DearTime

TOUCHING ONE MORE LIFE

CONTRACT

MEDICAL

Medical plan is a yearly renewable term plan which covers your medical bills until you are 70 years old.

CONTRACT INFORMATION

Contract Detail

- **Coverage:** Medical
- **Annual Limit:** RM100,000
- **Deductible:** RM<Deductible>/admission
- **Claim Payment:** We pay hospital directly or reimburse You
- **Premium Payment:** auto billing of Payer's Visa/MasterCard appears if Payor uses a Credit/Debit Card, regardless whether they are a person or a corporate entity)
  Online Bank Transfer (appears only if Payor is a corporate entity using FPX)
- **Contract Date:** <Purchase date>
- **Renewal Date:** <DD Mmm of Contract Date> of every year
- **Renewable up to Age:** 70 years old

Insured & Contract Owner (appears if Insured is the Owner) Detail

- **Name:** <Insured Name>
- **<MyKad/MyKid/Passport> Number:** <Identity Number>
- **Passport Expiry Date:** <Expiry Date> (appears if foreigner)
- **Date of Birth:** <DOB>
- **Age:** <Age>
- **Gender:** <Male/Female>
- **Nationality:** <Nationality>
- **Mobile Number:** <Mobile Number>
- **Email:** <Email>
- **Address:** <Address>
- **Health Condition:** Refer to Appendix A

Contract Owner Detail (appears if Insured is not the Owner)

- **Name:** <Owner Name>
- **<MyKad/MyKid/Passport> Number:** <Identity Number>
- **Passport Expiry Date:** <Expiry Date> (appears if foreigner)
- **Date of Birth:** <DOB>
- **Age:** <Age>
- **Gender:** <Male/Female>
- **Nationality:** <Nationality>
- **Relationship:** <Father/Mother>
- **Mobile Number:** <Mobile Number>
- **Email:** <Email>
- **Address:** <Address>

Payor Detail

- **Name:** <Payor Name>
- **Premium Mode:** <Monthly/ Annual >
- **Premium Due Date:** <DDth/ DD Mmm> of every <month/year>
- **Premium Now:** RM<Premium>/<month/year>

Code	Start Date	Deductible Amount (RM)
<M101>	<Date 1>	<Amount 1>

<M102>	<Date 2>	<Amount 2>

Note: Please read the entire contract for the complete terms and conditions.

BASIC DEFINITION

"Accident" or **"Accidental"** refers to an unintentional and unexpected event which results in Bodily Injury.

"Active" is status of the Coverage under this Contract which is still in force.

"Bodily Injury" is Accidental injury to the body caused solely and directly by violent, external and visible means.

"B40 Group" is the low-income group that forms the bottom 40% of Malaysian citizens as defined by the Department of Statistics Malaysia (DoSM).

"Congenital" means any medical or physical abnormalities which existed at time of birth, or neo-natal physical abnormalities developing within 6 months from the time of birth.

"Contract" refers to this legal document that binds You and Us.

"Contract Date" is the Date of Issue as stated under Contract Information in this Contract.

"**Contract Owner**" means the person named in the Contract Information as such and he owns this Contract and can exercise all rights, privileges and options available under this Contract. The Contract Owner will also be the Insured, if the Contract is taken on his own life.

"Contract Year" refers to the 1-year period which starts on the Contract Date or Renewal Date, whichever is later.

"Day Surgery" refers to a pre-planned surgical procedure where the patient needs the use of a recovery facility for less than 12 hours (but not for overnight stay).

"Deductible" refers to the amount of Eligible Expenses You need to pay first for each private Hospital admission before We pay the rest.

"**Doctor**" shall mean a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, and includes a specialist but excluding a doctor or specialist who is the Insured himself.

"Eligible Expenses" means Reasonable and Customary Charges incurred due to a Medical/Physical condition but not exceeding the limits stated in the Schedule of Benefits.

"Hospital" shall mean 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:

a) has facilities for diagnosis and major surgery;
b) provides 24 hour a day nursing services by registered and qualified nurses;
c) is under the supervision of a doctor; and
d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

"**Hospital Stay**" means the Insured being duly registered and admitted as an inpatient in a Hospital for more than 12 consecutive hours.

