric conditions as specified below, subject to the limits stated in the Schedule of Benefits.

Psychiatric conditions refer to major depressive disorder, obsessive compulsive disorder, schizophrenia, bipolar disorder, Tourette syndrome and postpartum depression.

Intraocular lens

We shall reimburse the actual fee charged incurred for intraocular lens but not to exceed the amount as stated in the Schedule of Benefits.

Companion bed

We shall reimburse the actual charges incurred for companion bed for one person who accompanies the person covered, subject to the limits stated in the Schedule of Benefits.

Alternative medical practitioner

We shall reimburse the actual charges incurred for medically necessary alternative medical treatment as defined below, performed at an alternative medical practitioner centre registered under Traditional and Complementary Medicine Division of Ministry of Health Malaysia, subject to the limits stated in the Schedule of Benefits. Treatment must be sought at any registered clinic or hospital prior to seeking the alternative medical treatment.

Alternative Medical Treatment refers to acupuncture, acupressure, chiropractic, bone setting and herbalist treatment performed by a licensed and registered alternative practitioner, traditional osteopath or chiropractor other than the person covered himself.

Medical report fees

We shall reimburse the actual fee charged for completion of a medical report by the attending physician/surgeon in respect of each disability, subject to the amount as stated in the Schedule of Benefits.



Other benefits (con't)

Outpatient dengue treatment	<p>We shall reimburse of reasonable and customary charges incurred on outpatient treatment for dengue fever, allowing even mild cases to be managed with close monitoring.</p>
Outpatient physiotherapy treatment	<p>We shall reimburse the actual charges incurred for medically necessary outpatient physiotherapy treatment performed at a legally registered physiotherapy centre, subject to the maximum number of days as stated in the Schedule of Benefits.</p>
Accidental death benefit	<p>We shall pay a lump sum in an amount of RM25,000 per certificate to beneficiary/nominee if the person covered has an accident while this certificate is in place and dies within 180 days, solely and directly due to and from the accident. The accidental death benefit is payable if accidental death happens before age of 76 (ANB).</p>
Compassionate benefit	<p>We shall pay a lump sum in an amount of RM5,000 as compassionate benefit to beneficiary/nominee upon receiving death certificate of the person covered due to all causes.</p>
Restoration benefit	<p>Upon your request, the annual limit may be restored to the original/initial annual limit after it gets <u>fully utilised</u> for the treatment of any illness in the same year. The restoration benefit is allowed to be restored once per lifetime/certificate term only.</p> <p>In the event of the restoration benefit is not fully utilised in the same certificate year, any unutilised amount shall not be carried forward to next certificate year.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>What you need to do</p> <ul style="list-style-type: none"> ■ Contact us. ■ Provide us with the required form. <p>What we'll do</p> <ul style="list-style-type: none"> ■ Review your request and check your current contribution status. We will not approve your request if there is any outstanding contribution due. ■ If we approve, we'll make the change, and tell you in writing, along with the date the benefit will take effect from. ■ We will deduct your next registered claim from the restored annual limit. </div> <p>The payment of claim using restoration benefit is only applicable after your original/initial annual limit has been fully utilised and submitted in a different registered claim bill. To clarify, no combined claims of annual limit and restoration benefit are allowed.</p>



What you're covered for

Deductible

You must first pay a fixed amount equivalent to deductible selected (if any) out of the total accumulated cost of eligible benefits within a year. We shall cover the eligible expenses in excess of the deductible selected (if any). The deductible amount is per annum.

The following items are not applicable for the deductible, but the eligible benefits payable are subject to the limits stated in the Schedule of Benefits:

- Major accidents
- Major claims

Overseas treatment

If person covered seeks overseas treatment, benefits in respect of the treatment shall be limited to the reasonable and customary and medically necessary charges for such equivalent local treatment in Malaysia and subject to the exclusions, limitations and conditions specified under the certificate and all benefits will be payable based on the official exchange rate ruling on the last day of the hospitalisation and shall exclude the cost of transport to the place of treatment provided:

- person covered is travelling abroad for a reason other than for medical treatment, needs to be confined to a hospital outside Malaysia as a consequence of an emergency.
- upon recommendation of a physician and person covered has to be transferred to a hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

We reserve the right to determine whether the limit for any particular charge is a reasonable and customary charge with reference to Malaysian economic and market data. We reserve the absolute right to determine the amount payable by making reference to our medical data.



Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.



Exclusions

This certificate has certain exclusions, meaning situations where we won't pay a benefit during the waiting period and throughout the certificate term.

When we'll not pay any benefit

This certificate has certain exclusions, meaning situations where we won't pay a benefit. We list below, the exclusions that apply to the benefits under your certificate.

Exclusions for hospitalisation and surgical benefits:

1. Pre-existing conditions
2. Any claim arises because the person covered wilfully participated in an unlawful act, or unlawful failure to act
3. Circumcision or any surgery on the foreskin
4. Any form of dental care or surgery unless necessitated by injury but excluding the replacement of natural teeth, placement of denture and prosthetic services such as bridges and crowns or their replacement
5. Venereal disease and its sequelae
6. HIV (Human Immunodeficiency Virus) related diseases, AIDS (Acquired Immune Deficiency Syndrome) or AIDS related diseases except for Second Medical Opinion benefit.
7. Any communicable disease requiring quarantine by law
8. Pregnancy or pregnancy related conditions including childbirth, complications arising from pregnancy such as miscarriage, abortion, pre-natal or post-natal care, contraceptive methods for birth controls, infertility treatments and its complications
9. Impotence, sterilisation, erectile dysfunctions and its complications
10. Investigation and treatment of sleep and snoring disorders
11. Hyperhidrosis
12. Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations)
13. Any disability caused by self-destruction, intentional self-inflicted injuries and illness, while sane or insane, within one year from the commencement date or the reinstatement date, whichever is later
14. Any claim that is a result of an act of war (whether declared or not), coup, revolution, riot, or any similar event
15. Refractive error correction surgery
16. Sex transformation surgery

Exclusions for accidental death benefit:

1. Unlawful acts - We will not pay any benefit under this rider if the claim arises because you or a person covered wilfully participated in an unlawful act, or unlawful failure to act.
2. War - We will not pay any benefit under this rider if the claim is a result of an act of war (whether declared or not), coup, revolution, riot, or any similar event.

We may also apply specific exclusions to your certificate when we offer to issue or renew your certificate. If any specific exclusions apply, we'll record the details in the certificate endorsement.

Waiting period

There are waiting periods that apply for some conditions. If your claim is not for an injury caused by accident, we won't pay any benefit if the signs or symptoms of the injury or illness/disability became apparent to the person covered during the waiting period shown in the table below. However, Compassionate Benefit will still be payable upon death due to all causes within waiting period. These waiting periods apply from the:

- commencement date;
- reinstatement date (if the certificate is reinstated); or
- date you change your plan or deductible amount.

Type of claim	Waiting period
Any claim arising from Specified Illnesses	120 days
Any claim arising from anti-cancer chemotherapy or radiotherapy treatment	60 days
Any claim arising from an accidental injury	Not applicable
Any other claim	30 days



Starting, changing, or ending your certificate

This section explains when your certificate starts and ends, and how to make changes to your certificate. We also outline when you can reinstate your certificate after it has ended.

Your cover and when it starts

Your cover starts on the commencement date. It is shown in your takaful schedule.

Your certificate anniversary

When we refer to a certificate anniversary, we mean a 12-month period counted from the commencement date. If we need to count month or year under your certificate, we start from the commencement date.

Your certificate term

On each anniversary, your certificate will be automatically renewed for one year until you reach the expiry date shown in your takaful schedule – as long as you pay your contributions.

Changes to your certificate

You can ask us to make the following changes to your certificate, and we'll confirm this in writing upon the change (called an endorsement).

We're not bound by any change until we have issued an endorsement.

Changing your address or contact details

You can change your address or contact details.

It is important that you tell us immediately about any of these changes, so that you keep enjoying the benefits of your certificate cover.

