

TAKAFUL AS SYIFA' MEDICAL



TBK

Takaful Operator

Protection



Your **Wellness** Comes **First**.





WHAT IS THE MEANING OF TAKAFUL?

“Help you one another in Al-Birr and At-Taqwa (Virtue, Righteousness and Piety) but do not help one another in sin and transgression” – (Al-Maidah:2)

Takaful is a pact among a group of members of participants that agree to always give Mutual Assistance to one another.

Takaful is also a channel that can allow an individual to make an initiative to help one another to face and share risks together with providing benefits to ease financial burden between them.

What is Takaful As Syifa' ?

Takaful As Syifa is a plan which provides reimbursement of medical expenses in respect of medical treatment due to an illness or accident borne by the participant.

This protection plan offers twenty-four (24) hours worldwide coverage but excludes United States of America, Canada, and sanctioned countries. The benefit provided will secure the very best medical treatment without having the burden of having to absorb the medical cost alone.

Why is it important?

The main objectives of this plan are:

- Provision of financial benefit in the event of an illness or bodily injury.
- Assurance in reimbursement of the cost of hospitalization and surgery incurred.
- As a measure to ensure that the person covered's welfare and interests are well managed and properly guarded.

Who can participate?

Adult

The person eligible for Takaful coverage must be aged next birthday between eighteen (18) to fifty (50) years old.

For renewal, eligible until the age of sixty five (65) years, subject to renewal assessment.

Dependents

All dependents of the participant shall mean the unmarried and unemployed children aged next birthday between six (6) months to seventeen (17) years old.

Schedule of Benefit

| BASIC COVERAGE - INPATIENT | | Maximum Benefits Per Disability | | | |
|---|---|---------------------------------|------------|------------|------------------|
| | | B\$ Gold | B\$ Silver | B\$ Bronze | B\$ Micro Bronze |
| 1 | Hospital Room & Board | | | | |
| | i. Daily max up tp 45 days ii. Intensive Care up tp 20 days | 400 650 | 200 350 | 100 250 | 50 100 |
| 2 | Hospital Miscellaneous Expenses | 7,500 | 4,500 | 2,000 | 1,000 |
| 3 | In Hospital Doctor's visit Daily max up to 65 days | 150 | 100 | 70 | 50 |
| 4 | Surgical Benefits & Day Care Surgery | 30,000 | 20,000 | 15,000 | 5,000 |
| 5 | Accidental Outpatient and Accidental Dental Maximum Limit Per Certificate Year | 5,000 | 2,500 | 1,500 | 250 |
| 6 | Pre-Hospital Diagnostoc Services (within 30 days prior to Hospitalisation) | 1,500 | 1,000 | 700 | 300 |
| 7 | Post-Hospital Follow Up Treatment (within 30 days after discharge) | 500 | 400 | 200 | 100 |
| 8 | Local Ambulance Fees | 300 | 300 | 300 | 300 |
| 9 | Final Care Expenses | 700 | 700 | 700 | N/A |
| 10 | Repatriation Expenses Maximum of one destination only | 10,000 | 8,000 | 8,000 | N/A |
| | Co Takaful for Elective Overseas Treatment Excluding USA, Canada and sanctioned countries. | 20% | 20% | 20% | 20% |
| | Adult Overall Annual Limit | 200,000 | 150,000 | 100,000 | 10,000 |
| | Child Overall Annual Limit | 100,000 | 75,000 | 50,000 | N/A |
| 11 | Emergency Medical Evacuation and Repatriation | 1,000,000 | | | N/A |
| Contribution | | | | | |
| | Individual | 700.00 | 410.00 | 270.00 | 75.00 |
| | Child | 265.00 | 185.00 | 125.00 | N/A |
| OPTIONAL COVERAGE | | | | | |
| A. Outpatient Treatment Due to Illness | | | | | |
| | Maximum Number of Disability Per Certificate Year | 4 | 4 | 4 | N/A |
| | Deductible Per Outpatient Disability | 50 | 50 | 50 | N/A |
| | Co Takaful for Specialized Investigations includign CT Scans, MRI, PET Scan, Amyloid Scan, etc. | 50% | 50% | 50% | N/A |
| | Overall Annual Limit | 5,000 | 2,500 | 1,500 | N/A |
| Contribution | | | | | |
| | Adult | 450 | 350 | 250 | N/A |
| B. Cancer Cover & Hospital Allowance | | | | | |
| | Cancer Cover (Life Time Limit) | 30,000 | 20,000 | 15,000 | N/A |
| | Hospital Allowance (Daily maximum up to 65 days) | 200 | 100 | 50 | N/A |
| Contribution | | | | | |
| | Adult / Child | 568.00 | 358.00 | 268.00 | N/A |

