

PRODUCT DISCLOSURE SHEET		TAKAFUL BRUNEI KELUARGA SDN BHD			
<p>(Read this Product Disclosure Sheet before you decide to take up the <i>Product</i>. Be sure to also read the general terms and conditions. Seek clarification from us if you do not understand any part of this document or general terms).</p>		TAKAFUL AS SYIFA'			
		Date: 01/01/2020			
<p>1. What is this product about?</p> <p>Takaful As Syifa' provides reimbursement of medical expenses in respect of medical treatment due to an illness or accident borne by the participant and / or person covered.</p>					
<p>2. What are the Shariah concept applicable?</p> <p>Tabarru' –Donation or Takaful contribution that will be donated into a fund (Participant's Risk Fund/Takaful Fund) to help other Participants in the event of misfortune.</p> <p>Al-Wakalah – The participant agrees to appoint the Company as <i>wakeel</i> (agent) to administer, manage, invest according to Shariah Principle and distribute the Participant's Risk Fund/Takaful Fund to other eligible Participants subject always to the terms and conditions stated in the Takaful Certificate. To this end, the participant agrees to give apportionments 24% of the Takaful contribution to the Company as Wakalah Fee for the aforementioned services.</p>					
<p>3. What are the benefits payable and exclusions provided?</p> <p>a) Takaful As Syifa' offers twenty-four (24) hours worldwide coverage but excludes United States of America, Canada, and sanctioned countries. Following are the provided benefits:</p>					
		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	400	200	100	50
	ii. Intensive Care up tp 20 days	650	350	250	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 Diagnostic 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
<p>1. Hospital Room and Board</p> <p>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</p>					

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 24hr Emergency Medical and Travel Assistance 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

The company 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.

The company 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 the company.

b. Arrangement and Payment of Emergency Medical Repatriation

The company 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. The company shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by the company.

c. Arrangement and Payment of Repatriation of Mortal Remains

The company 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 the company or alternatively pay the cost of burial at the place of death as approved by the company.

12. Optional Coverage

Takaful As Syifa' also offer optional coverages as follow:

1) Outpatient Treatment Due to Illness

	Gold	Silver	Bronze	Micro Bronze
Maximum Number of Disability Per Certificate Year	4	4	4	N/A
Deductible Per Outpatient Disability	B\$ 50	B\$ 50	B\$ 50	N/A
Co Takaful for Specialized Investigations including CT Scans, MRI, PET Scan, Amyloid Scan, etc.	50%	50%	50%	N/A
Overall Annual Limit	B\$ 5,000	B\$ 2,500	B\$ 1,500	N/A

2) Cancer Cover & Hospital Allowance

	Gold	Silver	Bronze	Micro Bronze
Cancer Cover (Life Time Limit)	B\$ 30,000	B\$ 20,000	B\$ 15,000	N/A
Hospital Allowance (Daily Maximum up to 65 days)	B\$ 200	B\$ 100	B\$ 50	N/A