What you need to do

- Submit your request through our customer portal; or
- Provide us with the required form.

What we'll do

- Review your request.
- Make the change, and tell you in writing, along with the date the change will take effect from.

Changing the deductible amount or plan

You can choose to change the deductible amount or plan, while your certificate is in place.

What you need to do

- Contact us.
- Provide us with the required form.

What we'll do

- Review your request and the information you provide and it may be subject to underwriting.
- If we approve, we'll make the change, and tell you in writing, along with the date the change will take effect from and tell you what your new contributions are, and when they are due (if we agree to the change).

Changing your contribution payment method or frequency

You can change:

- how often you pay your contributions (your contribution payment frequency); or
- the method of paying your contributions;

by telling us in writing.

What you need to do

- Submit your request through our customer portal; or
- Provide us with the required form.

What we'll do

- Review your request.
- Make the change, and tell you in writing, along with the date the change will take effect from.

Cancelling your certificate (after free-look period)

You can cancel (terminate) your certificate at any time. If you cancel your certificate, your cover will end from the date we cancel your certificate. We'll deduct from your contribution, an amount that covers the period you have been covered for and refund you any unused tabarru'.

What you need to do


- Submit your request through our customer portal; or
- Provide us with the required form.

What we'll do

- Review your request and cancel your certificate.
- We'll pay you the unused tabarru' to you. If we do not have your banking details, then we'll transfer the monies to Registrar of Unclaimed Moneys.

What happens next

- Your certificate will end on the date we cancel your certificate.
- You'll not be able to reinstate (restart) your certificate after you cancel it.

 If you tell us to cancel your certificate within the 15-day free-look period, we'll give you a full refund of the contributions paid by you – see page 2 (15-day free-look period) for more details.

When your certificate ends

Your certificate ends on the earliest of the following dates.

- The certificate expiry date shown in your takaful schedule.
- The end of the 60-day grace period, if we do not receive your contribution by then.
- The date we confirmed your request to cancel (terminate) your certificate.
- The date we're told to cancel your certificate by law or regulation.
- The death of person covered.

Reinstating your certificate


If your certificate ends because your contributions weren't paid, you can reinstate (restart) it within two years of it ending if we agree. You cannot reinstate your certificate for any other reason.


What you need to do

- Contact us.
- Provide a completed service request form. You need to select the reinstatement service option.
- Pay us all contributions due.
- Confirm that the health of person to be covered still qualifies for cover (by answering the questions in the service request form).

What we'll do

- We'll review your application, and if we're satisfied that you have met our requirements, we'll reinstate (restart) your certificate.
- If we reinstate your certificate, your cover will restart from the date we tell you.

 You'll not be covered for any event that took place before your certificate restarts.

 You can download any forms from our website fwd.com.my or by calling 1 300 13 7988.



The main people under your certificate

This section explains who the main people under your certificate are, what rights they have, and how they are treated.

Who's covered under your certificate

Age requirement for certificate owner and person covered

Age requirements as shown in the following table are applicable.

Main People	Age when you can apply for cover	Age when cover ends
Certificate owner	Must be between 17 years old or above	–
Person Covered	Must be between 30 days and 60 years old	Cover ends at age 80

Note: Age implies age at the next birthday.

Certificate owner

You (the certificate owner) own the certificate, and your details are shown in the takaful schedule or endorsement. You're the only person who may make changes to, or enforce any rights under, your certificate. If you make a change under your certificate, we'll not check whether you have permission from anyone else to make that change.

You must have a permissible takaful interest in the person covered:

- when the certificate starts;
- at all times when the certificate is in place; and
- when a benefit is payable for a person covered.

You have a permissible takaful interest in the person covered if:

- the person covered is your spouse or your child;
- the person covered is your legal ward; or
- the person covered is dependent (in whole or part) on you for maintenance or education when the certificate started.

If you do not have a permissible takaful interest

If we become aware that you do not have the required permissible takaful interest in a person covered, we must follow the guidelines of Bank Negara Malaysia. This may mean that we may pay you an amount of money specified by Bank Negara Malaysia, and when we make that payment, your certificate will be deemed to be terminated.

