

| PRODUCT DISCLOSURE SHEET  |  | TAKAFUL BRUNEI AM SDN BHD                               |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
|---|--|---|-----|--------|---|---|---|---------------------------------|---|--------------------------|---|--------------------------------------|---|---|---|--|---|---|---|----------------------|---|-----------------------|----|---|--|--|--------------|----------------------|--|-------------------|
| <p>(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).</p>   |  | TBA As Syifa (Medical) - Government Hospital Plan (GHP) |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
|   |  | Date: 31/12/2025  |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <b>1. What is this product about?</b>   |  |   |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <p>TBA As-Syifa (Medical) - Government Hospital Plan (GHP) offers comprehensive 24-hour coverage for medical treatment arising from illnesses and accidents. It is available to Permanent Residents of Brunei Darussalam, Domestic Helpers and Foreign Workers in Brunei Darussalam.</p> <p>This plan provides direct billing for inpatient services at government hospitals, allowing bills to be settled directly with the hospital for your convenience. Outpatient treatments are covered on a reimbursement basis. It also offers coverage for pre-existing medical conditions.</p>  |  |   |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <b>2. What are the Shariah concepts applicable?</b>   |  |   |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <p>The beauty of this 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 Syariah 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"> <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"><b>Deductible (for each and every claim)</b></td> <td><b>B\$50</b></td> </tr> <tr> <td colspan="2"><b>Overall Limit</b></td> <td><b>B\$100,000</b></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) | <b>Deductible (for each and every claim)</b> |  | <b>B\$50</b> | <b>Overall Limit</b> |  | <b>B\$100,000</b> |
| 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)      |   |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <b>Deductible (for each and every claim)</b>  |  | <b>B\$50</b>  |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |
| <b>Overall Limit</b>  |  | <b>B\$100,000</b>                                       |     |        |   |   |   |                                 |   |                          |   |                                      |   |   |   |  |   |   |   |                      |   |                       |    |   |  |  |              |                      |  |                   |

## II. OPTIONAL: OUTPATIENT TREATMENT DUE TO ILLNESS

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   |                 |
|--|-----------------|
| Overall Limit of Disability (1-Year Cover)   | 4               |
| Overall Limit of Disability (2-Year Cover)   | 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 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) Pre-Existing Conditions (unless Your plan includes coverage for Pre-Existing Conditions)
- e) Cosmetic treatment and surgery
- f) Childbirth, miscarriage or pregnancy-related expenses
- g) Alternative medicines
- h) Organ transplant
- i) Emotional, mental or psychiatric illness and any non-syariah treatments
- j) AIDs or related conditions
- k) Participation in certain sports competitions
- l) War, conflict or military intervention
- m) Acts prohibited by Syariah or unlawful acts
- n) Treatments done outside RIPAS Hospital or any Brunei government hospitals (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 Contract.

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

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

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

| Age          | Without Pre-existing coverage |            |
|--------------|-------------------------------|------------|
|              | 2 years                       | 1 year     |
| 65 and below | \$280.00                      | \$140.00   |
| 66 - 75      | \$560.00                      | \$280.00   |
| 76 - 85      | \$1,400.00                    | \$700.00   |
| 86 - 95      | \$2,520.00                    | \$1,260.00 |
| 96 and above | \$3,080.00                    | \$1,540.00 |

| Age          | With Pre-existing coverage |            |
|--------------|----------------------------|------------|
|              | 2 years                    | 1 year     |
| 65 and below | \$345.00                   | \$172.50   |
| 66 - 75      | \$1,035.00                 | \$517.50   |
| 76 - 85      | \$2,070.00                 | \$1,035.00 |
| 86 - 95      | \$3,795.00                 | \$1,897.50 |
| 96 and above | \$5,520.00                 | \$2,760.00 |

##### **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 options for less than 2 years is available, subject to minimum contribution. The coverage period must align with the validity of the entry pass.

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

##### **a) Eligibility:**

###### **1. Covered persons:**

- a. Brunei Darussalam Permanent Residents including:
  - i. Under the categories 'Foreign Nationals contributing to Brunei's Economy' and 'Professionals'; and
  - ii. All Permanent Residents
- b. Domestic Helpers working in Brunei Darussalam holding a valid work pass; and
- c. Foreign worker of a company incorporated in Brunei Darussalam a valid work pass.

###### **2. Age eligibility:**

- a. Permanent Residents: Aged 6 months old and above
- b. Domestic Helpers and Foreign Workers: Aged 18 years old and above

##### **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. 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 Brunei government hospitals are not covered except for when referred by Brunei government hospitals. We only cover referrals to hospitals in Brunei Darussalam.

d) **Waiting Period**

Means a period from the Commencement Date of your Contract or endorsement before a claim is payable.

The Waiting Period for any illnesses covered under your Contract is thirty (30) days from the Commencement Date.

Any renewal made more than thirty (30) days after the Contract expiry date will be subject to a new Waiting Period.

Any claims made during the Waiting Period will not be payable.

e) **Guarantee of Payment**

TBA provides guarantee of payment for inpatient treatment at RIPAS Hospital or any hospital in Brunei Darussalam.

f) **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.

g) **Consequences of Breach of Duty**

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

h) **Cooling-off Period**

If you decide to cancel your Contract with us and you do so within fourteen (14) days after the Commencement Date of your 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 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 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 Contract and Product Wording for the terms and conditions under this Contract.

### 3. Under what circumstances would termination of cover occur?

- **Non-Disclosure of Facts**

If proven where there is misrepresentation or non-disclosure of facts, the 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 Contract or within the given grace period for payment that is set at our discretion, the 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 Contract, we will not provide any cover.

- **Co-ordination of Benefits**

The 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 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.

### 4. 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 Contract renewal subject to your agreement.

### 5. 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.

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

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

## 7. 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 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)**

| No. | Type of Claim    | Documents Required   | Deductible   |
|-----|------------------|--|--|
| 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**

| No. | Type of Claim                       | Documents Required  | Deductible  |
|-----|-------------------------------------|---|---|
| 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> | -   |