"Insured" is the person who is covered under this Contract and may not the same person as the Contract Owner.

"Intensive Care Unit / High Dependency Unit" means a section within a Hospital which is designated as an Intensive Care Unit/High Dependency Unit and which is maintained on a 24-hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

"Medical/Physical Condition" is a sickness, disease, illness or any injury arising out of one or more continuous causes.

"Medicines Prescribed" means medicines which have been prescribed by a doctor for the treatment for a Medical/Physical Condition.

"Referrer" is the person who refers or recommends You to sign up this Contract and be a DearTime user.

"Annual Limit" means the aggregate amount claimable within 1 Contract Year.

"Payor" is the person/entity who pays the premium for this Contract on Your behalf.

"Pre-existing Illness" means medical conditions or illnesses that the Insured has and/or has reasonable knowledge or means of knowledge, prior to the Contract Date. The Insured may be considered to have reasonable knowledge or means of knowledge of a Pre-existing Illness where:

1. the Insured had received or is receiving treatment.
2. medical advice, diagnosis, care or treatment has been recommended.
3. clear and distinct symptoms are or were evident.
4. its existence would have been apparent to a reasonable person in the circumstances.

"Premium Due Date" is the date when the premium shall be due in accordance with the Premium Mode as mentioned in this Contract.

"Renewal Date" is the anniversary of the Contract Date when the Coverage is renewable for another year, subject to the terms of this Contract.

"Start Date" is the date when the Deductible Amount takes effect according to the Change in Deductible Amount clause below.

"**We", "Us" or "Our"** refers to DearTime Berhad.

"You" or **"Your"** refers to the Contract Owner.

Whenever the context requires, masculine form shall apply to feminine and singular term shall include the plural.

CONTRACT PROVISION

This is a yearly renewable Contract that provides the Insured medical cover until age 70. Premium is charged as long as the Contract is Active.

BENEFIT

If the Insured undergoes medical treatment for a Medical/Physical Condition in any Hospital while the Contract is Active, We pay the Hospital or reimburse You (if you have personally paid) for the medical bill up to the limits stated in the Schedule of Benefits less the Deductible (if applicable). Please also refer to Appendix B for the definitions in relation to the Schedule of Benefits.

EXCLUSIONS

We will not pay the charges incurred directly or indirectly, wholly or partly, by any one of the following occurrences:

1. Pre-existing illness.
2. Cosmetic surgery, circumcision, eye examination/correction, external prosthetic devices or prescribed devices.
3. Dental treatment, denture, prosthetic service or oral surgery except due to Accidental injury to well teeth.
4. Home nursing, sanitaria care, illegal drug, intoxication, sterilization, venereal disease, AIDS, HIV, or quarantinable disease by law.
5. Congenital abnormality or deformity including hereditary conditions.
6. Pregnancy, childbirth (including surgical delivery), miscarriage, abortion, mechanical or chemical