No assignment of benefits

You cannot assign the benefits under your certificate to someone else as collateral for financing or a loan.

Change the certificate ownership due to lack of discretion and independent judgement

Your certificate ownership can be changed if you're not able to exercise proper judgement regarding your certificate. We may require additional documentation from the courts or appropriate authorities if this happens.

Certificate ownership if you die

If you (the certificate owner) die, we'll do one of the following:

- At the request of the person covered, we'll transfer the ownership of the certificate to the person covered, if the person covered is your child and 16 years old or older;
- Transfer the certificate to your child's guardian, if the person covered is your child and they are under 16 years old; or
- Keep the certificate and cover in place as **orphaned certificate**.

Certificate ownership if your child reaches age 16 years old

If your child is the person covered and has reached age 16 years old, your child can request to change the certificate ownership.



Making a claim

Need to make a claim? Read this section to find out what you need to do.

How to claim

Call our **Service Hotline at 1 300 13 7988** to make a claim.

Tell us as soon as possible

If you don't use your medical card and you pay first for your eligible expenses, you should inform us as soon as possible if a claim is to be made under this certificate.

To make sure we're able to assess your claim quickly, we ask that you call us and let us know that you'll be claiming under your certificate. Your claim forms do not have to be sent at this time. We may ask an independent medical practitioner's report to assess the eligibility of your claim.

We're here for you

We understand that dealing with the illness of a loved one is difficult – claimant can always call our **Service Hotline at 1 300 13 7988** for help with a claim.

Filling-in your claim form

We'll provide the forms that need to be filled-in to make a claim. Claims must be made on forms provided by us together with written supporting documents and any other information and documents that we ask for. We'll not be able to process a claim until we receive this information and the filled-in claim form.

You should make every effort to send your claim to us within 6 months of the hospitalisation being claimed for.

We check the age and gender before paying

We'll not pay any benefits under your certificate until we have checked that the age and gender of the person covered matches the information we have been given by you.

Costs of preparing your claim

We're not responsible for any of the costs of filling-in any form or getting any documents, such as medical reports or any other certification. We'll not pay for or reimburse you for any of these costs.

How we pay your claim

Currency

All amounts paid to us, or by us, will be paid in the currency shown in your takaful schedule.

Who we pay

We pay the benefits to:

- you, if person covered is hospitalised; or
- proper claimant, if person covered is hospitalised and the certificate is an orphaned certificate.



Your contributions

This section explains your contributions and what happens when you miss paying a contribution.

Paying your contributions

It is important to pay your contributions on time, so your certificate stays active and you continue to be covered. We outline below how you can pay your contributions and what happens if you don't pay.

Amount and due date

Your current takaful schedule shows the amount you need to pay and the due date for your contribution payments. You need to keep paying your contributions until the expiry date shown in the takaful schedule or until the certificate ends.

Payment frequency options

You have the following payment frequency options.

- Yearly in one lump sum.
- Monthly instalments.

You can change your chosen frequency any time. See [page 16](#) (changing your contribution payment method or frequency) for how to do this.

Payment method options

You can pay your contributions by setting up recurring payment through your debit card or credit card.

You can change your chosen method any time. See [page 16](#) (changing your contribution payment method or frequency) for how to do this.

Contribution rates are not guaranteed

The contribution rates are not guaranteed. This means we can change the contribution rates by giving you 30 days' notice in writing. We'll change this on the next certificate anniversary after the 30 days' notice period.

What happens if you don't pay on time

Your contributions are due on the due date. We give you a 60-day grace period after the due date to pay your contribution. Your certificate will continue if you pay your overdue contribution within this 60-day period.

We will not pay any claims during the grace period. If we receive any claims during the grace period, you need to pay first the overdue contribution before we pay any eligible expenses.

If we do not receive your contribution within this period, we'll cancel your certificate and your certificate ends from the date the contribution was due.