Important Information:

1. The above contribution is for standard life only. Substandard life is subject to medical review.
2. Pre- Existing conditions are not covered.
3. Treatment for Illnesses are subject to a 30 day waiting period from date of commencement.

4. Geographical Limits are worldwide but exclude USA, Canada and sanctioned countries.
5. For details of coverage and exclusions please refer to the Certificate Wording.

Takaful As Syifa' Covers You With:

1. Hospital Room and Board

Cover includes hospital accommodation, meal charges, nursing care and intensive unite care charges. The amount of the benefit and period payable shall be equal to the actual charges made by the hospital during the Person Covered's confinement and shall not exceed the maximum stated in the Schedule of Benefit.

2. Hospital Miscellaneous Expenses

The Hospital Miscellaneous Expenses cover all medically necessary treatment and services provided by or on the order of a Physician to the Person Covered when admitted as registered in-patient.

3. In-Hospital Doctor's Visits

In addition to the above benefits, the Company will pay in respect of the Person Covered, who requires the services of a Physician in connection with the treatment of accidental bodily injury or sickness, the regular and customary charges for visits made by a Physician to the hospital. Benefits are payable for one visit a day and subject to the Certificate year limit as shown in the Schedule of Benefits.

4. Surgical Benefits & Day Care Surgery

Surgical Benefits will be paid in an amount equal to the sum actually charged for such operation, provided however that the maximum benefit for all surgical operations performed shall not exceed the sum shown in the Schedule of Benefits.

Surgical Benefits will include surgeon's fee, surgeon's in-hospital visit, operating theatre charges, attending doctor's fee, anesthesia charges and anesthetist's fee.

5. Accident Outpatient and Accident Dental Treatment

If Person Covered is injured as a result of an accident and is given treatment as an outpatient in a hospital, reimbursement will be made for the charges and treatment costs incurred provided that medical attention is sought within twenty four (24) hours of the occurrence of the accident.

6. Pre-Hospital Diagnostic Services

Laboratory, X-Ray or other medically necessary diagnostic procedures ordered by a Physician and which within days stated in Schedule of Benefits of being carried out, resulting in the Person Covered being admitted as a registered in-patient to a hospital for the treatment of the specific medical condition diagnosed, provided that such medical condition is covered by the certificate.

7. Post-Hospital Follow-up Treatment

The medically necessary follow-up treatment ordered by a Physician to be rendered for up to days stated in the Schedule of Benefits from the Person Covered's discharge from Hospital. Cover is restricted to follow-up treatment of the specific medical condition for which the Person Covered received in-hospital treatment covered by the certificate.

8. Local Ambulance Services

The medically necessary transportation of the Person Covered by road vehicle to a local hospital.

9. Final Care Expenses

In the event of death of the Person Covered, the company shall pay, upon satisfactory proof, the Final Care Expenses up to the limit shown in the Schedule within twenty four (24) hours.