contraceptive methods of birth control, infertility, impotence or sterilization.
7. For the purpose of investigation, research, experiment, examination, screening, diagnosis or prevention.
8. Organ donation by the Insured or cost of organ acquisition by the Insured and all costs incurred by the donor during organ transplant and its complications.
9. Sleep and snoring disorder, stem cell therapy, hormone replacement therapy, Immunotherapy or other alternative target therapies.
10. Psychotic, mental or nervous disorder.
11. Sex change.
12. Any Injury caused by attempted suicide or self-inflicted injury, while sane or insane.
13. Any Injury caused whilst in Armed forces duty, in a war, warlike situation, terrorist attack, strike, riot, civil commotion, insurrection or criminal activity.
14. Where the Medical/Physical condition is caused by Ionising radiation or contamination by nuclear radioactivity or nuclear waste from process of nuclear fission or from nuclear weapons material.
15. Where the Medical/Physical Condition is covered and paid for by the Insured's other insurance, indemnity cover or Workman's Compensation insurance.
16. Expenses of services of a non-medical nature.
17. Any Injury caused by racing of any kind (except foot racing), hazardous sports, professional sports and illegal activities.
18. Any Injury caused during any non-commercial flight.
19. Any medical or physical condition arising within the Waiting Period except for Injury.
20. Any outpatient treatment not related to Inpatient treatment, except as provided under this policy.
21. Charges which are not Reasonable and Customary Charges or any Surgery or treatment which is not Medically Necessary.
22. ("Any claims relating to the investigations or treatments of any disease or disorders associated with the liver, biliary system including any complications arising from the treatment thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Liver Disease - Hepatitis B" is selected in the medical survey.)
23. ("Any claims relating to the investigations or treatment of asthma, bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), respiratory tract infections, obstructive sleep apnea, vocal cord dysfunction or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Breathing/Lung - Asthma" is selected in the medical survey.)
24. ("Any claims relating to the investigations or treatment of kidney or urinary tract stones or any complications arising from the treatment thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Kidney/Urinary - Kidney Stone" is selected in the medical survey.)
25. ("Any claims relating to the investigations or treatment of gastritis, helicobacter pylori infection, gastric ulcer, atrophic gastritis, intestinal metaplasia, high-grade dysplasia or invasive gastrointestinal cancer or MALT lymphomas or any associated disorder or complications arising from treatment thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Digestive System - Gastritis" is selected in the medical survey.)
26. ("Any claims relating to the investigations or treatment of any disease or disorders pertaining to hyperuricemia or clinical gout including any complications such as but not limited to proteinuria, kidney stones, chronic urate nephropathy, and renal

insufficiency. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Musculoskeletal - Gout" is selected in the medical survey.)

27. ("Any claims relating to the investigations or treatment of thyroid gland, including but not limited to thyroid nodule(s), thyroid cancer, hyperthyroidism, hypothyroidism and/or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Thyroid" is selected in the medical survey.)
28. ("Any claims relating to the investigations or treatment of any disease or disorder of the prostate, urinary bladder, urinary tract or any complications arising from the treatment thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Prostate" is selected in the medical survey.)
29. ("Any claims relating to the investigations or treatment of any disease or disorder of the eyes and/or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Eyes" is selected in the medical survey.)
30. ("Any claims relating to the investigations or treatment of any disease or disorder of the ears and/or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Ears" is selected in the medical survey.)
31. ("Any claims relating to the investigations or treatment of any disease or disorder of the nose and/or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Nose" is selected in the medical survey.)
32. ("Any claims relating to the investigations or treatment of any disease or disorder of the throat and/or any complications thereof. Applies to Coverage Amount with Start Date that begins on <DD-MMM-YYY> and onwards" will appear if "Throat" is selected in the medical survey.)

CONTROL ON MEDICAL CHARGE

We only pay if the charges are Medically Necessary, which means the medical service must be:

1. Consistent with the diagnosis.
2. Consistent with current standard of professional medical care with proven medical benefits.
3. Not for Your convenience or that of the Insured or the doctor, and the service can only be provided if the Insured is admitted as an inpatient in the Hospital.

We only pay the Reasonable and Customary Charges amount which does not exceed the general level of charges being made:

1. by others in similar locality where the charge is incurred.
2. to individual of the same sex and comparable age as the Insured.

for similar Medical/Physical Condition.

OVERSEAS COVERAGE

This Coverage applies even when the Insured is travelling outside Malaysia provided that the treatment of the Medical/Physical Condition commences within 90 consecutive days from the date of departure from Malaysia. This Benefit will be paid to You on a reimbursement basis subject to the claim's procedure in this Contract.

OVERSEAS TREATMENT

If the Insured chooses to or is referred to be treated outside Malaysia by the attending doctor, 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 shall exclude the cost of transport to the place of treatment.

All documents in a language other than English and Bahasa Malaysia must be submitted together with certified translations. The Consular or the translation agency shall certify in English that the translation to be true and correct version of the originals.

We reserve the right to determine whether the fee limit for any hospital/medical 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 referring to Our medical data.

PREMIUM PAYMENT

When a Payor uses auto billing to pay premiums, on each Premium Due Date, premium is auto charged in Ringgit Malaysia (RM) to the Payor's registered Visa/MasterCard. The Payor is required to switch on auto billing upon purchase. This Contract will only be issued upon successful auto billing of premium at the time of purchase.