If your certificate ends because you missed a contribution payment, you can apply to reinstate (restart) it. See [page 17](#) (reinstating your certificate) for more details.

What we do with your contributions

Wakalah fee

We manage all FWD Medical Care+ certificates on behalf of you and the other participants on the basis of wakalah.

The contributions you pay for cover under your certificate is subject to a wakalah fee. The exact percentage and amount of the wakalah fee you pay is shown in your takaful schedule.



Wakalah refers to a contract where a party, as principal (muwakkil) authorises another party as his agent (wakil) to perform a particular task on matters that may be delegated, with or without imposition of a fee.

Participants' risk fund

We allocate your contributions, and all other contributions we receive from other certificate owners (the participants), less the wakalah fee, into the participants' risk fund.

The monies we allocate into the relevant participants' risk fund is considered to be tabarru', funds for the collective benefit of all participants. They are used to pay the benefits to claimants who are entitled to the benefits based on:

- solidarity of brotherhood and cooperation among the participants; and
- subject to the terms and conditions within this certificate.

Each of the participants' risk fund managed by us is collectively owned by the participants who participated in the respective participants' risk fund.

The tabarru' will take effect when the person covered contributes to the relevant participants' risk fund.

 **Tabarru' is a donation for the purpose of takaful.**

We manage the participants' risk fund in accordance with the Shariah (Islamic law) and in a manner that preserves the interest of the participants. We have the discretions to conduct any actions deemed necessary for the benefits of the participants and participants' risk fund including securing adequate retakaful, subject to Shariah and Regulatory requirements.


We'll avoid investing the assets of the participants' risk fund in securities and assets prohibited by the Shariah.

Any interpretations and decisions about the Shariah regarding your certificate will be made by our Shariah committee, and they are binding on us and you.

If the participants' risk fund is in deficit

If the participants' risk fund is in deficit, we'll grant it a Qard to remove the deficit. The Qard will be repaid from any future surplus amounts in the participants' risk fund.


 **Qard is an interest-free loan that we grant to the participants' risk fund if it is in deficit.**

 **We'll be liable for any proven loss to the participants' risk fund if such loss is due to our mismanagement or negligence in managing the participants' risk fund.**

If the participants' risk fund is in surplus

At the end of each financial year, we calculate if there is any surplus in the participants' risk fund. If there is, we'll first pay back any Qard amounts granted to the participants' risk fund for past deficits. Part of the surplus may be retained for contingencies and we'll then share the remaining surplus distributable on the following basis:

- 50% is distributed to us as a ju'alah (reward to the takaful operator).
- 50% is shared between the eligible participants in the participants' risk fund.

 **Ju'alah is the rewards to the takaful operator for the good performance of the participants' risk fund it will be managing.**

What we do with your share of the surplus

We'll reduce your next contribution by that amount.



Keeping it legal

In this section, we explain the important legal rights and obligations under your certificate.

Governing law

Your certificate is a takaful contract between you and us, and is governed by the laws of Malaysia, including any circulars, directives or guidelines given by Bank Negara Malaysia.

The laws of Malaysia will prevail if there is any conflict between them and your certificate.

Changes to your certificate to comply with the law

We have the power to make any changes to your certificate required to comply with the law. If we need to make a change, we'll give you written notice.

We rely on your information

Read all parts of your certificate to make sure they are correct

This takaful certificate is based on the information you gave us during the application process. It is important that the information is correct, and you and the person covered were truthful and accurate with all provided information. This information helped us to decide if you and the person covered were eligible for the certificate, and how much you need to pay.

You should let us know immediately if the information you or the person covered gave us during the application, was inaccurate, misleading, or exaggerated. You should also let us know immediately if the information you or the person covered gave us changes after your certificate is active.

You need to provide correct and complete information

You and the person covered have:

- a duty of disclosure;
- a duty to take reasonable care not to make a misrepresentation; and
- a duty to take reasonable care when answering our questions, or when you or the person covered confirm or amend any information you have given to us.

