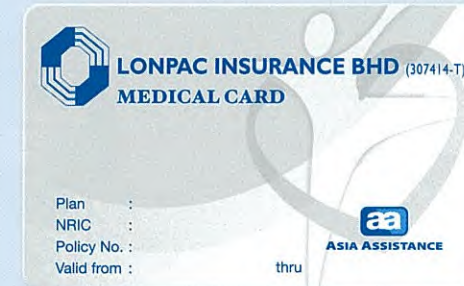
Choose **Care Plus** for comprehensive health coverage for you and your family.

Care Plus allows you and family to access the right health services at the right time. You have control of the provider, facility and timing of treatment. With the security and protection of this health insurance, you have access to an extensive range of hospitals.

Easy & Simple Hospital Admission Procedures

The following chart shows how your Medical Card (managed by AAN) works:

At participating hospitals



If an admission is required

↓

The hospital initiates 1st contact with the 24-hours helpline centre to facilitate admission

↓

If condition is covered	If condition is not covered
↓	↓
Members receive medical care/treatment. The hospital bills shall be dealt with by Asia Assistance Network (AAN) in accordance to the plan purchased	Asia Assistance Network (AAN) will advise members promptly with reasons

At discharge, the hospital shall bill Asia Assistance Network (AAN). Please note that members must pay for excesses (if any).

- **24-hours worldwide-everyday-everywhere**
- **Extensive overall annual limits for any one individual insured**
- **We care for the elders -** by offering an extensive health plan up to the age of 70 years old
- **Admissible claim guarantees reimbursement of medical report fee**
- **No disparity between genders**
- **Income Tax Relief**

Medical Assistance Programme*

When member is travelling the least the member expect is an unfortunate accident, illness or loss of documents. No worries Asia Assistance Network (AAN) 24-hours Helpline is here to assist member on:

Medical Assistance - telephone medical advice, referrals to doctors/hospitals includes scheduling an appointment. We also provide facilities in term of medical evacuation and repatriation.

Travel Assistance - pre-travel advice namely query on visa inoculation requirements, provision of weather, forex, flight information and guiding members to expedite recovery or replacement of documents.

Medical Assistance Programme -'just a phone call away'

** The member shall be responsible for all costs and expenses incurred.*

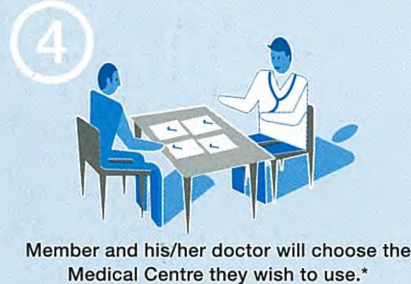
Second Opinion

MediGuideAmerica
Your First Source for Second Opinions

Second Opinion - a programme designed to allow Members who are diagnosed with life-threatening medical conditions to have access to the Leading Medical Centres for Second Opinion.

How the Programme Works

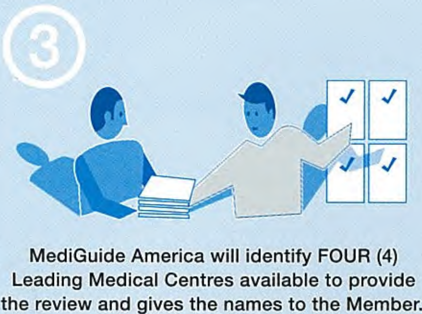
Member is diagnosed with Qualifying Medical Condition.



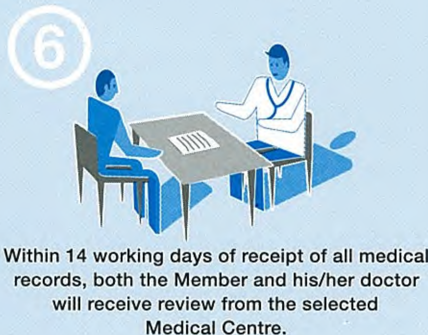
Member and his/her doctor will choose the Medical Centre they wish to use.*

Member calls AAN to check eligibility and initiate the Second Opinion Programme through MediGuide America.

AAN will coordinate with Member's doctor to prepare relevant medical records to be send to the Medical Centre selected.



MediGuide America will identify FOUR (4) Leading Medical Centres available to provide the review and gives the names to the Member.



Within 14 working days of receipt of all medical records, both the Member and his/her doctor will receive review from the selected Medical Centre.

** If you and your doctor prefers that your medical records to be reviewed by a qualified medical centre not initially identified, please contact Asia Assistance Network (AAN) for assistance. The cost of the Second Opinion shall be borne by the Member.*

Questions & Answers

Q Is this a life-threatening measure programme in preserving one's life?