If the Payor switches off auto billing during the Contract period, the Coverage will remain active until the next Premium Due Date, immediately after that, the Coverage is deactivated and this Contract is terminated.

When a Payor uses payment methods other than auto billing, the Payor is responsible for ensuring timely payment of the premiums for the Coverage to be active. In cases where a Payor, who is not the Owner does not pay the premiums when it is due, then the Owner can choose whether to assume the role of a Payor or not. If premium payments are not paid on time, then the respective Coverage is deactivated.

Premium is calculated based on the Insured's current age, gender, occupation and Your answers in the medical survey in Appendix A. If there are multiple Start Dates, the premium charged will be based on the latest Deductible option selected by the Contract Owner.

Premium will change with the increase in the Insured's age. Please refer to Appendix C for the full premium rate table.

RIGHT TO AMEND OR VARY CONTRACT

We have the right to amend or vary the Contract at any time by giving You 30 days prior notice via email, SMS or through Our app of any such amendments or variations and the respective effective date.

MISSTATEMENT OF AGE OR GENDER

If the Insured's true age/gender is proven to be different from the stated age/gender on which the Contract is based, We will adjust the Coverage Amount or the premium less Thanksgiving accordingly.

On adjusting the premium; -

1) Any excess premium less Thanksgiving will be refunded without interest; or
2) Any additional premium required would be computed as if this Contract had been based on the true age/gender and shall become payable in the next Premium Due Date.

If the Insured's true age is not eligible for this Contract, We shall terminate this Contract and refund the total premium paid less Thanksgiving.

CHANGE IN RISK

You must notify Us immediately of any material change in the Insured's occupation or employment by updating the details of the changes in Our app or website, and pay any additional premium that may be required by Us.

If the change in the Insured's occupation results in the Insured

being declined for coverage, We shall terminate this Contract and refund any excess premium paid less Thanksgiving.

If You fail to notify Us immediately and if such changes affect the risks that We undertake under this Contract, We reserve the right to adjust Your Coverage Amount or reject Your claims.

MISREPRESENTATION OR NON-DISCLOSURE OF MATERIAL INFORMATION

In the event that We terminate this Contract due to misrepresentation or non-disclosure of Material Information, Our liability shall be limited to refund of the total premium paid less Thanksgiving.

We are not duty-bound to refund if the non-disclosure was wilful i.e., tantamount to fraud.

THANKSGIVING

Ten per cent (10%) of the premium shall be treated as Thanksgiving. You have the right to freely allocate the Thanksgiving amount to:

1. DearTime Berhad - Charity Fund; or
2. Referrer (if any); or
3. Payor, as discount (if You are in the B40 Group)

WAITING PERIOD

The Coverage under this Contract will only take effect:

1. After 120 days from the Start Date for specified illnesses:
    - Hypertension, diabetes mellitus and cardiovascular disease.
    - Tumour, cancer, cyst, nodule, polyp, stone of the urinary system and biliary system.
    - Ear, nose and throat condition
    - Hernia, haemorrhoid, fistulae, hydrocele and varicocele.
    - Endometriosis including disease of the reproduction system.
    - Vertebro-spinal disorder and knee condition.
2. After 30 days from the Start Date for any other Medical/Physical Condition except for Bodily Injury.

Any claim during the Waiting Period due to the respective Medical/Physical Condition will not be entertained except for:

1. Bodily Injury; or
2. If there is an earlier Start Date that has passed its Waiting Period and subsequently the Contract Owner reduces the Deductible and a claim is submitted within the Waiting Period of the new Start Date, the claim will be payable subject to the deduction of the Deductible of the last Start Date.

GRACE PERIOD

While auto billing is switched on, if auto billing of premium fails for any reason whatsoever, You have a Grace Period of 30 days (for Contract which is Active continuously up to 2 years) or 90 days (for Contract which is Active continuously for more than 2 years) from the Premium Due Date to ensure auto billing is successful. If the Premium is not paid within the Grace Period, this Contract will automatically be terminated. Any eligible claim during the Grace Period will be honoured with appropriate deductions for unpaid premiums.

