

| <b>PRODUCT DISCLOSURE SHEET</b><br><br>(Read this Product Disclosure Sheet before you decide to take up the Product. Be sure to also read the General Terms and Conditions. Kindly seek clarification from us if in the event that you do not understand any part of this document or the general terms).  | <b>TAKAFUL BRUNEI AM SDN BHD</b>   |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
|--|--|------------|-----|--------|---|---|---|---------------------------------|---|--------------------------|---|--------------------------------------|---|---|---|--|---|---|---|----------------------|---|-----------------------|----|---|---------------------------------------|--|-------|---------------|--|------------|
|  | <b>MEDICAL FOR DOMESTIC HELPERS</b>  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
|  | Date: 10/07/2025   |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <b>1. What is this product about?</b>  |  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <p>Medical for Domestic Helpers is a medical plan that ensures twenty-four (24) hour medical coverage for domestic helpers working in Brunei Darussalam for illnesses or accidents that happen to the domestic helpers while in Brunei Darussalam.</p> <p>This plan also offers coverage for pre-existing conditions.</p>  |  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <b>2. What are the Shariah concepts applicable?</b>  |  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <p>The beauty of this takaful contract is that it is syariah compliant and is based on a principle of mutual cooperation and helping each other. Here are the principles that this contract relies on.</p> <p><b>Tabarru'</b> – with your contribution entrusted to us, we'll help you to donate 76% of it to the appropriate takaful fund to help other participants under the same contract.</p> <p><b>Al-Wakalah</b> – with this contract, you are appointing us to be a wakeel to administer, manage, invest and distribute the fund to other participants when they need the help. To perform the service, we'll apportion 24% of your contribution as a Wakalah fee. If there is a surplus in the fund we'll get a percentage of that too as a performance fee for continuously ensuring the Takaful fund are managed in a responsible and sustainable manner at a percentage approved by our Shariah Advisory Body which does not exceed the percentage of distributable surplus to all the participants.</p>   |  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <b>3. What are the cover and exclusions provided?</b>  |  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| <p>Following are the provided benefits:</p> <p><b>I. BASIC IN-PATIENT TREATMENT</b></p> <table border="1" data-bbox="332 1327 1291 1957"> <thead> <tr> <th>No.</th> <th>Covers</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Hospital room &amp; board (standard bed only)</td> </tr> <tr> <td>2</td> <td>Hospital miscellaneous expenses</td> </tr> <tr> <td>3</td> <td>In hospital doctor visit</td> </tr> <tr> <td>4</td> <td>Surgical benefits &amp; day care surgery</td> </tr> <tr> <td>5</td> <td>Accidental outpatient and accidental dental treatment</td> </tr> <tr> <td>6</td> <td>Pre-hospital diagnostic services (within 30 days prior to hospitalization)</td> </tr> <tr> <td>7</td> <td>Post -hospital follow up treatment (within 30 days after discharge)</td> </tr> <tr> <td>8</td> <td>Local ambulance fees</td> </tr> <tr> <td>9</td> <td>Compassionate Benefit</td> </tr> <tr> <td>10</td> <td>Repatriation from Brunei Darussalam (Maximum of one destination only)</td> </tr> <tr> <td colspan="2">Deductible (for each and every claim)</td> <td>B\$50</td> </tr> <tr> <td colspan="2">Overall Limit</td> <td>B\$100,000</td> </tr> </tbody> </table> |  |            | No. | Covers | 1 | Hospital room & board (standard bed only) | 2 | Hospital miscellaneous expenses | 3 | In hospital doctor visit | 4 | Surgical benefits & day care surgery | 5 | Accidental outpatient and accidental dental treatment | 6 | Pre-hospital diagnostic services (within 30 days prior to hospitalization) | 7 | Post -hospital follow up treatment (within 30 days after discharge) | 8 | Local ambulance fees | 9 | Compassionate Benefit | 10 | Repatriation from Brunei Darussalam (Maximum of one destination only) | Deductible (for each and every claim) |  | B\$50 | Overall Limit |  | B\$100,000 |
| No.  | Covers   |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 1  | Hospital room & board (standard bed only)                                  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 2  | Hospital miscellaneous expenses  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 3  | In hospital doctor visit   |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 4  | Surgical benefits & day care surgery                                       |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 5  | Accidental outpatient and accidental dental treatment                      |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 6  | Pre-hospital diagnostic services (within 30 days prior to hospitalization) |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 7  | Post -hospital follow up treatment (within 30 days after discharge)        |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 8  | Local ambulance fees   |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 9  | Compassionate Benefit  |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| 10   | Repatriation from Brunei Darussalam (Maximum of one destination only)      |            |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| Deductible (for each and every claim)  |  | B\$50      |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |
| Overall Limit  |  | B\$100,000 |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |                                       |  |       |               |  |            |

