



STANDARD COVERAGE

1. CONTRIBUTION FOR OUTBOUND TRIP

Period of Cover	ASIA			WORLDWIDE		
(Days)	Self (RM)	RM) Self+ Spouse(RM) Family (RM)		Self (RM)	Self+ Spouse(RM)	Family (RM)
1	10	15	15	-	-	-
1-5	30	50	80	50	80	100
6-10	60	100	120	100	150	180
11-15	90	130	150	130	180	200
16-22	120	180	200	160	250	300
23-31	150	250	280	220	350	380
Each additional week or part	50	80	100	80	100	120

2. CONTRIBUTION FOR INBOUND TRIP

Period of Cover	DOMESTIC / INBOUND				
(Days)	Self (RM)	Self+ Spouse(RM)	Family (RM)		
1	5	8	10		
1-5	15	25	50		
6-10	50	70	80		
11-15	60	80	100		
16-22	70	120	130		
23-31	90	150	180		
Each additional week or part	30	50	70		



OPTIONAL LIMITS FOR EMERGENCY MEDICAL EVACUATION AND REPATRIATION

1. CONTRIBUTION FOR OUTBOUND TRIP

Period of Cover	ASIA			WORLDWIDE		
(Days)	Self (RM)	Self+ Spouse(RM)	Family (RM)	Self (RM)	Self+ Spouse(RM)	Family (RM)
1	20	30	30	-	-	-
1-5	40	80	100	80	100	120
6-10	80	110	120	110	150	170
11-15	100	150	160	150	200	210
16-22	130	190	210	180	280	300
23-31	180	250	280	250	380	400
Each additional week or part	70	100	120	100	120	140

2. CONTRIBUTION FOR INBOUND TRIP

Period of Cover	DOMESTIC/INBOUND			
(Days)	Self (RM)	Self+ Spouse(RM)	Family (RM)	
1-5	30	50	80	
6-10	80	100	110	
11-15	80	100	120	
16-22	90	140	150	
23-31	110	180	200	
Each additional week or part	60	80	90	



BASIC BENEFITS FOR INBOUND AND OUTBOUND TRIP

DENIFEITO	OUTBO	DUND	INBOUND		
BENEFITS	SELF	FAMILY	SELF	FAMILY	
Accidental Death / Total Permanent Disablement	100,000.00	100,000.00	150,000.00	150,000.00	
	Payable per Individual/ Individual & Spouse	Payable per Family	Payable per Individual/ Individual & Spouse	Payable per Family	
Funeral Expenses	5,000.00	12,500.00	4,000.00	8,000.00	
Medical Expense Reimbursement	15,000.00	30,000.00	1,000.00	2,000.00	
Emergency Medical Evacuation	10,000.00	10,000.00	10,000.00	10,000.00	
Follow-up Treatment	5,000.00	10,000.00	1,000.00	2,000.00	
Hospital Income (150/day, maximum RM5,000)	150.00	300.00	80.00	200.00	
Compassionate Care	3,000.00	3,000.00	1,000.00	3,000.00	
Dispatch of Medicine	1,000.00	3,000.00	1,000.00	1,000.00	
Loss of Travel Documents	1,000	5,000	1,000	5,000	
Loss or Damage of Luggage or Personal Effects	2,000	5,000	2,000	5,000	
Travel or Flight Delay	Max 2,000.00	Max 2,000.00	Max 1,000.00	Max 2,000.00	
	150 per 6 hours	200 per 6 hours	50 per 6 hours	100 per 6 hours	
Refund due to liquidation of Agency	4,500.00	4,500.00	5,000.00	5,000.00	
Repatriation	5,000.00	5,000.00	5,000.00	5,000.00	



ADDITIONAL BENEFITS FOR OUTBOUND TRIP

	Self	Family	
Additional Benefits	Payable per Individual/ Individual& Spouse	Payable per Family	
Trip Cancellation	10,000.00	30,000.00	
Trip Curtailment	10,000.00	20,000.00	
Notebook	1,000.00	1,000.00	
Luggage delay	300	1,000.00	
Missed Departure	1,000.00	3,000.00	
Missed Travel Connection	250	1,000.00	
Travel Overbooked	250	1,000.00	
Additional Costs of Rental Car Return	1,000.00	1,000.00	
Personal Liability	1,000,000.00	1,000,000.00	
Hijacking	3,000.00	6,000.00	
Personal Money	500	1,000.00	
Home Care Benefit	1,000.00	1,000.00	

OPTIONAL BENEFITS * (SUBJECT TO ADDITIONAL TAKAFUL CONTRIBUTION)

BENEFITS	OUTB	OUND	INBOUND		
DEINEFILS	SELF	FAMILY	SELF	FAMILY	
Emergency Medical	150,000.00	150,000.00	50,000.00	50,000.00	
Evacuation	150,000.00				
Repatriation	35,000.00	35,000.00	20,000.00	20,000.00	

Note: Please refer to the table of benefits for death and disablement in the Takaful Certificate contract.

CONTACT

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