

## Product Disclosure Sheet

**Notes:** Please read this Product Disclosure Sheet before you decide to purchase this product. Be sure to also read the general terms and conditions.

Name of Financial Service Provider : Great Eastern Life Assurance (Malaysia) Berhad ("the Company")  
 Name of Product : Flexi Life Protection  
 Name of Master Policyholder : Leading Innovative Technologies & Systems Sdn Bhd ("Flexi Parking")  
 Date of Quotation : 15 February 2021

### 1. What is this product about?

Flexi Life Protection is a group term assurance coverage exclusively offered to eligible Flexi Parking users. This product provides the Life Assured coverage for Death, and Total and Permanent Disability (TPD), as well as Daily Hospital Income Benefit in the event the Life Assured is hospitalised. This is a non-participating term protection plan.

### 2. What are the covers/benefits provided?

Please refer to the Schedule of Benefits as set out below:

Benefits	Sum Assured (RM)	
	Plan 1	Plan 2
<b>Death or Total and Permanent Disability (TPD)</b> Upon Death or TPD of the Life Assured during the coverage period, 100% of the Sum Assured will be payable.	10,000	10,000
Benefits	Amount of Benefits (RM)	
	Plan 1	Plan 2
<b>Daily Hospital Income</b> If the Life Assured is hospitalised due to a covered Disability, a daily cash allowance will be payable for each day of hospitalisation.	50 daily, subject to a limit of 5 days per period of insurance	50 daily, subject to a limit of 10 days per period of insurance

The duration of cover for each plan is as follows:

Entry Age Next Birthday	Period of Insurance	
	Plan 1	Plan 2
18 – 59	3 months, Quarterly renewable up to age 59 years next birthday	6 months, Half-yearly renewable up to age 59 years next birthday

Note:

- You may renew the above coverage up to age fifty-nine (59) years next birthday, subject to the terms and conditions in the Master Policy Contract.
- The maximum coverage age for any one Life Assured under this Policy is age sixty (60) years next birthday.
- The coverage will commence and end in accordance with the dates notified to the Life Assured by email upon successful purchase.
- Each Life Assured is only allowed to purchase one (1) Assurance at a time under this Policy.
- The above coverage does not provide any cash surrender value.
- With regards to the Daily Hospital Income Benefit, the overall lifetime limit is one-hundred (100) days per Life Assured which is calculated based on a combined total of all hospital admissions.

**Note:** Terms and conditions apply. Please refer to the Master Policy Contract for the full terms and conditions.

### 3. How much premium do I have to pay?

Please refer to the Schedule of Premium as set out below:

Entry Age Next Birthday of Life Assured	Single Premium* (RM)	
	Plan 1	Plan 2
18 – 59	30	59

\*Subject to eligibility conditions, the Life Assured may renew his coverage for a subsequent period of insurance by paying the premium due upon renewal.

Note:

- The Company reserves the right to revise the premium by giving you at least ninety (90) days advance notification. Any revision of the premium rates shall take effect immediately upon renewal of the Policy. Save for the foregoing, the Company reserves the right to vary all other policy conditions subject to the terms and

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conditions in the Master Policy Contract, by giving the Policyholder thirty (30) days advance written notice, and any such amendment shall take effect upon renewal.

- b) The premium rates are not guaranteed and subject to review by the Company.
- c) Revision to the premium rates, if any, will aim to reflect our actual claim experience or other justified circumstances.

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

Please refer to the Schedule of Fees and Charges as set out below:

Entry Age Next Birthday	Types of Fees/Charges	Fees/Charges as Percentage of the Premium Paid	Fees/Charges Amount (RM)	
			Plan 1	Plan 2
18 – 59	Commission	10.00%	3.00	5.90
	One-off Referral Fee	5.30%	1.59	3.13