b) Exclusions

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

1. Cost or expenses incurred for sickness contracted within the waiting period of thirty (30) days from commencement date of Certificate or Endorsement;
2. Pre-Existing Conditions as defined and/or as agreed by the Company in writing prior to the Commencement Date of the Certificate.
3. Any condition that is or becomes chronic will be excluded although the certificate will continue to cover any acute phases of that condition;
4. The following specified illnesses are not covered:
 - a) all kinds of internal tumours;
 - b) cancer including leukaemia;
 - c) endometriosis
 - d) genetic conditions;
 - e) Alzheimer's, Dementia, Parkinson's Disease;
 - f) Autoimmune Diseases;
 - g) 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 the Persons Covered who are travelling outside Brunei contrary to the advice of a physician or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-Existing Conditions;
8. Tests or treatment related to infertility, contraception, sterilisation, impotence, sexual dysfunction, birth defects, congenital illnesses, hereditary conditions, genetic conditions, any abortion performed, any cryo preservation, implantation or re-implantation of living cells;
9. Pregnancy, miscarriage or childbirth, menopause, peri-menopausal 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, 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 threat 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 six (6) months of age or more than sixty five (65) 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 the 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. Costs 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, newspapers 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.
35. More than one emergency evacuation and/or repatriation for any single medical condition of a User during the term of this Agreement, subject to a maximum of one (1) year.
36. Any costs or expenses not expressly covered by the Aspire program and not approved in advance and in writing by Aspire and/or not arranged by Aspire. This exception shall not apply to emergency medical evacuation from remote or primitive areas when Aspire cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the User.
37. Any event occurring when the User is within the territory of his Home Country and Usual Country of Residence.
38. Any expenses for Users who are traveling outside their Home Country or Usual Country of Residence 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.
39. Any expenses for medical evacuation or repatriation if the User is not suffering from a Serious Medical Condition, and/or in the opinion of the Aspire physician, the User can be adequately treated locally, or treatment can be reasonably delayed until the User returns to his Home Country or Usual Country of Residence.

REPATRIATION EXPENSES

The Company shall not pay takaful benefit resulted either directly or indirectly from:

1. Pre-Existing Conditions as defined and/or as agreed by the Company in writing prior to Commencement Date of the Certificate;
2. War, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotion assuming military uprising, insurrection, rebellion, military or usurped power or any act or any person action on behalf or in connection with any organisation actively directed towards the overthrow by force of any Government or to the influencing to it by terrorism or violence;
3. Any unlawful act(s) or such act(s) prohibited by law and/or Shariah Principles;
4. Suicide;
5. Being under the influence of alcohol, misuse of drugs, hallucinogenic substances;
6. Directly or indirectly being infected by Acquired Immune Deficiency Syndromes (AIDS) or related conditions.

EMERGENCY MEDICAL EVACUATION, MEDICAL REPATRIATION AND REPATRIATION OF MORTAL REMAINS

The following treatment, items, conditions, activities and their related or consequential expenses are excluded unless International 24hr Emergency Medical and Travel Assistance has given its prior written approval:

1. Any costs or expenses not expressly covered by the company program and not approved in advance and in writing and/or not arranged by the company. This exception shall not apply to emergency medical evacuation from remote or primitive areas when the company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Person Covered;
2. Any event occurring when the Person Covered is within the territory of Brunei, his/her Home Country or Usual Country of Residence;
3. Any expenses for the Person Covered who is travelling outside Brunei contrary to the advice of a physician, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident, illness or Pre-existing Conditions;

4. Any expenses for medical evacuation or repatriation if the Person Covered is not suffering from a Serious Medical Condition, and/or in the opinion of the company physician, the Person Covered can be adequately treated locally, or treatment can be reasonably delayed until the Person Covered returns to Brunei;
5. Any treatment or expenses related to childbirth, miscarriage or pregnancy;
6. 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 helmets 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;
7. Any expenses incurred for emotional, mental or psychiatric illness;
8. Any expenses incurred as a result of a self-inflicted injury, suicide, drug addiction or abuse, alcohol abuse, sexually transmitted diseases;
9. Any expenses incurred as a result of Acquired Immune Deficiency Syndrome (AIDS) or any AIDS-related condition or disease;
10. Any expenses related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment;
11. 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;
12. Any expenses in respect of the Person Covered who is more than sixty-five (65) years of age at the date of intervention;
13. The cost of burial in Brunei or Home Country;
14. The cost of transporting the Person Covered by means of owned or leased watercraft unless agreed otherwise in writing by the company prior to the commencement date of the Agreement;
15. More than one emergency evacuation and/or repatriation for any single medical condition of a Person Covered during the term of the takaful Certificate, subject to a maximum of one year unless otherwise decided by the company as medically necessary;
16. Any expenses for medical evacuation or repatriation where the Person Covered, in the opinion of the company physician, can travel as an ordinary passenger without a medical escort;
17. Any expenses related to the Person Covered engaging in any form of aerial flight except as a passenger on a scheduled airline flight or licensed charter aircraft over an established route;
18. Any expenses related to the Person Covered engaging in 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 threat thereof of any nuclear weapon or device or chemical or biological agent, including but not limited to expenses in any way caused or contributed to by an Act of Terrorism or war;
20. 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;
21. Any expenses which is a direct result of nuclear reaction or radiation;
22. Any expenses incurred as a result of a Pre-Existing Condition.