## II. OPTIONAL: OUTPATIENT TREATMENT DUE TO ILLNESS & ACCIDENT

This cover covers general and specialist outpatient services, outpatient lab and x-ray services as well as outpatient prescription of drugs.

| Out-Patient Treatment due to Illness & Accident  |                 |
|--|-----------------|
| Overall limit of disability (For 2 years)  | 8               |
| Co Takaful for Specialised Investigation including CT Scans, MRI, PET Scan, Amyloid Scan etc | 50%             |
| <b>Deductible per Outpatient Disability</b>  | <b>B\$50</b>    |
| <b>Overall Limit</b>   | <b>B\$1,000</b> |

### General Exclusions

Your Takaful Contract does not cover expenses related to:

- a) Chronic ailments
- b) Specific illness including cancer, genetic conditions, dementia and of similar nature, autoimmune diseases and chronic kidney failure
- c) Routine medical check-ups and examinations
- d) Cosmetic treatment and surgery
- e) Childbirth, miscarriage, or pregnancy-related expenses
- f) Alternative medicines
- g) Organ transplant
- h) Emotional, mental or psychiatric illness and any non-shariah treatments
- i) AIDs or related conditions
- j) Participation in certain sports competitions
- k) War, conflict or military intervention
- l) Acts prohibited by Shariah or unlawful acts
- m) Treatments done outside RIPAS Hospital or any government hospital (except if the referrals were made by any government hospitals)

**\*Note:** This list is non-exhaustive. Please refer to the Takaful Product Wording for the full list of exclusions under this Takaful Contract.

#### 4. How much contribution do I have to pay?

##### **For In-patient Treatment**

The contribution for In-patient Treatment is as follows: -

| 2 year cover | 1 year cover |
|--------------|--------------|
| B\$345       | B\$172.50    |

##### **For Out-patient Treatment [Optional]**

The additional contribution for Out-patient Treatment is as follows: -

| 2 year cover | 1 year cover |
|--------------|--------------|
| B\$180       | B\$90        |

**Note:** Coverage option for less than 2 years is available, subject to minimum contribution. The coverage period must align with the validity of the employee's work pass.

#### 5. What are some of the important notes that I should know?

- a) **Eligibility:**
- i. Adult aged between 18 and above;
  - ii. Domestic Helpers working in Brunei Darussalam.
- b) **Pre-Existing** conditions are covered. Coverage for pre-existing conditions for those aged 66 and above is subject to the following conditions:
- i. Coverage for pre-existing conditions is limited to B\$10,000 during the first year of participation.
  - ii. Waiting period of 90 Days apply for pre-existing conditions only.
  - iii. Coverage excludes:
    - All types of cancer, genetic conditions, Alzheimer's, Dementia, Parkinson's Disease, autoimmune diseases, regular or long-term kidney dialysis in chronic or end-stage kidney failure.
    - Any condition that becomes chronic (acute phases of that condition will be covered).
- c) Treatments outside RIPAS Hospital or any government hospitals are not covered except for when referred by government hospitals. We only cover referrals to hospitals in Brunei Darussalam.
- d) **Importance of disclosure**
- i. You must provide accurate information when filling out your application form;
  - ii. When renewing, ensure your information is up to date;
  - iii. Disclose any relevant information beyond what we've asked to help us make informed decisions about your cover.
- e) **Waiting Period**
- Means a period from the Commencement Date of your Takaful Contract or endorsement before a claim is payable.
- The Waiting Period for pre-existing conditions is ninety (90) days. Any claims made due to pre-existing conditions in this period will not be payable.
- No Waiting Period for other illnesses.
- f) **Guarantee of Payment**
- TBA provides guarantee of payment for inpatient treatment at RIPAS Hospital or any hospital in Brunei Darussalam.

