



Policy

SOMPO CashNow

The benefits payable under eligible policy are protected by PIDM up to limits.
Please refer to PIDM's TIPS Brochure or contact Berjaya Sompo Insurance Berhad or PIDM (visit www.pidm.gov.my).

Berjaya Sompo Insurance Berhad
Registration No. 198001008821 (62605-U)
Level 36, Menara Bangkok Bank,
105, Jalan Ampang, 50450 Kuala Lumpur.
Toll Free: 1-800-889-933
Tel.: 03-2170 7300
E-mail: customer@bsompo.com.my
Website: www.berjayasompo.com.my

Scan for
more products



SCN0424

Table of Contents

IMPORTANT NOTICE.....	3
OUR AGREEMENT.....	4
DUTY OF DISCLOSURE	4
DEFINITIONS.....	4
WHAT WE WILL COVER.....	5
PROVISOS	6
GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS).....	6
HOW YOUR POLICY MAY BE CANCELLED.....	7
HOW TO MAKE A CLAIM	7
HOW WE WILL SETTLE YOUR CLAIM	7

IMPORTANT NOTICE

This is **Your Sampo CashNow Policy**. **You** should satisfy yourself that this **Policy** will best serve **Your** needs. **You** should read and understand the **Policy** terms, conditions and warranties and discuss with **Your** insurance advisor, agent, broker and/or with **Us** directly for more information and/or to clarify any doubts **You** may have when **You** purchase this **Policy**. If there is any error or misdescription, or if the cover is not in accordance with **Your** wishes, please return the **Policy** to **Us** immediately for amendment.

You must fully observe and fulfill this **Policy**'s terms, conditions and warranties to enjoy the coverage provided. If **You** have any questions after reading these documents, please contact **Us** for further clarification. If there is any change in **Your** declarations that may affect the insurance provided, please notify **Us** immediately, otherwise **You** may not receive the benefits of this **Policy**.

To help preserve the environment, **We** will send a printed copy of this **Policy** Wording once only. Please keep this **Policy** wording safely. In case of renewal and/or amendment of **Your Policy**, **We** will send **You** the **Policy Schedule** and/or **Endorsement** only. If at any time **You** require a copy of the **Policy** Wording, please download a copy from www.berjaysompo.com.my

If **You** have any complaints relating to this **Policy**, please contact:

COMPLAINTS UNIT – CUSTOMER SERVICE CENTRE

Berjaya Sampo Insurance Berhad
Registration No. 198001008821 (62605-U)
Level 36, Menara Bangkok Bank
105 Jalan Ampang
50450 Kuala Lumpur
Tel. : 03-2170 7300
Toll Free : 1-800-889-933
Fax : 03-2170 4800
E-mail : customer@bsompo.com.my

If **You** are not happy with **Our** response, **You** may opt to contact either:

OMBUDSMAN FOR FINANCIAL SERVICES

Level 14, Main Block
Menara Takaful Malaysia
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

LAMAN INFORMASI NASIHAT DAN KHIDMAT (LINK)

BNMLINK
Bank Negara Malaysia
P.O. Box 10922,
50929 Kuala Lumpur
Tel : 1-300-88-5465 /03-2174 1717 (Overseas)
Fax : 03-2174 1515
eLINK : <https://bnmlink.bnm.gov.my/>

OUR AGREEMENT

This Policy, **Certificate of Insurance** and any **Endorsements** must be read together as they form **Your** insurance contract with **Us**. These documents reflect the terms and conditions of the contract of insurance as agreed between **You** and **Us** and are issued in consideration of the payment of premium as specified in the **Certificate of Insurance** and pursuant to the answers given when **You** applied for this Policy and any other disclosures made by **You** between the time **You** applied for this Policy and the time this insurance contract is entered into.

DUTY OF DISCLOSURE

You have a duty to take reasonable care not to make any misrepresentation in answering the questions in the online Proposal Form i.e. **You** should answer the questions fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of **Your** insurance contract, refusal or reduction of **Your** claim(s), change of terms or termination of **Your** insurance contract. In the event of any pre-contractual misrepresentations made in relation to **Your** answers and disclosures, only remedies in Schedule 9 of the Financial Services Act 2013 will apply.