4. How much contribution do I have to pay?

Basic Coverage Contribution

The Basic Coverage Takaful Contribution is as follows:

Basic Coverage – Inpatient				
	Gold	Silver	Bronze	Micro Bronze
Adult	B\$700.00	B\$410.00	B\$270.00	B\$75.00
Child	B\$265.00	B\$185.00	B\$125.00	N/A

Optional Coverage Contribution

The Optional Coverage Takaful Contribution is as follows:

	Gold	Silver	Bronze	Micro Bronze
A. Outpatient Treatment Due to Illness				
Adult	B\$ 450	B\$ 350	B\$ 250	N/A
B. Cancer Cover & Hospital Allowance				
Adult/Child	B\$ 568	B\$ 358	B\$ 268	N/A

Takaful Period

One (1) year

5. What are the fees and charges that I have to pay?

The following charges/fees are applicable:

- a) What you have to pay in addition to the Takaful Contribution amount: -
 - **Stamp Duty** : BND 0.10 per certificate.
- b) What is included in the Takaful Contribution amount: -
 - **Fee**
 - i. Wakalah Fee : 24% of the Takaful Contribution.
 - ii. Agent Wakalah Fee : up to max. 15% of the Takaful Contribution.
- c) What you have to pay if there are any changes to the Takaful Certificate: -
 - **Endorsement/Cancellation** : BND 10.00 per certificate.

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

- a) Eligibility:
 - i. Adult aged between 18 to 65 years old on their next birthday;
 - ii. Child aged between 6 months to 17 years old next birthday; and
 - iii. Brunei Citizens or Residents of Brunei
- b) Pre-Existing conditions are not covered.

- c) **Waiting Period** - means the period of thirty (30) days from commencement date of the Certificate / endorsement. No benefit due to illness occurring during this period will be payable. Any renewal done after thirty (30) days of expiry will be subject to a fresh Waiting Period.
- d) **Importance of disclosure** – Participant must disclose all material facts such as age, occupation and health condition correctly. The Company has the right to repudiate liability in the event that the Participant failed to disclose relevant information that would affect the decision to accept or reject the risk, and on the terms to be applied.
- e) **Cooling-off Period** - should the Participant find that the Certificate does not meet their needs, the Participant may return it within fourteen (14) days after the commencement date of certificate. In such event, provided no claim has been made during the current Certificate year, the Participant may entitle for full refund of the contribution paid without profit less medical expenses incurred by the company.
- f) It is important for Participant to receive receipts and keep them as proof of payment of Takaful Contributions.
- g) Written notice of an occurrence upon which a claim under this Certificate may be based must be given to the Company within thirty (30) days of such occurrence.
- h) This Certificate may be cancelled by the Participant by serving at least seven (7) days' notice to the Company, such notice to state when thereafter cancellation shall become effective. In such event, provided no claim has been made during the current Certificate year, the Participant shall be entitled for a return of the net takaful contribution (after deduction of wakalah fee) calculated pro- rata for the unexpired period of takaful.

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

7. Under what circumstances would a termination of coverage occur?

- **NON DISCLOSURE OF FACTS**
If proven where there is misrepresentation or non disclosure of facts, this Certificate shall become void and the Company will not be liable to pay the takaful benefit.
- **EXISTING HEALTH CONDITIONS**
No benefits shall be payable under this Certificate for coverage of Person Covered due to illness or injury occurring before the commencement of this Certificate.
- **MISSTATEMENT OF AGE**
If, at the correct age, the Person Covered would not have been eligible for coverage under this Certificate, no benefit will be payable.
- **CO-ORDINATION OF BENEFITS**
The Certificate will not provide compensation other than on a proportionate basis if the Participant or Person Covered has any other takaful or insurance in force or is entitled to indemnity from any other source in respect of the same Accident, illness, death or expense. The Company has full rights of subrogation and may take proceedings in the Participant's or Person Covered's name, but at the Company's expense, to recover for the Company's benefit paid under the Certificate.