g) **Consequences of Breach of Duty**

Breach of Duty of disclosure may result in us voiding the Takaful Contract and refusing all claims.

h) **Cooling-off Period**

If you decide to cancel your Takaful Contract with us and you do so within fourteen (14) days after the Commencement Date of your Takaful Contract (Cooling-off period), you will be entitled for a full refund subject to no claims made.

i) **Contract Cancellation**

If you decide to cancel your Takaful Contract with us after the Cooling-off Period, you must notify us at least seven (7) days prior.

Subject to no claims made, you will be entitled for a refund (after deduction of Wakalah Fee) calculated pro-rata for the remaining period of your Takaful Contract.

j) **Claims Notification**

Notification and submission of all documents of claims for all covered incidents must be given to us **within thirty (30) calendar days** after the occurrence of such incident.

**TBA Claims can be contacted at:**  
**HOTLINE: +673 244 4000 ext 9204/9205**  
**WHATSAPP: +673 873 4885**  
**EMAIL: [tbaclaim@takafulbrunei.com.bn](mailto:tbaclaim@takafulbrunei.com.bn)**

*Please refer to **Appendix A** for the Claim Procedure Guideline and summary of documents required for you to submit during claim reporting*

**\*Note:** This list is non-exhaustive. Please refer to the Takaful Contract and Product Wording for the terms and conditions under this Takaful Contract.

## **6. Under what circumstances would termination of cover occur?**

- **Non-Disclosure of Facts**

If proven where there is misrepresentation or non-disclosure of facts, the Takaful Contract shall become void and the Company will not be liable to pay the takaful cover.

- **Non-Payment of Contribution**

If the contribution is not paid to us at the time of the issue of the Takaful Contract or within the given grace period for payment that is set at our discretion, the Takaful Contract, if it has come into effect, will be automatically cancelled.

- **Misstatement Of Age**

You must provide us with your correct age. If your correct age does not fall under the eligibility criteria of this Takaful Contract, we will not provide any cover.

- **Co-ordination of Benefits**

The Takaful Contract will not provide compensation other than on a proportionate basis if you have any other takaful or insurance in force and/or is entitled to indemnity from any other source in respect of the same accident, illness, death or expense. Takaful Brunei Am Sdn Bhd has full rights of subrogation and may take proceedings in your name, but at the Company's expense, to recover for our benefit paid under the Takaful Contract.

- **In The Event of Fraud**

If any claim shall, in any respect, be false or fraudulent or if fraudulent means or devices are used by you or anyone acting on your behalf to obtain covers hereunder, then the cover for you shall be cancelled immediately and all covers and contribution deemed forfeited.

#### **7. What happens in the event of change of covers?**

Should there be any changes of covers and contribution, Takaful Brunei Am Sdn Bhd will notify you in writing at least thirty (30) days calendar days before the changes are made via SMS, press advertisement, website and/or social media.

Any changes made to your benefits and contributions will only be effective upon Takaful Contract renewal subject to your agreement.

#### **8. What happens if there are changes to the panel of hospitals/clinics?**

Takaful Brunei Am Sdn Bhd will keep you updated if there are any changes to the panel of hospitals and clinics. You may visit the Ministry of Health website for the list of hospitals and clinics. You may also contact our Call Centre at **+673 224 4000**, TBA WhatsApp at **+673 743 4000** or visit our nearest TBA counters or branches to obtain more information.

#### **9. What happens in the event a Takaful agent ceases to operate?**

If our Authorized Agent that issued your Takaful Contract ceased its operation, your Takaful Contract is still valid until its expiry date. You can renew, make endorsements and cancellation for the Takaful Contract at any of our counters and branches.