10. Repatriation Expenses

Repatriation Expenses are deemed to be reasonable charges incurred for:

a. Transportation of the body of the Person Covered from Brunei Darussalam to his/her country (limit to one destination only) following sickness or bodily injury; or sickness which results in his/her total permanent disablement.

b. Transportation of the Person Covered from Brunei Darussalam to his/her home country (limit to one destination only) following bodily injury or sickness which results in his/her total permanent disablement.

The amount payable shall be equal to the actual charges made by the relevant part(ies) but in no event shall the total benefit payable under this clause exceed the maximum amount as shown in the Schedule of Benefits.

11. Emergency Medical Evacuation

International SOS Pte Ltd will provide and pay for the service in respect of Emergency Medical Evacuation, Emergency Medical Repatriation and Repatriation of Mortal Remains necessitated by accident, illness or death of the Person Covered occurring when the Person Covered is travelling outside of Brunei Darussalam for a period not exceeding 90 consecutive days on any one trip.

a. Arrangement and Payment of Emergency Medical Evacuation

International SOS Pte Ltd will arrange for the air and/or surface transportation and communication for moving the Person Covered when in a Serious Medical Condition to the nearest hospital where appropriate medical care is available.

International SOS Pte Ltd shall pay for the medically necessary expenses of such transportation and communications and all usual and customary ancillary charges incurred in such services arranged by International SOS Pte Ltd.

b. Arrangement and Payment of Emergency Medical Repatriation

International SOS Pte Ltd will arrange for the return of the Person Covered to Brunei Darussalam by air and/or surface transportation following an emergency medical evacuation where the Person Covered is evacuated to a place outside of Brunei Darussalam for in-hospital treatment. International SOS Pte Ltd shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by International SOS Pte Ltd.

c. Arrangement and Payment of Repatriation of Mortal Remains

International SOS Pte Ltd will arrange for the transportation of the Person Covered's mortal remains from the place of death to Brunei Darussalam and pay for all expenses reasonably and unavoidably incurred in the services in the air and/or surface transportation so arranged by International SOS Pte Ltd or alternatively pay the cost of burial at the place of death as approved by International Pte Ltd.

International SOS 24 Hours Alarm Centre

The above international SOS services will be rendered on a 24-hours basis in Bahasa Melayu and English through their centre in Singapore.

TELEPHONE NUMBER: (65) 6338 7800 (Singapore)

Please quote the following for Identification (refer to Takaful Healthcare Card):

- Your Name
- Takaful Policy Number

Option A : Outpatient Due to Illness Treatment Coverage

Medically necessary treatment provided to Person Covered who is not a registered in-patient at a Hospital and defined as :

1. General Outpatient Services

Outpatient Services provided by or on the order of a Physician who is licensed as a General Practitioner.

2. Specialist Outpatient Services

Outpatient Services provided by or on the order of a Physician who is licensed as a Specialist or Consultant and to whom the Person Covered has been referred to by a General Practitioner

3. Outpatient Laboratory and X-ray Services

Laboratory testing, radiographic and nuclear medicine procedures used to diagnose or treat medical conditions. Such services must be provided by or ordered by a Physician. Specialised investigations including CT scans, MRI, PET Scan, Amyloid Scan etc are subject to co-takaful stated on the Schedule.

4. Outpatient Prescription Drugs

The sale and use of drugs and medications, which is legally restricted to the order of a Physician, and prescribed for use by the Person Covered as an Outpatient.

Covered for Outpatient Services is subject to the Limit and Deductible stated on the Schedule. The deductible shall be applicable on a per disability per Person Covered basis.