- **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 the Participant or Person Covered or anyone acting on their behalf to obtain benefit hereunder, then the coverage for the Person Covered shall be cancelled immediately and all benefits and contribution forfeited.

8. What happen in the event of change of benefits and contributions?

Shall there be any changes of benefits and contribution, Takaful Brunei Keluarga Sdn Bhd will notify the participant in writing at least 30 days calendar days before the changes are made via SMS, press advertisement, website and/or social media.

Any changes made to the participant's benefits and contributions will only be effective upon certificate renewal subject to the participant's agreement.

9. What happens if there is change to panel hospitals / clinics?

Takaful Brunei Keluarga Sdn Bhd will keep its participant updated if there any changes to the panel hospitals/clinics. The participant may also contact our office or our 24hr emergency medical and travel assistance (65) 6338 6676 to obtain more information of our panel hospitals/clinics.

10. What happen in the event of Takaful agent ceases to operate?

Takaful Brunei Keluarga Sdn Bhd takes fully responsible in the event of its agency ceases. Should you have any inquiry or concern, please do not hesitate to contact us or visit our office.

11. What are the documents that I need to submit to apply for this product?

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

- Completed Proposal Form
- Copy of Identity Card/Passport

12. Where can I get assistance and redress?

- If you have difficulties, you must contact us the earliest possible. You may contact us at:

Takaful Brunei Keluarga Sdn Bhd
Unit 1 & 2, Kompleks Seri Kiulap,
Kg Kiulap, Gadong,
Bandar Seri Begawan BE1518,
Negara Brunei Darussalam.
Tel: +673 223 1100 or +673 737 1100
Fax: +673 223 7045
E-mail: enquiry@takafulbrunei.com.bn

If your query or complaint is not satisfactorily resolved by us, you may contact Financial Consumer Issues, Autoriti Monetari Brunei Darussalam via email at fci@ambd.gov.bn or walk-in to their address as follow:

Level 7, Financial Consumer Issues
 Autoriti Monetari Brunei Darussalam
 Ministry of Finance and Economy Building
 Commonwealth Drive
 Brunei Darussalam
 Tel: 2380007

13. Where can I get further information?

You may visit www.takafulbrunei.com.bn for more information or contact us at:

Takaful Brunei Keluarga Sdn Bhd
 Unit 1 & 2, Kompleks Seri Kiulap,
 Kg Kiulap, Gadong,
 Bandar Seri Begawan BE1518,
 Negara Brunei Darussalam.
 Tel: +673 223 1100 or +673 737 1100
 Fax: +673 223 7045
 E-mail: enquiry@takafulbrunei.com.bn

14. The availability of marketing materials on the Medical and Health Takaful products.

The product brochure and certificate wording can be found on our website at www.takafulbrunei.com.bn and Takaful Brunei Mobile App.
 You may also contact us at +673 223 1100 or +673 737 1100 to get further assistance on our product(s).

IMPORTANT NOTE:

YOU SHOULD SATISFY YOURSELF THAT THIS CERTIFICATE WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE TAKAFUL CERTIFICATE AND DISCUSS WITH THE AGENT OR CONTACT TAKAFUL BRUNEI KELUARGA SDN BHD DIRECTLY FOR MORE INFORMATION.

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

<p>I / We hereby confirm having explained the Product Disclosure Sheet (PDS) to Customer in their preferred language.</p> <p>Name: IC No.: Date:</p>	<p>I / We hereby confirm having received and understand the explanation given in my preferred language.</p> <p>Name: IC No.: Date:</p>
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