#### **10. What documents do I need to submit to apply for this product?**

If you are interested to apply for this product, you only need to provide the following documentation:

- Completed Application Form
- Copy of Identity Card/Passport

#### **11. Who can I contact if I need further assistance?**

If you have any difficulties or enquiry, you may contact TBA as below:

**TBA Call Centre**

Ground Floor, Unit 9 & 10

Simpang 493, Kg Beribi

Jalan Gadong BE1118

Negara Brunei Darussalam

**Tel: +673 224 4000**

E-mail: [enquiry@takafulbrunei.com.bn](mailto:enquiry@takafulbrunei.com.bn)

If your query or complaint remains unsolved, you may contact Financial Consumer Issues of Brunei Darussalam Central Bank:

**Financial Consumer Issues**

**Brunei Darussalam Central Bank**

Level 7 Ministry of Finance and Economy Building

Commonwealth Drive

Brunei Darussalam

**Tel: +673 838 0007**

#### 12. Where can I get further information?

For further information, you may refer to our website at [www.takafulbrunei.com.bn](http://www.takafulbrunei.com.bn), call TBA Call Centre at +673 224 4000, TBA WhatsApp at +673 743 4000 or visit our nearest TBA counters or branches.

#### IMPORTANT NOTE:

**YOU SHOULD SATISFY YOURSELF THAT THIS CONTRACT WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE CONTRACT AND DISCUSS WITH THE AGENT AND/OR CONTACT TAKAFUL BRUNEI AM DIRECTLY FOR MORE INFORMATION**

*The terms and conditions indicated in this Product Disclosure Sheet are indicative and not binding on Takaful Brunei Am Sdn Bhd. The final terms and conditions are as stipulated in the Takaful Contract after Takaful Brunei Am Sdn Bhd's assessment.*

## **APPENDIX A: CLAIMS PROCEDURE GUIDELINE**

### ***Notification & Submission of Documentations***

You need to notify and submit complete documentation including fully completed claim form to us **within thirty (30) calendar days** of the date of the treatment or date of discharge from the hospital.

You may submit your notification via:

- TBA Claims Hotline (for Medical & Travel) at **+673 224 4000 ext 9204/9205**
- TBA Claims WhatsApp Hotline (for Medical & Travel) at **+673 873 4885**
- TBA Claims Email at [tbaclaim@takafulbrunei.com.bn](mailto:tbaclaim@takafulbrunei.com.bn)

### ***Proof***

For us to process your claims, you are required to provide us with a **fully completed reimbursement claim form** with satisfactory proof, which must be produced at your own expense

### ***Documents Required and Excess***

For all claims, you must provide us with:

- Copy of Identification Card
- Copy of the Personal Certificate / e-card

Below is a summary of proof / documents required for you to provide for us to process your claims:

#### **(A) Guarantee of Payment (in-patient treatment only)**

| <b>No.</b> | <b>Type of Claim</b> | <b>Documents Required</b>  | <b>Deductible</b>  |
|------------|----------------------|--|--|
| 1.         | Medical Expenses     | <ul style="list-style-type: none"><li>• Pre-Authorization form.</li><li>• Medical Report</li></ul> | <ul style="list-style-type: none"><li>• B\$50 for each and every claim</li></ul> |

#### **(B) Reimbursement**

| <b>No.</b> | <b>Type of Claim</b>                | <b>Documents Required</b>   | <b>Deductible</b>   |
|------------|-------------------------------------|---|---|
| 1.         | Medical Expenses                    | <ul style="list-style-type: none"><li>• Medical Report</li><li>• Original Medical Bills and receipts</li></ul>                                    | <ul style="list-style-type: none"><li>• In-Patient: B\$50 each and every claim</li><li>• Out-patient: B\$50 per illness per person covered</li><li>• 50% co-takaful for outpatient specialized investigations</li></ul> |
| 2.         | Compassionate Benefit               | <ul style="list-style-type: none"><li>• Medical Report</li><li>• Death Certificate</li><li>• Original receipts for all associated costs</li></ul> | -   |
| 3.         | Repatriation from Brunei Darussalam | <ul style="list-style-type: none"><li>• Medical Report</li><li>• Death Certificate</li><li>• Original receipts for all associated costs</li></ul> | -   |