You have a duty to tell **Us** immediately if at any time after **Your** contract of insurance has been entered into, varied or renewed with **Us**, any of the information given when **You** applied for this insurance is inaccurate or has changed.

At the point of purchasing this insurance and at any point during the validity of this insurance contract, **You** must immediately inform **Us** of any other insurance that **You** have bought which provides like or similar type of coverage to the items insured under this insurance contract.

DEFINITIONS

Some words and expressions in this Policy have been printed in **bold** because they have been given specific meaning as follows:

Accident

A sudden, unintentional, unexpected, unusual and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of **Injury**.

COVID-19

An infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Certificate of Insurance

A document where **Your** personal information, **Period of Insurance**, coverage type, benefits, premium and sum insured are specified.

Endorsement

A written alteration to the information, terms, conditions or warranties of this Policy.

Extreme Sports and Activities

Any sport or sporting activity that is or may be highly dangerous (i.e. involves a high level of expertise, exceptional physical exertion, highly specialized gear or stunts) including but not limited to:

- a) Any speed contest or racing other than on foot;
- b) Mountaineering (reasonably requiring the use of ropes and guides), rock climbing, indoor climbing, abseiling or caving;
- c) Hiking or trekking in remote areas unless with licensed guides;
- d) Any activity involving **You** being airborne (whether suspended or not) including but not limited to parachuting, ballooning, hang gliding, sky diving or high diving, or flying except as a fare paying passenger in a scheduled carrier;
- e) Any underwater activities exceeding 50 meters deep which involve the use of underwater breathing apparatus, water-ski jumping or scuba diving, except where **You** possess a scuba diving certificate from a recognised professional scuba diving body;
- f) Soccer, rugby or American football; or
- g) Motocross, freestyle motocross or any forms of off-road motorcycling.

Illness

A physical condition marked by a pathological deviation from the normal healthy state manifesting itself during the currency of this Policy.

Infectious Disease

A disease that can be transmitted easily as stipulated by the applicable health authority.

Injury

A bodily injury caused solely by **Accident**.

Medical Practitioner

A medical practitioner qualified, registered and licensed to practice western medicine, by the appropriate health authority/medical council/professional body and who, in rendering such treatment, is practicing within the area and scope of his/her licensing and training of medical practice, provided that the **Medical Practitioner** is not **You**.

Occupation Class

Class 1 – Professions involving non-manual, administrative or clerical work, solely in offices or similar non-hazardous places.

Class 2 – Professions involving supervisory duties which may include occasional manual work with some occupational risk exposure or significant travelling outside office on business purposes.

Period of Insurance

Duration of cover as stated in the **Certificate of Insurance**.

We/Our/Us/The Company

Berjaya Sampo Insurance Berhad.

You/Your/ Person Insured

Person named in the **Certificate of Insurance**, who is aged between 19 and 45 years (both ages inclusive) and a Malaysian citizen, Permanent Resident, Work Permit Holder, Employment Pass Holder, Student Pass Holder or otherwise legally employed in Malaysia provided that the **Person Insured** is employed under the **Occupation Class**.

WHAT WE WILL COVER

We agree to cover **You** for death, Injury or any loss up to the amount stated in the **Certificate of Insurance**, subject to the conditions, exclusions and limitations of this Policy.

It is a fundamental and absolute condition of this Policy that the premium due must be paid and received by **Us** before the cover commences.

Schedule of Benefits:

	BENEFIT	LIMIT PER PERSON	SUM INSURED (RM)		
			Lite	Basic	Prime
1.0	PERSONAL ACCIDENT				
1.1	Accidental Death	One time	10,000	15,000	20,000
1.2	Accidental Medical Expenses	Per Accident	1,000	1,500	2,500
2.0	LOCAL HOSPITAL INCOME				
2.1	Hospital Income (up to a maximum of 120 days per Period of Insurance)	Per Day Per Accident/ Illness	50 6,000	100 12,000	150 18,000
2.2	Hospital Allowance (Hospitalisation due to Novel Coronavirus (COVID-19))	Lump sum payment/ Per Period of Insurance	1,000	3,000	5,000
2.3	Hospitalisation Income (Hospitalisation due to COVID-19 Vaccination Side Effect)	Per Day Per Illness	100 1,000	100 1,000	100 1,000

Benefit 1 – Personal Accident

We will pay **You** for any **Injury** up to the limit specified in the **Certificate of Insurance** subject to the conditions, exclusions and limitations of this Policy:-

Benefit 1.1 – Accidental Death

Death due to **Accident** which occurred during the **Period of Insurance**.