CLAIMS

You can claim at the panel Hospital where the Insured undergoes treatment by flashing Your DearTime medical card. The panel Hospital will liaise directly with Us for claim assessment and payment.

If the Insured undergoes treatment at a non-panel or government Hospital, You can upload photos or scanned copies of the receipts and proof of claim documents to Us. Once the claim is approved, We will reimburse

You the Eligible Expenses by depositing it into Your registered bank account.

For claims involving private Hospital admissions, You only need to pay the Deductible amount up to RM<deductible chosen> per admission plus any other charges that are not covered by Us under this Contract.

We are not obliged to pay a claim until We receive all the required information and documentary evidences. For claims arising outside Malaysia, We require the proof of claim in the language which they were originally issued and if the language is other than English and Bahasa Malaysia, then it must be attached with certified translation in English by the Consular or the translation agency that all translations to be true and correct version of the originals.

All documents should be made available at claimant's expense.

CLAIM PERIOD CROSSES OVER RENEWAL ANNIVERSARY

If the Eligible Expenses for the Insured's Hospital Stay in any Contract Year extends to the renewal anniversary, the claim amount shall be apportioned according to the current Contract Year and the renewal anniversary if the incurred expenses are itemized on a daily basis and the Annual Limit for the renewal anniversary shall be adjusted accordingly.

If the Eligible Expenses incurred are not itemised on a daily basis, such expenses shall be apportioned as a percentage of the number of days of the Hospital Stay in the current Contract Year and during the renewal anniversary and the Annual Limit for the renewal anniversary shall be adjusted accordingly.

OWNERSHIP

If the Insured is below 16 years old, either one of the parents must be the Contract Owner. When the Insured turns 16 years old, the Contract Owner may transfer the ownership to the Insured at any time or continue to be the Contract Owner.

If the Contract Owner passes away while the Insured is alive, the ownership is auto transferred to the Insured provided that the Insured is at least 16 years old. If the Insured is below 16 years old, the ownership shall be vested with the legal representative of the Contract Owner until the Insured turns 16 years old.

FREE-LOOK CANCELLATION

You may cancel this Contract via our app within 15 days from the Contract Date, whereupon the Contract will be deemed cancelled. We will immediately refund all premiums paid.

CHANGE IN DEDUCTIBLE AMOUNT

You may increase or decrease the Deductible amount anytime in Our app or website:

1. Increased Deductible amount will take effect on the next Premium Due Date and will not subject to Waiting Period.
2. Decreased Deductible amount will take effect immediately upon successful payment of additional premium prorated to the next Premium Due Date.

CHANGE IN PREMIUM FREQUENCY

You may switch the premium frequency anytime. If you switch the premium frequency, the new premium frequency will take effect on the next Premium Due Date.

TAX PROVISION

All premiums and fees payable may be subject to tax. If tax is imposed, it will

be stated in the invoice at the prevailing rate and charged to Payor.

DEACTIVATION

You have the right to deactivate Your Coverage at any time through Our app or website in which event the Coverage shall remain Active until the next Premium Due Date when the Coverage is effectively deactivated.

When a Payor who is not the Owner deactivates the Coverage that they are paying for, the Owner will have the option to decide whether to take over as the Payor or not.

TERMINATION

The Contract will be terminated:

1. On the next Premium Due Date immediately following cancellation of this Contract;
2. If premium is not paid at the end of Grace Period.
3. On the date when the Insured turns 70 years old;

If Your Contract is terminated for reasons stated in (1) and (2) above, You will have to purchase a new Contract subject to eligibility for Coverage and fulfilment of other underwriting requirements.

RENEWAL

This Contract is issued for the term of one year starting on the Contract Date and renewable yearly until the Insured turns 70 years old. We reserve the right not to renew this Contract subject to our underwriting requirement at the time of renewal.

Upon every renewal, the premium will change on the first day of each renewed Contract Year in accordance with the Insured's attained age (age last birthday).

Premium rates are non-guaranteed, and We reserve the right to revise the premium rate by giving You 30 days prior notice via email, SMS or through Our app.

CURRENCY FOR ALL PAYMENTS

All payments under the Contract shall be made in the legal currency of Malaysia.

