

GROUP INSURANCE PLAN FOR INTERNATIONAL STUDENTS OF UNIVERSITI MALAYSIA PAHANG	
	ETIQA TAKAFUL
CATEGORY 1 : GROUP PERSONAL ACCIDENT	RM
1. Death (Accidental Cause)	30,000.00
2. Total Permanent Disablement due to accidental cause	30,000.00
3. Medical Expenses Due to Accidental Cause	2,000.00
4. Injuries / Partial Permanent Disablement due to Accidental Cause - Maximum <i>inclusive of all types of physical injury cause by accident - as per table of benefits</i>	
5. Funeral Expenses Benefit	5,000.00
6. Repatriation Expenses	5,000.00
7. Ambulance Fee	200.00
CATEGORY 2 : GROUP FAMILY	
1. Death (Natural Cause/ Sickness)	30,000.00
2. Total Permanent Disablement (Natural Cause/ Sickness)	30,000.00
3. Funeral Expenses Benefit	5,000.00
CATEGORY 3 : GROUP HOSPITAL AND SURGICAL	
<u>A. HOSPITALIZATION EXPENSES</u>	
1. Room & Board Per Day Ordinary (up to 120 days in Private Hospital / Government Hospital)	150.00
Intensive Care Unit (up to 20 days per disability)	As Charged
2. Hospital Miscellaneous Services (maximum per disability)	As Charged
3. In-Hospital Physician (max 2 visits per day, daily maximum up to 120 days per disability)	As Charged
<u>B. SURGICAL EXPENSES</u>	
4. Surgical Fees (maximum per disability)	As Charged
5. Anaesthetic Fees	As Charged
6. Operating Theatre Fees	As Charged
7. Second Surgical Opinion	As Charged
<u>C. PRE & POST HOSPITALIZATION EXPENSES</u>	
8. Pre-Surgical / Medical Diagnostic Services (within 60 days prior to admission)	As Charged
9. Pre-Surgical/ Medical Specialist Consultation (within 60 days prior to admission)	As Charged
10. Post Hospitalisation Treatment (within 60 days of discharge)	As Charged
<u>D. OTHER EXPENSES</u>	
11. Ambulance Services Fees	As Charged
12. Government Hospital Cash Benefit Allowance (daily maximum up to 60 days per disability)	50.00
13. Reimbursement of Government Service Tax	
14. Emergency Accidental Outpatient Treatment (within 24 hours after the accident & maximum follow-up 60 days)	As Charged
15. Emergency Accidental Dental Treatment (within 24 hours after the accident & maximum follow up 14 days)	As Charged
16. Emergency Outpatient Sickness Treatment (between 12 midnight to 6 am only, maximum per disability)	100.00
17. Insured Child's Daily Guardian Benefit	50.00
18. Reimbursement of Medical Report Fees	100.00
<u>ANNUAL LIMIT</u>	20,000.00