Option B : Cancer and Hospital Allowance Coverage

1. Cancer Coverage will be paid in an amount equal to the sum actually charged for such cancer treatment provided by hospital or a registered cancer treatment centre, provided however that the maximum benefit for all cancer treatment shall not exceed the sum shown in the Schedule of Benefits

2. In the event of any Person covered under the Clause is warded and confined in any hospital hereinafter defined, on the recommendation of a Physician, the Company will, upon receipt and approval of proofs, pay the Hospital Allowance shown in the Schedule of Basic Certificate in respect of

- illness occurring more than thirty (30) days after the date of entry, or date of reinstatement of this Clause, whichever is the latter, unless the Person Covered affected by this condition has been covered continuously under the Basic Certificate for twelve (12) months with no gap in the coverage for the period during which the Person Covered shall be an in-patient of the hospital subject to a minimum of three (3) consecutive days of confinement but not exceeding sixty five (65) days; or
- injury occurring after the date of entry, or the date of reinstatement of this Clause, whichever is the latter, for the period during which the Person Covered shall be an in-patient of the hospital subject to a minimum of three (3) consecutive days of confinement but not exceeding sixty five (65) days.

Under no circumstance will the Company pay for more than one Hospital Allowance for each day of confinement.

How to Participate

- Completed Proposal Form
- Copy of Identity Card

What are not covered in Takaful As Syifa' ?

The following treatment, items, conditions, activities and their related or consequential expenses are excluded from the Certificate and the Company shall not be liable for :

1. Cost or expenses incurred for sickness contracted within the waiting period of thirty (30) days from the commencement date of certificate or endorsement;
2. Pre-Existing Conditions defined and / or as agreed by the Company in writing prior to the commencement date of Certificate;
3. Any condition that is or becomes chronic will be excluded although the policy will continue to cover any acute phases of that condition;
4. The following specified illnesses are not covered:
 - a. all kinds of cancer;
 - b. genetic conditions;
 - c. Alzheimer's, Dementia, Parkinson's Disease;
 - d. Autoimmune Disease;
 - e. Regular or long term kidney dialysis in chronic or end-stage kidney failure.
5. Routine medical examinations or check-ups, routine eye or ear examinations, vaccinations, medical certificates, examinations for employment or travel, spectacles, contact lenses, hearing aids, acne and primary hirsutism or related medical conditions, Vitamins, supplements, interferon injections and similar medicine, all dental treatment or oral surgery related to teeth (unless within the terms of the Accident Dental Benefit
6. Cosmetic treatment or surgery including non-complicated varicose veins either symptomatic or not, deviated nasal septum, uvuloplasty for any reason and any treatment or procedure of navi which are not proved malignant;
7. Any expenses for Persons Covered who are travelling outside Brunei contrary to the advice of a medical practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Condition;
8. Tests or treatment related to infertility, contraception, sterilization, impotence, sexual dysfunction, birth defects, congenital illnesses, hereditary conditions, genetic conditions, any abortion performed, any cyro preservation, implantation or re-implantation of living cells;
9. Pregnancy, miscarriage or childbirth, menopause, perimenopausal symptoms include hormonal replacement therapy, polycystic ovarian syndrome and related conditions.
10. Prosthesis, corrective devices and medical appliances which are not surgically required, treatment by a family member and all treatment that is not scientifically recognised by Western European or North American standards;
11. Traditional Chinese medicine, homeopathy, acupuncture , Unani medicine, Ayurveda, chiropractic and osteopathy treatments;
12. All costs relating to cornea, muscular, skeletal or human organ or tissue transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation;
13. Treatment of emotional, mental or psychiatric illness, psychological disorders, self –inflicted injury, suicide, drug addiction or abuse, alcohol and substance abuse;
14. Sexually transmitted diseases and any treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases;
15. Elective overseas treatment for non-emergency or chronic medical conditions where covered treatment can reasonably be postponed until the Person Covered returns to Brunei;
16. Experimental or pioneering or advanced medical and surgical techniques;
17. Any expenses incurred as a result of engaging in active service in the armed forces or police of any nation, active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection;
18. Any expenses related to the commission of, or the attempt to commit, an unlawful act;
19. Any expense, regardless of any contributory cause(s), involving the use of or release or the treat thereof of any nuclear weapon or device or chemical or biological agent or radioactive contamination, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war;
20. Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment (unless in the course of an approved Emergency Medical Evacuation) and all Emergency