#### 5. What are some of the key terms and conditions that I should be aware of?

- **Importance of disclosure** – You must disclose all material facts that could affect your risk profile and state your age correctly, and to declare truthfully your medical conditions.
- **Grace period** – Upon renewal, you will be given grace period of thirty (30) days from the next premium due date. If no premium is received, your coverage will be terminated after the expiry of the grace period.
- **Free look period** – You are given free look period of fifteen (15) days, whereby you may terminate your coverage within fifteen (15) days of receipt of the notification of coverage by Flexi Parking to you and you shall be entitled to a full refund of premium provided that no claim has been admitted under your coverage.
- **Waiting period** – Your eligibility for daily hospital income benefit for hospital admissions due to non-accidental causes will only start after thirty (30) days from the Risk Commencement Date of your coverage.
- **Eligibility** – You must hold a Malaysian citizenship or permanent residency in Malaysia, be between eighteen (18) years next birthday and fifty-nine (59) years next birthday, and have successfully completed the registration for this coverage on the Flexi Parking app. Entry age next birthday refers to your attained age next birthday on the Risk Commencement Date as notified by Flexi Parking.
- You are not allowed to change the Risk Commencement Date once the coverage is in force.
- Notification of a claim should be made immediately within the time frame stipulated in the terms and conditions of the Master Policy Contract.
- Unless renewed, your coverage will cease upon expiry of the period of insurance and the Company shall strictly not be liable for any events that take place after the expiry thereof.

Note: This list is non-exhaustive. Please refer to the Master Policy Contract for full terms and conditions.

#### 6. Can I cancel my coverage?

You may email us directly at [GreatAssist@greateasternlife.com](mailto:GreatAssist@greateasternlife.com) for the cancellation request of your coverage at any time. However, you will not be entitled to a refund of premium for cancellation after the fifteen (15) days free look period and you will continue to be covered for the remainder of the coverage period until the next premium due date.

#### 7. What are the major exclusions under this plan?

##### **Death Benefit**

No death benefit is payable if the death of the Life Assured is due to suicide, attempted suicide or self-inflicted injuries, while sane or insane or pre-existing illnesses within one (1) year from the Risk Commencement Date.

##### **Total and Permanent Disability Benefit**

No TPD benefit shall be payable if the total and permanent disability of the Life Assured resulted from:

- conditions which existed prior to Risk Commencement Date;
- violation of law;
- self-inflicted injuries, while sane or insane;
- bodily injury due to parachuting or sky-diving;
- engagement in aerial flights other than on a licensed commercial airline operating on a regular scheduled route; or
- resulted from war.

##### **Daily Hospital Income Benefit**

No daily hospital income benefit shall be payable if confinement of the Life Assured in a hospital is directly or indirectly as a result of:

- suicide or self-inflicted injuries, while sane or insane;
- influence of alcohol or drugs;
- hazardous sports or activities;
- pre-existing illnesses;

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- mental or nervous disorders;
- AIDS and all sexually transmitted diseases;
- ionising radiation; or
- hospitalisation not incidental to treatment or diagnosis of a covered disability.

Note: This list is non-exhaustive. Please refer to the Master Policy Contract for the full list of exclusions.

### 8. How do I make a claim?

Submit a duly completed claim form together with the necessary documents. In this respect, the documents required may vary according to types of claims. Please visit our website at <https://www.greasternlife.com/my/en/personal-insurance/get-help/claims.html> for more information on the claims documents.

### 9. What do I need to do if there are changes to my/my nominee(s) contact details?

It is important that you inform us of any change in your/your nominee(s) contact details to ensure that all correspondences reach you/your nominee(s) in a timely manner.

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

Should you require additional information about life insurance and medical and health insurance, please refer to the relevant *insuranceinfo* booklet on 'Life Insurance' and 'Medical & Health Insurance' at [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my).

If you have any enquiries, please contact us at:

**GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD (198201013982 (93745 – A))**

Head Office : Menara Great Eastern, Level 19  
303, Jalan Ampang  
50450 Kuala Lumpur.

E-mail : [GreatAssist@greasternlife.com](mailto:GreatAssist@greasternlife.com)

**LEADING INNOVATIVE TECHNOLOGIES & SYSTEMS SDN BHD (201601041597 (1212539 - X))**

Head Office : F-4-G, Jalan Multimedia 7/AG,  
Citypark, iCity, Seksyen 7,  
40000 Shah Alam, Selangor.

E-mail : [flexiprotect@lits.com.my](mailto:flexiprotect@lits.com.my)

### 11. Other similar types of cover available

You may contact the Company directly for similar types of cover currently available.

#### IMPORTANT NOTE:

**YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS AND THAT THE PREMIUM PAYABLE UNDER THE POLICY IS AN AMOUNT YOU CAN AFFORD. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

The information provided in this disclosure sheet is valid as at 15 February 2021.

Great Eastern Life Assurance (Malaysia) Berhad (198201013982 (93745-A)) is licensed under the Financial Services Act 2013 and is regulated by Bank Negara Malaysia.

If there is any discrepancy between the English and Bahasa Malaysia versions of this Product Disclosure Sheet, the English version shall prevail.