A No, this is a non-emergency case of critical illness programme but more of a unique feature designed with the peace-of-mind of knowing that an independent review of your diagnosis and treatment plan is available for you.

Q What are the eligible Qualifying Medical Conditions available under this Second Opinion Programme?

A List of Qualifying Medical Conditions:

Cancer of the (32):

Bladder Cancer	Mesothelioma
Bone Cancer	Multiple Myeloma
Brain Tumor	Neuroblastoma
Breast Cancer	Non-Hodgkin's Lymphoma
Cervical Cancer	Oral Cavity Cancer
Colon Cancer	Ovarian Cancer
Colorectal Cancer	Pancreatic Cancer
Endometrial Cancer	Pharynx Cancer
Esophageal Cancer	Prostate Cancer
Eye Cancer	Skin Cancer, non-melanoma
Kidney Cancer	Stomach Cancer
Leukemia	Testicular Cancer
Liver Cancer	Thyroid Cancer
Lung Cancer	Uterine Cancer
Lymphoma	Vaginal Cancer
Melanoma	Vulvar Cancer

Non-Cancer of the (15):

AIDS	Multiple Sclerosis
ALS	Muscular Dystrophy
Alzheimer's	New Myocardial Infarction
Brain Tumor (benign)	Parkinson's
Congenital Heart Defect	Recurring Myocardial Infarction
Endometriosis	Severe Burns
HIV	Stroke (cerebral)
Loss of Limb	

Q The Leading Medical Centres, who are they?

A List of Leading Medical Centres:

- Alfres I.DuPont Hospital for Children
- Berlin's Charite Hospitals
- Brazil's Einstein Hospital
- Beth Israel Hospital
- Barnes-Jewish Hospital
- Cedars-Sinai Medical Center
- Children's Hospital of Philadelphia
- Cleveland Clinic
- Christiana Care
- Children's Hospital Los Angeles
- Duke University Medical Center
- Detroit Medical Center
- Emory University Hospital
- Fox Chase Cancer Center
- Georgetown University Hospital
- George Washington University Hospital
- Harvard Medical School-Affiliated
- Hospital of the University of Pennsylvania
- Indiana University Medical Center
- Johns Hopkins Hospital
- London's Royal Marsden
- London's King's College Hospital
- Mayo Clinic
- Mount Sinai Medical Center
- Montreal Neurological Institute
- M.D. Anderson Cancer Center
- Memorial Sloan-Kettering Cancer Center
- New-York-Presbyterian
- Northwestern Memorial Hospital
- Roswell Park Cancer Institute
- Singapore National Cancer Center
- Stanford University Hospital
- Texas Heart Institute, St. Luke's Episcopal
- Thomas Jefferson University Hospital
- UCLA Medical Center
- University of Washington Medical Center
- University of Chicago Hospitals
- University of Pittsburgh Medical Center
- University of California, San Francisco Medical Center
- University of Virginia Health Science Center
- Vanderbilt University Hospital and Clinic
- Yale-New Haven Hospital

Q Is there any cost to me if I opt for Second Opinion?

A Yes, there will be a case fee charged for requesting and receiving the Second Opinion and this shall be borne by the Member.

Q When I solicit Second Opinion, do I have to incur any cost in procuring the medical records from my doctor?

A No, AAN will coordinate the collection of your relevant medical records and test from your doctor and your doctor will be compensated by AAN in respect of the assistance rendered.

Disclaimer Clause

"The views, information and content expressed above are those of Asia Assistance Network (AAN) and do not represent the views, presentation and statement of LONPAC INSURANCE BHD. LONPAC INSURANCE BHD do not participate and take part of whatsoever neither in the second opinion rendering nor guarantees the standard of medical professionals. Hence, no legal responsibility could be imputed on LONPAC INSURANCE BHD either implicitly or explicitly in whatsoever circumstances or scenarios."

