

## PRODUCT DISCLOSURE SHEET

(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).

#### **TAKAFUL BRUNEI AM SDN BHD**

## **GROUP HOSPITAL & SURGICAL**

Date: 20/03/2024

## 1. What is this product about?

Group Hospital & Surgical provides reimbursement of medical expenses in respect of medical treatment due to an illness or accident borne by the Person Covered.

## 2. What are the Shariah concepts applicable?

**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.

**Al-Wakalah** – You agree to appoint Us as Wakeel (agent) to administer, manage, invest according to Shariah Principles and distribute the Participant's Risk Fund/Takaful Fund to other eligible Participants subject to the terms and conditions stated in the Takaful Certificate. To this end, You agree to apportion 24% of the Takaful Contribution to Us as Wakalah Fee for the aforementioned services. You hereby also agree to give a fee from the surplus of the Takaful Fund (if any) to Us at a percentage approved by Our Shariah Advisory Body.

### 3. What are the coverage and exclusions provided?

Group Hospital & Surgical offers twenty-four (24) hours worldwide coverage but excludes United States of America, Canada and sanctioned countries. Following are the provided benefits:

#### I. BASIC COVER: IN-PATIENT TREATMENT

|    |  | Maximum Benefits Per Disability |                 |                 |                          |
|----|--|---------------------------------|-----------------|-----------------|--------------------------|
|    | BASIC COVERAGE - INPATIENT   | Gold (BND)                      | Silver<br>(BND) | Bronze<br>(BND) | Micro<br>Bronze<br>(BND) |
|    | Hospital Room & Board  |                                 |                 |                 |                          |
| 1  | i. Daily Max. up to 45 days  | 400                             | 200             | 100             | 50                       |
|    | ii. Intensive Care up to 20 days   | 650                             | 350             | 250             | 100                      |
| 2  | Hospital Miscellaneous Expenses  | 7,500                           | 4,500           | 2,000           | 1,000                    |
| 3  | In Hospital Doctor's visit<br>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<br>(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<br>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                      |

### 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, We 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 todays 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 due to accident or illnesses including COVID-19, We shall pay, to the immediate family member or named beneficiary, 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 totalpermanent disablement.

The amount payable shall be equal to the actual charges made by the relevant part(ies) but inno event shall the total benefit payable under this clause exceed the maximum amount as shown in the Schedule of Benefits.

## 11. Emergency Medical Evacuation

The Assistance Company 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 anyone trip.

a) Arrangement and Payment of Emergency Medical Evacuation. The Assistance 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 Assistance 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 Assistance Company.

b) Arrangement and Payment of Emergency Medical Repatriation. The Assistance 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 Assistance Company shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by the Assistance Company.

c) Arrangement and Payment of Repatriation of Mortal Remains.

The Assistance Company will arrange for the transportation

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

#### II. OPTIONAL COVERAGE

Group Hospital & Surgical also offer optional coverages as follows:

**Option A: Outpatient Treatment Due to Illness** 

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

### **Option B: Cancer Cover & Hospital Allowance**

| COVERAGE  | Gold       | Silver     | Bronze     | Micro<br>Bronze |
|---|------------|------------|------------|-----------------|
| Cancer Cover (Lifetime Limit)                       | BND 30,000 | BND 20,000 | BND 15,000 | N/A             |
| Hospital Allowance (Daily<br>Maximum up to 65 days) | BND 200    | BND 100    | BND 50     | N/A             |

### **Option C: COVID-19 Coverage**

|  | MAXIMUM BENEFITS PER DISABILITY                        |                 |                 |                          |
|--|--|-----------------|-----------------|--------------------------|
| COVERAGE                                   | Gold<br>(BND)  | Silver<br>(BND) | Bronze<br>(BND) | Micro<br>Bronze<br>(BND) |
| Medical Expenses abroad including COVID-19 | BND 20,000 in the aggregate of<br>Overall Annual Limit |                 |                 | N/A                      |

## **General Exclusion:**

The following treatments, items, conditions, activities and their related or consequential expenses are excluded from the Certificate and We 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 Us 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 cancer;
  - b) genetic conditions;