HOW TO SETTLE A DISPUTE THROUGH ARBITRATION

All differences and disputes arising out of this Contract shall be referred to an Arbitrator to be appointed in writing by both parties. In the event You and We cannot agree on who should be the Arbitrator within one month of being required to do so in writing then You and We shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both the Arbitrators. The umpire shall sit with the Arbitrators and preside at their meetings.

RIGHT TO TERMINATE DUE TO ANTI-MONEY LAUNDERING AND COUNTER FINANCING OF TERROISM

If We discover, or have justified suspicion, that the Contract is exploited for money laundering activities or to finance terrorism, We reserve the right to terminate the Contract immediately. We shall deal with all premiums paid and all benefits or sums payable in respect of the Contract in any manner which We deem appropriate, including but not limited to paying these amounts to the relevant authorities.

COMPLIANCE

You are required to take reasonable care to give true, complete and relevant information to Us when proposing for this Contract and throughout the Contract period. We rely on Your information to issue this Contract and pay any claim. If You are untruthful, fail to disclose all relevant information or Your claim is fraudulent, We can void Your Contract or change the terms of Your Contract.

APPLICABLE LAW AND JURISDICTION

The Contract shall be interpreted and governed by the laws of Malaysia. Any legal proceedings to filed shall be in the Courts in Malaysia.

CHANGES IN TAXATION, REGULATIONS AND LEGISLATION

We may vary the terms of the Contract as We consider appropriate and equitable, if there are changes in taxation, regulations or legislation that affect this Contract. We shall notify You 30 days in advance when terms in this Contract need to be changed, via email, SMS or through Our app.

DATA PROTECTION OBLIGATIONS AND RIGHTS

We shall be able to process Personal Data according to the section 4 of the Personal Data Protection Act 2010. The Contract Owner and Insured will keep Us updated in respect of all such Personal Data as soon as is practical. We shall not be liable for any direct or indirect loss or damage due to any inaccuracy or incompleteness in the Personal Data provided to Us.

We may from time to time request that the Contract Owner and Insured provide other Personal Data required for the purposes of the Contract. Prior to providing Us with the Personal Data of any individual, the Contract Owner or Insured providing the Personal Data, must inform that individual of Our privacy notice.

For the detailed privacy notice on how We collect, use, process, protect and disclose Personal Data, please visit Our website at www.deartime.com or call us at +603 8605 3511.

Important Statement

1. PROOF OF IDENTITY

Proof of identity is obtained through the verification of Your Malaysia Identity Card (MyKad) or Passport when You sign up on Our app or website.

2. CHANGE OF CONTACT DETAIL

It is important that You keep Your contact detail in Your DearTime account updated so that You receive all important notifications.

3. CONTACT US

Should you need any assistance relating to this Contract, You may contact Us at:

- **Live Chat:** in DearTime app or website
- **Address:** 2-07-01, Level 7 Plaza Bukit Jalil, Jalan Persiaran Jalil 1, Bukit Jalil, 57000 Kuala Lumpur, Malaysia.
- **Phone:** +603 8605 3511
- **Email:** help@deartime.com

4. BANK NEGARA MALAYSIA FINTECH REGULATORY SANDBOX

All life insurance products offered by DearTime are underwritten and effected by DearTime. DearTime is an approved participant in the Bank Negara Malaysia Financial Technology Regulatory Sandbox to conduct testing of its digital life insurance business model. Upon completion of the Sandbox testing period, DearTime would be required to obtain a license under the Financial Services Act 2013 to continue conducting its digital life insurance business.