Schedule of Benefits

Care Plus

Type of Benefits	Benefit Plans (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Overall Annual Limit - Per Person	200,000	150,000	100,000	75,000	50,000
In-patient and Day-patient Treatment					
• Hospital Room & Board (maximum per day, up to 150 days for any one disability)	450	350	220	150	100
• Intensive Care Unit (maximum per day, up to 30 days for any one disability)	As Charged up to Overall Annual Limit				
• Hospital Supplies and Services	As Charged up to Overall Annual Limit				
• Surgical Fees	As Charged up to Overall Annual Limit				
• Anaesthetist Fee	As Charged up to Overall Annual Limit				
• Operating Theatre	As Charged up to Overall Annual Limit				
• In-Hospital Physician Visit (maximum 1 visit per day, up to 150 days for any one disability)	As Charged up to Overall Annual Limit				
• Organ Transplant	As Charged up to Overall Annual Limit				
• Day Surgery (inclusive of all incidental services and supplies)	As Charged up to Overall Annual Limit				
Outpatient Treatment					
• Pre-Hospital Specialist Consultation (within 60 days preceding hospital confinement)	As Charged up to Overall Annual Limit				
• Pre-Hospital Diagnostic Tests (within 60 days preceding hospital confinement)	As Charged up to Overall Annual Limit				
• Post-Hospitalisation Treatment (within 60 days from discharge)	As Charged up to Overall Annual Limit				
• Emergency Accidental Outpatient Treatment (within 24 hours of the accident, follow-up treatment up to 30 days)	3,000	2,500	2,000	1,500	1,000
• Emergency Accidental Outpatient Dental Treatment (within 24 hours of the accident, follow-up treatment up to 14 days)	1,500	1,250	1,000	750	500
• Outpatient Physiotherapy Treatment (within 60 days from discharge)	3,000	2,000	1,000	800	500
• Annual Outpatient Kidney Dialysis Treatment	30,000	25,000	15,000	10,000	7,500
• Annual Outpatient Cancer Treatment	30,000	25,000	15,000	10,000	7,500
Additional Benefit					
• Insured Child's Daily Guardian Benefit (maximum per day, up to 150 days for any one disability) - for insured child below 15 years old	225	175	110	75	50
• Home Nursing Care (limit for any one disability)	3,000	2,000	1,000	800	500
• Medical Report Fee (for any one disability)	100	100	100	100	100
• Ambulance Fees	As Charged up to Overall Annual Limit				
• Accidental Death Benefit	10,000	10,000	10,000	5,000	5,000
• Daily-Cash Allowance at Government Hospital (maximum per day, up to 150 days for any one disability)	100	80	60	50	30
• Government Service Tax	On eligible paid expenses				

Premium Table

Care Plus

Age Group	Annual Premium Table (RM)				
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
• 30 days to 18 years	443	397	319	279	239
• 19 to 35 years	599	535	426	372	316
• 36 to 45 years	817	728	577	501	423
• 46 to 55 years	1,190	1,058	835	723	608
• 56 to 60 years	1,532	1,361	1,072	926	777
• 61 to 65 years (for renewal only)	1,968	1,747	1,373	1,185	993
• 66 to 70 years (for renewal only)	2,653	2,353	1,847	1,592	1,331

You should satisfy yourself that this plan will best serve your needs and the premium payable is an amount you can afford.

Note:

1. Premium charged is according to age of next birthday.
2. Renewal premium will automatically be adjusted on entering the next age group.
3. Annual Premium is based on standard health status and occupational risk. Premium may be adjusted accordingly should there be adverse variations to your health or occupation.
4. Premium excludes stamp duty and service tax.
5. The plans shall cover eligible persons between the ages of 30 days to 60 years. Renewable up to 70 years.
6. Children between the ages of 30 days and 18 years must be enrolled together with at least one of their parents and the plan chosen must not be higher than the accompanying parent.
7. A Family Discount of 10% on the total premium payable will be allowed to a family with three (3) or more members insured under a single policy.
8. Family members refer strictly to legal spouse and/or children.

Summary of the Benefits

Care Plus

- **Hospital Room & Board** Reasonable and Customary Charges for daily room accommodation and meals during the confinement as an in-patient.
- **Intensive Care Unit** Reasonable and Customary Charges for daily room and board as an in-patient in the Intensive Care Unit of the Hospital.
- **Hospital Supplies and Services** Reasonable and Customary Charges incurred during a hospital confinement, which shall include general nursing, prescribed and consumed drugs and medicines, dressings, splints, plaster casts, X-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma.
- **Surgical Fees** Reasonable and Customary Charges for surgery performed and normal operative care up to 60 days before and after the operation.
- **Anaesthetist Fee** Reasonable and Customary Charges by the Anaesthetist for the supply and administration of anaesthesia.
- **Operating Theatre** Reasonable and Customary Charges for usage of operating theatre incidental to the surgical procedure.
- **In-Hospital Physician Visit** Reasonable and Customary Charges by the Physician for the treatment of the Insured Person when confine for a non-surgical disability.
- **Organ Transplant** Reasonable and Customary Charges and professional fees for the surgical transplantation of the kidney, heart, lung, liver or bone marrow performed in a hospital. Payment is limited to one event per lifetime.
- **Day Surgery** Reasonable and Customary Charges incurred for all professional fees, including all incidental costs, services and supplies for a minor day surgery procedure performed as an outpatient without hospitalisation.
- **Pre-Hospital Specialist Consultation** Reasonable and Customary Charges by the Specialist for the first time consultation, which are recommended by a general practitioner in writing within 60 days preceding hospital confinement. Payment will not be made for clinical treatment (including medications and subsequent

consultation after the illness is diagnosed), or where the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed.