If you don't, we may dispute your claim, and your benefits under your certificate may be affected. In some cases, we may cancel the certificate under the remedies provided in the Islamic Financial Services Act 2013. See [page 24](#) (disputing payments) for more details.

If we were given the wrong age and gender

If we discover that we were given the wrong age or gender, we'll first work out the contribution amount that you would have paid if we had been given the correct age and gender when you applied.

We'll then calculate the difference and;

- if there are any excess, we'll refund you the amount; or
- if the amount is insufficient, you'll have to pay the difference to continue your coverage.

If you or the person covered were not eligible for takaful cover at the correct age and gender, we can declare that the contract is void. If we do, we'll cancel your certificate and treat it as having never existed. We'll refund any contribution paid by you without additional amount, after taking off the distributed surplus (if any) and any benefits we have paid.



If you need to change your information, or if you have any questions, please call **1 300 13 7988**.

Disputing payments

We can dispute the validity of your certificate in certain circumstances outlined Schedule 9 of the Islamic Financial Services Act 2013. If we do, we can declare that the contract is void and treat it as having never existed. You'll not be entitled to any certificate benefits.

If you or a person covered:

- did not provide accurate and truthful information;
- gave us misleading or exaggerated information; or
- made any misrepresentation;

we can dispute any claim within the first two years of the certificate.

The two years starts from the commencement date and it restarts from the date your certificate is reinstated.

If you or a person covered:

- made a fraudulent statement on a material matter; or
- fraudulently suppressed or omitted a material fact;

within your application, we can dispute any payment at any time.

Material matters and facts

A material matter or material fact is one that would have caused us to:

- refuse to issue the certificate to you; or
- ask you to agree to special terms on your certificate before we issue the certificate;

if you or a person covered had told us about it.

What we'll do

- If we dispute your certificate, we'll review your certificate and decide if we have any reason to declare it void. If we do, we'll cancel it and treat it as having never existed.
- We'll refund the contributions paid by you without additional amount, after deducting any surplus distributed and any benefits we have paid under this certificate from the commencement date.

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001

We may need to freeze or seize any monies received or payable under your certificate:

- at the order of the relevant authorities; or
- if we discover, or if we've reasonable suspicion that, you're sanctioned under any competent authorities recognised by us, for money laundering activities or activities relating to financing terrorism;

under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.

If this happens, we'll end your certificate and the cover under it immediately. We'll deal with all contributions paid and all amounts payable under your certificate in any manner we deem fit, which may include handing it over to the relevant authorities.

Notice under the Personal Data Protection Act 2010

This refers to the Notice to Customers Relating to the Personal Data Protection Act 2010 ('PDPA notice') attached to your certificate.

You and the person covered agree to the content of the PDPA notice, as well as consent and authorise us to the collection, processing and sharing of all your and the person covered's personal data, such as:

- your full name, and the full name of the person covered;
- your identity card number, and the identity card number of the person covered;
- your address details, and the address details of the person covered; and
- your medical records, and the medical records of the person covered;

as stated in PDPA notice.

Your right to ask for more information

You or the person covered can ask us to see, or correct, the personal data we hold. You or the person covered can also ask us for information about:

- our personal data protection policies and practices; and
- the kinds of data held by us.

You need to fill-in and send us a data access request form.

Your right to ask us to stop using your personal data

You or the person covered have the right to ask us to stop using the personal data under your certificate. If you or the person covered does ask us to stop, we'll:

- stop using your personal data, and destroy it (unless we're required to retain it by law);
- end the certificate; and
- deduct the amount for the period you have been covered for, from any contributions you have paid, and refund you the unused contributions.

To ask us to stop, you need to send us a request in writing.

Changes to the PDPA notice

We may amend the PDPA notice at any time, and the changes will apply to you and the person covered. If we do make a change, we'll communicate the change on our website, or by any other method we choose.



Important words and phrases

The list below explains the meanings of important words and phrases shown in your certificate.