5. MAKING INSURANCE COMPLAINT

In case of any dispute arising from this Contract, You may contact:

Contact Centre (BNMTELELINK)
Jabatan LINK dan Pejabat Wilayah
Bank Negara Malaysia
P.O.Box 10922
Jalan Dato' Onn
50929 Kuala Lumpur

Phone: 1-300-88-5465; Overseas: +603-2174-1717
Fax No: +603-2174-1515
E-mail: bnmtelelink@bnm.gov.my

APPENDIX A
Latest Medical Survey

Latest Medical Survey Answers as at <Date>
Height: <Height>cm, Weight: <Weight>kg
I smoke <Answer> cigarette(s) per day.
I have been medically advised, treated or diagnosed with: - <Selected answer only> - <Selected answer only>
I have had disorders of: - <Selected answer only> - <Selected answer only>
I have at least 2 parents/siblings by age 50 with: - <Selected answer only> - <Selected answer only>
I participate in: - <Selected answer only> - <Selected answer only>
Have I been rejected or charged with loading/exclusion for my other insurances? <Yes/No>
Any pending investigation or surgery to be done and have I been hospitalized? <Yes/No>
(appears if juvenile < 2 years old) Was the child born prematurely (pre-term before 37 weeks)? <Yes/No>

APPENDIX B
Definition of Schedule of Benefits

Schedule of Benefits	
Annual Limit	100,000
With Hospital Stay	
Private Hospital: Deductible (per admission)	<deductible>
Government Hospital: You Get Daily Cash Allowance	200
Daily Hospital Room & Board	As Charged
Intensive Care Unit / High Dependency Unit	
Hospital Supplies & Services	
Surgical Fees (includes post-surgical care within 90 days from discharge)	
Anaesthetist Fees	
Operating Theatre	
Ambulance Fees	
Pre-hospital Diagnostic Tests (within 60 days prior to admission)	
Pre-hospital Specialist Consultation (within 60 days prior to admission)	
In-hospital Doctor Visit (max 2 times a day)	
Post-hospital Treatment (within 90 days from discharge)	
Organ Transplant (once per Medical/Physical Condition)	
Medical Report Fees	
Without Hospital Stay	
Day Surgery	As Charged
Kidney Dialysis Treatment	
Cancer Treatment	
Accident Treatment (within 24 hours from Accident; follow-up treatment up to 60 days)	
Physiotherapy Treatment (within 180 days from discharge/surgery)	

Annual Limit
Benefits payable in respect of the Eligible Expenses are limited to the Annual Limit as stated in the Schedule of Benefits. Once the Annual Limit is reached, all benefits under this Coverage shall immediately cease to be payable until the Coverage is renewed on the next Renewal Date.

Private Hospital: Deductible
Deductible as stated in the Schedule of Benefits is the amount of Eligible Expenses You need to pay first for each private Hospital admission before We pay the rest.

Government Hospital: You Get Daily Cash Allowance
Daily cash allowance as stated in the Schedule of Benefits is payable for each day of confinement for a Medical/Physical Condition in a Malaysian government Hospital. No daily cash allowance will be paid if the Insured is transferred from a private Hospital to a government Hospital or vice versa.

Daily Hospital Room & Board
Eligible Expenses for room accommodation and meals. The Insured will only be entitled to this benefit while confined to a Hospital as an inpatient.

Intensive Care Unit / High Dependency Unit
Eligible Expenses for actual room & board incurred for a confinement as an inpatient in the Intensive Care Unit / High Dependency Unit of a Hospital.

Hospital Supplies & Services
Eligible Expenses 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 but excluding the cost of blood and plasma whilst the Insured is confined to a Hospital as an inpatient. Registration fee, identification wrist band and dispensing fee are payable.

Surgical Fees
Eligible Expenses for a surgery by the specialists, including specialist's pre-surgical assessment visits to the Insured and post-surgical care up to the number of days as indicated in the Schedule of Benefits.

Anaesthetist Fee
Eligible Expenses incurred by the anaesthetist for the administration of anaesthesia.

Operating Theatre
Eligible Expenses incurred for operating room incidental to the surgical procedure.

Ambulance Fees
Eligible Expenses incurred for necessary road domestic ambulance services (inclusive of attendant) to and/or from the Hospital of confinement. Payment will not be made if the Insured is not hospitalised.

Pre-hospital Diagnostic Test
Eligible Expenses incurred for ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Medical/Physical Condition preceding hospitalisation within the maximum number of days as set forth in the Schedule of Benefits in a Hospital and which are recommended by the attending doctor. No payment shall be made if upon such diagnostic services, the Insured does not result in Hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the attending doctor will not be payable.