Benefit 1.2 – Accidental Medical Expenses

Necessary and reasonable fees, charges or expenses (including the actual costs of obtaining the medical and/or post mortem report(s)) incurred for medical or surgical procedures attended by a **Medical Practitioner** provided that the first expense is incurred within 14 days from the date of **Accident**. This Benefit is payable on a reimbursement basis subject to the submission of medical report(s) and original receipts for medical expenses incurred.

Benefit 2 – Local Hospital Income

We will pay **You** for each 24 hours of hospital confinement in any registered hospital in Malaysia due to **Your Injury** or **Illness** subject to a minimum period of hospitalisation of 72 hours from the time of admittance into hospital and unless due to **Illness** where coverage only starts 14 days after commencement of the **Period of Insurance**, such hospitalisation recommendation must be made by the attending **Medical Practitioner**.

Benefit 2.1 – Hospital Income

We will pay **You** up to the respective limits specified in the **Certificate of Insurance** for each 24 hours of hospital confinement (up to a maximum of 120 days for each **Period of Insurance**).

Exclusion applicable to Benefit 2.1

We will not pay for any **Illness** due to **Infectious Disease** which is announced or notified as an epidemic by the applicable health authority or the World Health Organisation (WHO). The cover for the **Infectious Disease** declared as epidemic or pandemic shall cease from the date of such announcement or notification and will be reinstated when the declaration by the WHO or the applicable health authority, is lifted.

Benefit 2.2 – Hospital Allowance (Hospitalisation due to COVID-19)

In the event **You** are hospitalised due to **COVID-19**, We will pay **You** a lump sum up to the maximum amount specified in the **Certificate of Insurance** provided that **You** do not have any pre-existing conditions or symptoms identified by WHO, relating to and/or associated with **COVID-19** prior to the **Period of Insurance** and/or the Waiting Period.

Benefit 2.3 – Hospitalisation Income (Hospitalisation due to COVID-19 Vaccination Side Effect)

We will pay **You** RM100.00 per day for the period of hospitalisation not exceeding 10 days as a result of **Illness** due to side effects of the **COVID-19** vaccination.

PROVISOS

- You** are restricted to Benefits 1.1 should **You** reside or travel outside of Malaysia, Singapore, Brunei Darussalam and Thailand for more than 90 consecutive days during the **Period of Insurance**.
- Either Benefit 2.1, 2.2 or 2.3 only shall be payable for the same period of hospitalisation.

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS)

This Policy does not cover/pay for claims:

- Directly or indirectly caused by or resulting from:
 - Your** pre-existing physical or mental defect or infirmity;
 - Your** suicide or attempted suicide, intentional self-injury, wilful exposure to danger (other than in an attempt to save human life), or the commission of any criminal acts;
 - Your** bacterial or viral infections due to any disease or sickness, medical or surgical treatment (except as covered under this Policy);
 - You** being under the effect or influence of alcohol or drugs, unless the drug is taken in accordance with an authorised medical prescription;
 - Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and HIV related diseases or any sexually transmitted diseases and/or mutant derivatives or variations however caused;
 - Your** pregnancy, child birth (including surgical delivery), abortion, miscarriage and its related complications except miscarriage due to bodily injury as a direct result of an **Accident**;
 - You** travelling against medical advice; or
 - Your** mental illness, psychotic, depression, stress, anxiety or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
- Due to **Your** death or any other loss sustained by **You**:
 - while riding or pillion riding on a two-wheeled motor vehicle as a sport and/or if **You** do not wear an approved crash helmet and/or do not possess a valid driving license; or
 - while using wood-working machinery driven by mechanical power except portable tools applied by hand and used solely for private purposes without reward.
- Directly or indirectly occasioned by, happening through, or in consequence of:
 - Engaging in sports or games in a professional capacity or where **You** would or could earn income or remuneration, sponsorships, donations or any other form of financial rewards from engaging in such sports or games; or
 - Your** participation in **Extreme Sports and Activities**.
- Arising from:
 - Offshore activities such as diving, mining, oil rigging, aerial photography or handling of explosives;
 - Air travel other than as a fare-paying passenger in a licensed chartered aircraft, public scheduled commercial flight, chartered flights or commercial heliports;
 - Your** participation in any illegal activities, loss resulting directly or indirectly from action taken by Government Authorities including confiscation, seizure, destruction and restriction;
 - Employment on merchant vessels or as a manual labour; naval, military or air force service or operations, regular or temporary, military or police duties; overseas secondment as part of **Your** occupation; manual work in connection with any trade, employment or profession;
 - Survey of offshore installations or facilities under construction including survey from aerial conveyance;
 - War, invasion, act of foreign enemy hostilities (whether war is declared or not), rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition or destruction or damage to property under the order of any government or public or local authority;
 - Any loss or expenses in connection with or is contributed by **You** undertaking any trip following the warning of any intended strike, riot or civil commotion, or impending natural disaster through or by general mass media or act of terrorism;

