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MULTI-PURPOSE INSURANS BHD (14730-X)

THE SCHEDULE

Account No. : BWN00362

Class Of Insurance : Group Personal Accident Replacing: PAG-P0052643-BR

Policy No. : PAG-P0190018-BR Trans No. : 00001

Insured Name : UNIVERSITI TUNKU ABDUL RAHMAN

Postal Address : NO. 9 JALAN BERGATU 13/4

46200 PETALING JAYA

SELANGOR

Period of Insurance: From 01/01/2013 To 31/12/2013 Expiring At Midnight

FIRST PREMIUM STAMP DUTY

g RM 5 RM

ANNUAL PREMIUM RM

TOTAL AMOUNT DUE : RM

: 0001 Group Personal Accident

OCCUPATION : AS DESCRIBED BELOW

COMPENSATION

O1 Sum Insured (Items 1, 2 & 3)

SUM INSURED (PER PERSON)

RM

RM 45,000

02 Medical Expenses (Item 5(a))

3,000

Event :-

Bodily injury caused solely by violent accidental external and visible means which injury shall independently of any other cause be the sole cause of the Results and shall exclude bodily injury caused by sickness, disease or medical disorder and/or disease introduced by the vector.

THIS POLICY IS SUBJECT TO THE FOLLOWING WARRANTIES, ENDORSEMENTS AND CLAUSES:

FWE

FREMIUM WARRANTY

Cool

DISAPPEARANCE CLAUSE

COOR

EXPOSURE CLAUSE

COOK

PAYMENT OF BENEFITS CLAUSE

C008

AMATEUR SPORTS CLAUSE

Exception 1(a) is amended to read as "The Insured engaging in Winter Sports, underwater activities involving the use of underwater breathing apparatus, Mountaineering, racing of any kind (other than on foot) and in any sporting activities in a professional capacity."

C014

AUTOMATIC ADDITION AND DELETION CLAUSE

The Insurance provided by this Policy is automatically extended to new

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Postal Address : NO. 7 JALAN BERSATU 13/4

45200 PETALING JAYA

SELANGOR

employee(s) from the date of commencement of employment. Provided however that the Insured shall inform the Company of such addition(s) within thirty (30) days from the date of employment and pay the appropriate additional premium. The benefits of such person shall follow the benefits of the category of employee he/she is in and shall not exceed the highest benefits of the insured person already granted under this Policy.

Employees are automatically deleted from this Policy with effect from the date they leave the service of the Insured.

Subject otherwise to the terms and conditions of the Policy.

C017 LOSS NOTIFICATION CLAUSE

It is hereby declared and agreed that this insurance will not be prejudiced by any inadvertant delays, errors or omission in notifying the Company of any circumstances or event giving rise or likely to give rise to a claim under this Policy, provided that notice be given to the Company immediately upon such occurrence coming to the knowledge of the Insured but not later than 30 days from the date of

0023 PREMIUM ADJUSTMENT CLAUSE

The premium of this Policy is provisional and the Insured undertakes to supply the necessary information to the Company at the end of the Period of Insurance to enable the premium to be adjusted and the Insured undertakes to pay the additional premium to the Company and the Company will refund any return premium to the Insured that may result from such adjustment.

STRIKE RIOT & CIVIL COMMOTION ENDORSEMENT E002

It is hereby declared and agreed that this Policy extends to cover death or disablement as within defined directly or indirectly caused by strike, riot and civil commotion. Provided the Insured Person(s) is not actively participating in such

strike, riot and civil commotion otherwise this extension becomes void

EQQ3 MOTOR CYCLING EXTENSION ENDORSEMENT

It is hereby declared and agreed that Exception 1(c) appearing in the Policy is deemed to be deleted.

ACCIDENTAL GAS INHALATION, SUFFOCATION, DROWNING & FOOD POISONING ENDT E005 It is hereby declared and agreed that the insurance by this Policy is extended to cover the Insured or Insured Person(s) against Death or Permanent Disablement as herein defined arising out of or resulting

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THE SCHEDULE

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Replacing : PAG-P0052643-BR

Insured Name

: UNIVERSITI TUNKU ABDUL RAHMAN

Postal Address : NO. 9 JALAN BERSATU 13/4

46200 PETALING JAYA

SELANGOR

from Accidental Gas Inhalation, Suffocation, Drowning, Food Poisoning and other similar misfortune with or without any sign of external or violent visible injury.

CO13 - HARMFUL INSECTS & SNAKES BITES CLAUSE It is hereby declared and agreed that this Policy is extended to cover the benefits Insured herein in respect of bodily injury sustained due to harmful insect bites and/or snake bites.

Provided however such extension shall include mosquito bites, bug bites and/or diseases introduced by any vector.

INSURED PERSONS:- On All students of Universiti Tunku Abdul Rahman

OCCUPIED AS : Education, Consultancy and Event Management

COMPENSATION :- As per Table of Compensation attached.

MEDICAL EXPENSES and the property and was also also and also for the property of the same

ACTUAL EXPENSES REASONABLY AND NECESSARILY INCURRED FOR MEDICAL TREATMENT BY REGISTERED PRACTITIONER AND FUNERAL EXPENSES, PROVIDED THAT THE MAXIMUM LIABILITY OF THE COMPANY ARISING OUT OF ANY ONE ACCIDENT/DISABILITY SHALL NOT EXCEED RM3,000.00

RESPECT OF TRADITIONAL MEDICAL TREATMENT, THE COMPENSATION IS LIMITED TO RM500.00

MEMO 1

Insured Person" for the purpose of this insurance is defined as student who is registered with the Universiti to pursue a course of studies, which include all the industrial trainings and/or industrial training placements"