- c) Alzheimer's, Dementia, Parkinson's Disease;
- d) Autoimmune Diseases; and/or
- 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, hearingaids, 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);
- 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 Takaful Brunei Am Sdn Bhd 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 utilizing hard helmet with air hose attachments, martial arts, rallying, racing of any kind other than on foot, and any organized 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 Takaful Brunei Am Sdn Bhd 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 Takaful Brunei Am Sdn Bhd 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 disease requiring by law isolation or quarantine in the event of an epidemic pr 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 Person Covered during the term of the takaful Certificate, subject to a maximum of one year unless otherwise decided by the Assistance Company as medically necessary;
- 36. Any costs or expenses not expressly covered by the Assistance Company program and not approved in advance and in writing and/or not arranged by Assistance Company. This exception shall not apply to emergency medical evacuation from remote or primitive areas when Assistance Company cannot be contacted in advance and delay might reasonably be expected in loss of life or harm to the Person Covered.
- 37. 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 Assistance Company physician, the Person Covered can be adequately treated locally, or treatment can be reasonably delayed until the Person Covered returns to Brunei
- 38. Any expenses for medical evacuation or repatriation where the Person Covered, in the opinion of the Assistance Company physician, can travel as an ordinary passenger without a medical escort.

## Additional Exclusions applies when taking COVID-19 Coverage

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

- 1. The Person Covered being the subject of a Quarantine Order issued by the relevant Authority and/or Government of a Country but not hospitalized and/or suffering from COVID-19;
- **2.** Any expenses incurred for the mandatory COVID-19 pre-departure and post arrival diagnostic tests that are required by the relevant Authority and/or Government of a Country;
- **3.** Any costs or expenses incurred for the Quarantine Period of two (2) weeks including but not limited to hotel or non-hospital accommodation costs and transportation costs;
- **4.** Any subsequent COVID-19 treatment where such treatment was first sought more than thirty (30) days from the time the COVID-19 was first diagnosed;
- **5.** Any expenses relating to specialist treatment which are not prescribed and/or referred by a doctor in general practice.

### 4. 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) Importance of disclosure Participant must disclose all material facts such as age and health condition correctly. Takaful Brunei Am 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.
- d) Consequences of Breach of Duty

  Breach of Duty of disclosure may result in Us voiding the Takaful Certificate and refusing all claims.
- 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 maybe entitled for full refund of the contribution paid without profit less medical expenses incurred by Us.
- f) 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.
- g) It is important for Participant to receive receipts and keep them as proof of payment of Takaful Contribution.
- h) 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.
- i) This Certificate may be cancelled by the Participant by serving at least seven (7) days written 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 fora 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.

## 5. Under what circumstances would a termination of coverage occur?

#### NON-DISCLOSURE OF FACTS

If proven where there is misrepresentation or non-disclosure of facts, the 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 the Certificate for coverage of Person Covered due to illness occurring before the commencement of the Certificate.

#### • MISSTATEMENT OF AGE

If, at the correct age, the Person Covered would not have been eligible for coverage under the 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 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 the Participant's or Person Covered's name, but at the Company's expense, to recover for Our 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 deemed forfeited.

## 6. What happens in the event of change of benefits and contributions?

Shall there be any changes of benefits and contribution, Takaful Brunei Am Sdn Bhd will notify the Participant in writing at least thirty (30) days calendar days before the changes are made vis 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.

## 7. What happens if there are changes to the panel hospitals/clinics?

Takaful Brunei Am 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 24-hour emergency medical and travel assistance (65) 6338 6676 to obtain more information about our panel hospitals/clinics.

## 8. Where can I get assistance for redress?

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

#### **TBA Call Centre**

Ground Floor, Unit 9 & 10 Simpang 493, Kg Beribi Jalan Gadong BE1118 Negara Brunei Darussalam

Tel: +673 224 4000

E-mail: <a href="mailto:enquiry@takafulbrunei.com.bn">enquiry@takafulbrunei.com.bn</a>

If your query or complaint is not satisfactorily resolved by us, you may contact Financial Consumer Issues, Brunei Darussalam Centre Bank via email at <a href="mailto:fci@bdcb.gov.bn">fci@bdcb.gov.bn</a> or walk-in at their address as follows:

Financial Consumer Issues
Brunei Darussalam Central Bank
Level 7 Ministry of Finance and Economy Building
Commonwealth Drive
Brunei Darussalam
Tel: +673 238 0007

# 9. Where can I get further information?

For further information on similar plans, you may refer to our website at <a href="www.takafulbrunei.com.bn">www.takafulbrunei.com.bn</a> or call TBA Call Centre at +673 224 4000 or visit our TBA nearest counters or branches.

## **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 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 certificate after Takaful Brunei Am Sdn Bhd's assessment.