

eTiQa

**ETIQA TAKAFUL BERHAD**

SECTION		SUMMARY OF PLAN		SUM COVERED / LIMIT (per member)	
				ADULT	CHILDREN
<b>A</b>	<b>SCOPE OF BENEFITS/COVERAGE</b>			<b>RM</b>	<b>RM</b>
i	Death Due To Accident			40,000.00	15,000.00
ii	Total Permanent Disabilities Due To Accidental Cause			40,000.00	15,000.00
iii	Partial Permanent Disabilities - Maximum (As per Policy's PPD Table of Benefits)			40,000.00	15,000.00
iv	Medical Expenses Due To Accidental Cause - Maximum			5,000.00	2,000.00
v	Repatriation Expenses Due To Accidental Cause - Maximum			3,000.00	Not covered
vi	Funeral Expenses Due To Accidental Cause			3,000.00	Not covered
vii	Ambulance Fee Due To Accidental Cause			300.00	Not covered
viii	Reimbursement of Medical Report Fee			50.00	Not covered
<b>B</b>	<b>ELIGIBILITY</b>				
i	Student, Spouse and Dependents are eligible to apply			-	-
ii	Participant's Age			18 - 65 years old	1 - 18 years old
<b>C</b>	<b>SUMMARY OF COVER</b>				
i	To provide 24 hours coverage for member for bodily injury resulting in death or permanent disablement caused solely and directly by accident subject to our standard Policy Terms, Conditions and Exclusions.				
ii	This is an individual policy and yearly renewable				
iii	The coverage will only effective once the live insured reached Malaysia				
<b>D</b>	<b>CONTRIBUTION RATE PER MEMBER / PER ANNUM</b>			<b>ADULT</b>	<b>CHILDREN</b>
	Gross Contribution			RM87.00	RM60.00
	Add : Stamp Duty			RM10.00	RM10.00
	Add : 6% Good and Service Tax			RM5.22	RM3.60
	<b>Total Payable Per Member</b>			<b>RM102.22</b>	<b>RM73.60</b>
Payment of contribution can be remitted via Cash deposit or Internet Banking - Maybank2u or CIMB Click etc					
To as follows : <b>Account Name : NZ Network Management Services Sdn Bhd</b> <b>(Etiqa Takaful Corporate Agency)</b> <b>Bank's Name : Maybank Islamic Berhad</b> <b>Bank's A/C No: 5640 2540 4383</b>					
<b>E</b>	<b>HOW TO APPLY / HOW TO RENEW THE POLICY</b>				
	Please call/watsapp or email to our Customer Service Representative as per below :				
		<b>Email</b>	<b>Office Tel No</b>	<b>Mobile No</b>	
1	Miss Hanisah - Agency Office @ UM Campus, K.Lumpur	hanisah434@gmail.com	03-7956 9688	019-602 5970	
2	Miss Fathiah @ Student Affairs, IIUM (Gombak Campus)	nurfathiahbasir@gmail.com	03-6196 4118	0111-9725428	
3	Madam Hasrunita	asnita.h@hotmail.com	03-4270 3114	012-2184661	
4	Mr Zaidi	mzaidimsaad@gmail.com	03-4270 3114	012-6027634	
<b>F</b>	<b>INFORMATION REQUIRED FOR POLICY ISSUANCE - PLEASE SEND VIA EMAIL OR WHATSAPP</b>				
1	A copy of passport for each dependent (participant) - 1st Page Only (passport holder particulars) (Please ensure Full Name, Passport No, Date of Birth, Origin Country are clearly stated)				
2	Period of cover is for 1 year . Please advise the effective date of cover i.e From _____ To _____				
3	Please email/watsapp the proof of payment (cash deposit slip/internet banking slip) to above email/contact no.				
4	Please provide Applicant Detail 1) Student full name, 2) University's name 3) Passport no. 4) Email address.				
<b>G</b>	<b>IMPORTANT NOTES - Please read</b>				
1) The above coverage is extended to you/your dependents are subjected to our standard policy terms, conditions and exclusions. 2) <b>Please note that this is Personal Accident Policy and not a Medical Insurance Policy. Hence, no medical card is provided</b> 3) The policy will be ready after three (3) working days from submission date of proof of payment and completed documents/info. 4) The above revised scope of benefits and contribution rate for ADULT shall take effect from 16 May 2017. 5) You are advise to read and understand the scope of cover above before purchase this policy 6) This flier is for general information only and not a contract of insurance.All the precise benefits, terms, conditions and other detail are available in the Policy Contract					
This plan underwritten by ETIQA TAKAFUL BERHAD					