Accident	Sudden, unintentional, unexpected and unusual event that occurs at an identifiable time and place, which shall, independently of any other cause, be the sole cause of bodily injury.
Annual limit	Benefits payable in respect of expenses incurred for treatment provided to person covered during the coverage shall be limited to annual limit as stated in the Schedule of Benefits irrespective of type of illness/disability. Once the total claims payable has reached the annual limit, no claims will be payable for any amount that exceeds the applicable annual limit for that certificate year. Any remaining amount that is not payable for that year cannot be brought forward to the next certificate year. A new annual limit will start for the next certificate year.
As charged	Actual charges incurred for reasonable, necessary and customary medical care provided in the treatment of a covered disability.
Certificate	All of the documents listed below. <ul style="list-style-type: none">▪ Your takaful schedule.▪ This takaful certificate.▪ Your certificate information statement.▪ Your benefit illustration and product disclosure sheet.▪ Your application form and any documents as well as information you provided with it.▪ Any endorsement to your certificate.
Certificate anniversary	A 12-month period counted from the commencement date.
Certificate expiry date	The date that your certificate ends. The expiry date is shown in your takaful schedule.
Certificate owner, you, your	The person who owns this certificate. Your details are shown in the takaful schedule or endorsement.
Commencement date	The date cover starts under your certificate. This date is shown in your takaful schedule.
Day	The definition of a charging day adopted by the hospital concerned.
Day Surgery	A patient who needs the use of a recovery facility for a surgical procedure on a pre-plan basis at the hospital/specialist clinic (but not for overnight stay).
Disability	A state of poor physical health that requires medical treatment due to sickness, disease, illness or injury.

Doctor or Physician or Surgeon or Medical practitioner	A person duly qualified and licensed to practise western medicine and who is registered with the appropriate authority in Malaysia to practise medicine within the scope allowed by such authority and by his training, but excludes you, your spouse or your near relative.
Eligible expenses	Medically necessary expenses incurred due to a covered disability but not exceeding the limits in the Schedule of Benefits.
Emergency	Treatment needed in the event whereby immediate medical attention is required within the twenty-four (24) hours of injury, illness or symptoms which are sudden and severe failing where person covered's life could be threatened or lead to significant deterioration of health.
Endorsement	An extra document attached to the certificate that outlines any adjustments that we make to your certificate.
Expiry date	The date that your certificate ends. The expiry date is shown in your takaful schedule.
Hospital	<p>Only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:</p> <ul style="list-style-type: none"> ▪ has adequate facilities for diagnosis and major surgery, ▪ provides twenty-four (24) hour a day nursing services by registered and graduate nurses, ▪ is under the supervision of a physician, and ▪ is not primarily a clinic; a rehabilitation centre for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or infirmed.
Hospitalisation/ Hospitalised/Inpatient/ Confinement	<ul style="list-style-type: none"> ▪ Admission of the person covered to a hospital for medically necessary treatments of a disability on the recommendation of a physician for a minimum period of six (6) hours; ▪ continuously stays in the hospital prior to the discharge of the person covered; and ▪ a registered resident bed-patient using and being charged for the room and board facilities of the hospital.
Injury	The injury that can be seen on the outside of the body caused directly by accident and independent of other causes, except for in the case of drowning or of internal injury revealed by an autopsy. There must be evidence of visible contusion or wound of the body.
Intensive Care Unit (ICU)	A special department of a hospital that caters to patients with the most serious injuries and illnesses which are life-threatening and need constant, close monitoring and support using specialised equipment and medication in order to maintain normal bodily functions.
Issue date	The date the first contribution is due and the date your certificate starts. This date is shown in your takaful schedule.
Major accidents	Accidents that cause the person covered to be admitted to the ICU and/or result in person covered being in a coma of at least three (3) days and/or require the person covered to undergo a medically necessary surgery.