- h) Ionising radiations or contamination by radioactivity from any irradiated nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- i) Radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly, or of its nuclear component.

HOW YOUR POLICY MAY BE CANCELLED

You may cancel this Policy at any time by giving **Us** notice in writing. Such notification shall become effective from the date **We** receive the notice or the date specified in **Your** notice, whichever is later. **We** will refund the pro-rated premium to **You** for the unexpired **Period of Insurance**, provided no claims have been made under the Policy and subject to a minimum premium of RM60.00.

We may cancel this Policy by giving **You** 14 days' notice in writing to **Your** last email address or address known to **Us**, and refund the pro-rated premium to **You** for the unexpired **Period of Insurance**.

HOW TO MAKE A CLAIM

Notice and Proof of Claim:

Any occurrence which may result in a claim must be reported to **Us** in writing within 30 days after it occurs and

- 1) **You** shall without delay obtain and act upon the advice of a **Medical Practitioner**.
- 2) All **Certification, Information And Evidence** shall be furnished to **Us**.
- 3) **We** shall not be liable for any death or loss if the claim is not reported to **Us** within 30 days after the **Accident** or date of admission due to **Illness**.

You may email the documents to **Us** at customer@bsompo.com.my or deliver the same to **Our** Customer Service Centre at Level 36, Menara Bangkok Bank, 105, Jalan Ampang, 50450 Kuala Lumpur.

Please note that, **We** may request additional information when required. **Your** early response will expedite the processing of **Your** claim.

HOW WE WILL SETTLE YOUR CLAIM

Misrepresentation/Fraud

This Policy shall be void in any of the following circumstances:

- 1) If **Your** application or declaration is untrue in any respect;
- 2) If any material fact affecting the risk is incorrectly stated or omitted by **You**;
- 3) If this insurance or its renewal shall have been obtained through any misstatement, misrepresentation or suppression;
- 4) If any false declaration, false statement, fraudulent or exaggerated claim made by **You**.

Certification, Information and Evidence

Any document (certificates, information, medical reports and evidence) as required by **Us** shall be furnished at **Your** expense, and in such a form that **We** may require.

Governing Law

This Policy shall be governed by and interpreted in accordance with Malaysian law.

Jurisdiction

Any disputes relating to this Policy must be submitted to the exclusive jurisdiction of the courts in Malaysia.

Waiting Period

Coverage due to **Illness** for Benefit 2 will only start 14 days after the commencement of the **Period of Insurance**.

Other Insurance

If there are any other policies covering the same or part of the same loss, damage or liability, **We** will only pay a share of the total loss, damage or liability proportionally.

Interested Parties

We shall unless otherwise expressly provided by **Endorsement** be entitled to treat **You** as the absolute owner of this Policy and shall not be bound to recognise any equitable or other claim to or interest in the Policy and the receipt by **You** or **Your** legal personal representatives alone shall be an effective discharge of all **Our** obligations and liabilities under this Policy.

Termination of Coverage

This Policy shall lapse or terminate:

1. At midnight (standard Malaysia time) on the last day of the **Period of Insurance**; or
2. Upon cancellation of the Policy.

Sanction Limitation and Exclusion

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any

sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union, United Kingdom or United States of America.