Pre-hospital Specialist Consultation
Eligible Expenses incurred for the first time consultation and medicines prescribed by the attending specialist in connection with a Medical/Physical Condition within the maximum number of days as set forth in the Schedule of Benefits preceding confinement in a Hospital and provided that such consultation and medication has been recommended in writing by the attending specialist.

Payment will not be made for clinical treatment (and subsequent consultation or medication after the illness is diagnosed) or where the Insured does not result in Hospital confinement for the treatment of the medical condition diagnosed.

In-hospital Doctor Visit
Eligible Expenses by a Doctor for visiting the Insured while confined to a Hospital as an inpatient for a non-surgical Medical/Physical Condition subject to a maximum number of visits per day as stated in the Schedule of Benefits.

Post-hospital Treatment
Eligible Expenses incurred for follow-up treatment by the same attending doctor within the maximum number of days as stated in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical Medical/Physical

Condition. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as stated in the Schedule of Benefits.

Organ Transplant
Eligible Expenses incurred for transplantation surgery on the Insured being the recipient of the transplant of kidney, heart, lung, liver or bone marrow. Payment for this benefit is applicable only once per Medical/Physical Condition. The costs of acquisition of the organ and all costs incurred by the donor are not covered.

Medical Report Fees
Actual fee charged for the completion of a medical report by the attending doctor and the incidental non-medical charges required for Hospital admission.

Day Surgery
Eligible Expenses incurred for a surgical procedure performed (including all professional fees, services & supplies) in an outpatient setting at the Hospital / specialist clinic / day surgery centre on a pre-planned basis. We reserve the right to treat any inpatient surgery as Day Surgery when in our sole and exclusive opinion such inpatient treatment could have been done on a day care basis. Our decision shall be final.

Kidney Dialysis Treatment
Eligible Expenses incurred for the treatment of kidney dialysis of an Insured diagnosed with kidney failure. Such treatment must be received at the outpatient department of a Hospital or a legally registered dialysis treatment centre 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.

It is a specific condition of this benefit that notwithstanding the exclusion of pre-existing conditions, this benefit will not be payable for any Insured who has developed chronic renal diseases and/or is receiving dialysis treatment prior to the Contract Date.

Cancer Treatment
Eligible Expenses incurred for the treatment of cancer of an Insured diagnosed with cancer. Such treatment (radiotherapy or chemotherapy) must be received at the outpatient department of a Hospital or a legally registered cancer treatment centre immediately following discharge from Hospital confinement or surgery.

Cancer is defined as the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy. The following conditions are excluded:

1. Carcinoma in situ including of the cervix
2. Ductal carcinoma in situ of the breast
3. Papillary carcinoma of the bladder & stage 1 prostate cancer
4. All skin cancers except malignant melanoma
5. Stage 1 Hodgkin's disease
6. Tumours manifesting as complications of AIDS

It is a specific condition of this benefit that notwithstanding the exclusion of pre-existing conditions, this benefit will not be payable for any Insured who had been diagnosed as a cancer patient and/or is receiving cancer treatment prior to the Contract Date.

Accident Treatment
Eligible Expenses incurred as a result of a Bodily Injury arising from an Accident for treatment as an outpatient at any government registered clinic or Hospital within 24 hours of the Accident causing the Bodily Injury. Follow up treatment by the same doctor or same registered clinic or Hospital for the same Bodily Injury will be provided up to the maximum number of days as set forth in the Schedule of Benefits.

If as a result of an Accident, damage is done to sound natural teeth, We will pay charges for pain relieving dental treatment excluding restorative procedure such as crowning, bridging, placement of denture as well as root canal treatment.

Physiotherapy Treatment
Eligible Expenses incurred for outpatient physiotherapy treatment referred in writing by doctor after surgery or in-hospital treatment within the maximum number of days from the date of Hospital discharge or surgery as set forth in the Schedule of Benefits for any one Medical/Physical Condition. However, no payment will be made for medication or treatment and subsequent consultations with the same attending doctor after the Post-hospital treatment period as specified in this Schedule.

APPENDIX C
Premium Amount Table

<Monthly or Annual> Premium Amount of Coverage

Age	Premium Amount, RM