Important words and phrases

Major claims	Claims that result from illnesses as specified below: <ul style="list-style-type: none">■ heart attack■ cancer■ coronary artery by-pass surgery■ kidney failure■ stroke
Medically necessary	A medical service which is: <ul style="list-style-type: none">■ consistent with the diagnosis and customary medical treatment for a covered disability;■ in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits;■ not for the convenience of the person covered or the physician, and unable to be reasonably rendered out of hospital (if hospitalised);■ not an experimental, investigational or research nature, cosmetic, preventive or screening nature, medical technology/procedure, which has not been proven to be effective, based on established medical practice, and which has not been approved by a recognized body in the country in which person covered receives the treatment; and■ for which the charges are fair, reasonable and customary for the disability.
Outpatient	Person covered is receiving medical care or treatment without being hospitalised and includes treatment in a daycare centre.
Participants' risk fund	The fund we manage in accordance with the principles of Shariah for the collective benefit of all participants.
Person covered	The person covered by this certificate and shown on the takaful schedule.
Pre-existing conditions	Limited to disabilities which existed before the commencement date or reinstatement date, whichever is later, and for which person covered should have reasonably been aware of. Person covered may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which: <ul style="list-style-type: none">■ person covered has received or is receiving treatment;■ medical advice, diagnosis, care or treatment has been recommended;■ clear and distinct symptoms are or were evident; or■ its existence would have been apparent to a reasonable person in the circumstances.
Prescribed medicines	Medicines that are dispensed by a physician, registered pharmacist or a hospital and which have been prescribed by a physician or a specialist in respect of treatment for a covered illness/disability.
Reasonable and customary charges	Charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same gender and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting person covered's medical condition.

Sickness, disease or illness	A physical condition marked by a pathological deviation from the normal healthy state.
Shariah	Means Islamic law. Any interpretations and decisions about Shariah regarding your certificate will be made by our Shariah Committee, and they are binding on us and you.
Shariah Committee	The committee formed by us to make sure that our takaful business complies with the Shariah.
Specialist	A medical practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine, but excluding a physician or surgeon who is you, your spouse or your near relative.
Specified illnesses	The following disability (excluding injury) and its related complications: <ul style="list-style-type: none"> ▪ hypertension, diabetes mellitus and cardiovascular disease; ▪ growths of any kind including tumours, cysts, nodules or polyps; ▪ stones in the urinary system and biliary system; ▪ any disease of the ear, nose (including sinuses) or throat; ▪ hernias, haemorrhoids, fistulae, hydrocele or varicocele; ▪ any disease of the reproductive system including endometriosis; ▪ any disorders of the spine (including a slipped disc); or ▪ any knee conditions.
Surgery	Any of the following medical procedures: <ul style="list-style-type: none"> ▪ to incise, excise or electrocauterise any organ or body part, except for dental services; ▪ to repair, revise, or reconstruct any organ or body part; ▪ to reduce by manipulation a fracture or dislocation; or ▪ use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder or urethra.
Takaful schedule	The document attached to your certificate. It shows important information about your certificate, including the following. <ul style="list-style-type: none"> ▪ Certificate number. ▪ Details of certificate owner and persons covered. ▪ Your contribution details. ▪ The benefits of your certificate.
We, our, ours, us	FWD Takaful Berhad.

For more information,
call our hotline or
check out our website at
fwd.com.my



Call our service hotline
1 300 13 7988

9 am – 6 pm
Monday to Friday
Exclude Weekend and
Public Holidays



Already a customer?
Simply log on to our
customer portal

About FWD Takaful Berhad

FWD Takaful Berhad (“FWD Takaful”) is a takaful provider in Malaysia that offers family takaful services. FWD Takaful is licensed under the Islamic Financial Services Act 2013 and is regulated by Bank Negara Malaysia. FWD Takaful is a takaful business unit of FWD Group.

For more information, please visit fwd.com.my.

About FWD Group

FWD Group (“FWD”) is a pan-Asian life insurance business with approximately 10 million customers across 10 markets, including some of the fastest growing insurance markets in the world. Established in 2013, FWD is focused on making the insurance journey simpler, faster and smoother, with innovative propositions and easy-to-understand products, supported by digital technology. Through this customer-led approach, FWD is committed to changing the way people feel about insurance and takaful.

For more information, please visit fwd.com.

The benefit(s) payable under eligible certificate is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact FWD Takaful or PIDM (visit www.pidm.gov.my).