Medical Evacuation costs not approved in advance by the Company or its appointed 24-hour Emergency Assistance Centre;

21. Hotel or non-hospital accommodation costs, convalescent care, hospice care, rehabilitation, rest cures and services or treatment in nursing home or home for the aged or similar treatment, spa, hydro-clinic, sanatorium or long term care facility that is not a hospital as defined;

22. Any expenses related to accident or injury occurring whilst engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilising hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organised sports undertaken on a professional or sponsored basis;

23. Any treatment or expense in respect of person covered less than 6 (six) months of age or more than 65 (sixty five) years of age at the date of the onset of the event giving rise to a claim, unless agreed otherwise by the Company prior to the commencement of the Certificate;

24. The cost of transporting Person Covered by means of his or her employer's owned or leased watercraft or aircraft or the cost of medical treatment rendered by the employer's personnel or at the employer-provided medical facilities unless agreed otherwise in writing by the Company prior to the inception of the Certificate. This exclusion shall also apply to transportation and medical treatment which Person Covered is entitled to receive by virtue of a contract between his or her Employer and any principal;

25. Cost arising out of any litigation or dispute between the Person Covered and any medical person or establishment from whom treatment has been sought or given, or any other costs not specifically related to the payment of the medical expenses covered by the Certificate;

26. Goods and Services Tax and other government tax which may be levied on the treatment;

27. Communicable diseases requiring by law isolation or quarantine in the event of an epidemic or pandemic;

28. Diagnostic procedures or devices to correct hearing including but not limited to including hearing aids and cochlear implants;

29. Any circumcision whether or not due to illness or infection;

30. Treatment for obesity, weight reduction or weight improvement;

31. Non-medical personal services such as telephone, television, newspaper and the like;

32. Any treatment arising from causes which is prohibited by Shariah;

33. Any expenses related to the engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route;

34. Any expenses incurred for or as a result of any activity required from or on a ship or oil-rig platform, or at a similar off-shore location.

What do you need to bring when making claims?

Notice of any medical expenses incurred must be submitted to Takaful Brunei Keluarga Sdn Bhd within 30 days from the incident enclosing the following :

- Claim Form
- Copy of Identity Card
- Original Bill(s) and Receipt(s)
- Police Report (if applicable)
- Letter of Consent (if required)
- Medical Certification of treatment (if required)

*Subject otherwise to terms and conditions of Takaful Brunei Keluarga Sdn Bhd Certificate

Takaful Brunei Keluarga Directory

Head Office

Unit 1 & 2, Kompleks Seri Kiulap, Kg.Kiulap
Gadong, Bandar Seri Begawan BE1518
Tel: +673 223 1100
Fax: +673 223 7045

BIBD At-Tamwil

Unit 1, Bangunan Ibu Pejabat Persekutuan
Pengakap NBD
Kompleks Pengakap, Jalan Gadong BE4119
Tel/Fax: +673 242 4494

Delima

Unit A1, Bgn.Desu Delima, Simpang 44,
Kg Pancha Delima, Jalan Muara BB4513
Tel: +673 223 1687/1654
Fax: +673 223 1671

Tutong

Unit 16 & 17, 1st Floor, OG Complex,
Kg Petani, Tutong, TA1411
Tel: +673 422 2875
Fax: +673 426 1194

Kuala Belait

Ground Floor, Plaza Sutera Biru
Jalan Sungai, Kuala Belait KA2331
Tel: +673 334 1083/4
Fax: +673 334 1082

Department of Labour

Ministry of Home Affairs
Bandar Seri Begawan, BB3910
Tel: +673 238 1461

TBK Claims Department

Tel: +673 223 1100 ext 501/2
Fax: +673 223 7045
Mobile: +673 873 4885

TBK Call Centre

Tel: +673 223 1100