- **Pre-Hospital Diagnostic Tests** Reasonable and Customary Charges for diagnostic tests, which are recommended by a Specialist within 60 days preceding hospital confinement. No payment will be made if upon such diagnosis, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed.
- **Post-Hospitalisation Treatment** Reasonable and Customary Charges for treatment by the same physician within 60 days following discharge from hospital for a non-surgical confinement.
- **Emergency Accidental Outpatient Treatment** Reasonable and Customary Charges for services and medical supplies provided by the hospital or clinic for emergency treatment of bodily injury as a result of a covered accident and received as an outpatient within 24 hours of the accident. Follow-up treatment is up to 30 days of the accident administered by the same Physician.
- **Emergency Accidental Outpatient Dental Treatment** Reasonable and Customary Charges for treatment of accidental injuries to sound natural teeth within 24 hours of the accident. Follow-up treatment is up to 14 days of the accident administered by the same Dentist.
- **Outpatient Physiotherapy Treatment** Reasonable and Customary Charges for outpatient physiotherapy treatment, which is recommended in writing by the attending Physician within 60 days after discharge from hospital.
- **Annual Outpatient Kidney Dialysis Treatment** Reasonable and Customary Charges incurred for the treatment of kidney dialysis at a legally registered centre due to end-stage renal failure following discharge from hospital.
- **Annual Outpatient Cancer Treatment** Reasonable and Customary Charges incurred for the treatment of cancer performed at the outpatient department of a hospital or a registered cancer treatment centre following discharge from hospital.
- **Insured Child's Daily Guardian Benefit** Reasonable and Customary Charges for meals and lodging for accompanying the insured child patient (below 15 years old) during the hospital confinement.
- **Home Nursing Care** Reasonable and Customary Charges for the services of licensed and qualified nurse in the Insured Person's home for the continued treatment of the specific medical condition for which he/she was hospitalised. Such services must be recommended by the attending Physician.
- **Medical Report Fee** Reasonable and Customary fee charged by the attending Physician or Surgeon for the completion of the medical report of a covered disability.
- **Ambulance Fees** Reasonable and Customary Charges for domestic ambulance services for transporting the Insured Person to and/or from hospital. Payment will not be made if the Insured Person is not hospitalised.
- **Accidental Death Benefit** a lump sum benefit is payable to the Policyholder or legal representative of the Insured for the Insured's death resulting from a Covered Accident.
- **Daily-Cash Allowance** for each full day of hospital confinement at a Malaysian Government Hospital.
- **Malaysian Government Service Tax** on eligible paid expenses.
- **Overall Annual Limit** is the maximum annual reimbursement for benefits payable in respect of expenses incurred for treatment provided to the Insured Person during the period of insurance as stated in the Schedule of Benefits.

For detailed description of the covered benefits, please refer to the Policy Contract.

Important Definitions

Pre-existing Illness shall mean disabilities that the Insured Person has reasonable knowledge of. An Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

(a) the Insured Person had received or is receiving treatment;
(b) medical advice, diagnosis, care or treatment has been recommended;
(c) clear and distinct symptoms are or were evident; or
(d) its existence would have been apparent to a reasonable person in the circumstances.

Specified Illnesses shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

(a) Hypertension, diabetes mellitus and cardiovascular disease;

(b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
(c) All ear, nose (including sinuses) and throat conditions;
(d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
(e) Endometriosis including disease of the Reproduction system;
(f) Vertebro-spinal disorders (including disc) and knee conditions.

Waiting Period shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

Medically Necessary shall mean a medical service which is:

(a) consistent with the diagnosis and customary medical treatment for a covered disability, and
(b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
(c) not for the convenience of the Insured Person or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
(d) not of an experimental, investigational or research nature, preventive or screening nature, and
(e) for which the charges are fair and reasonable and customary for the Disability.

Reasonable And Customary Charges shall mean charges for medical care which is medically necessary shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

Important Conditions

Upgraded Room And Board Co-payment

If the Insured Person is hospitalised at a published Room & Board rate which is higher than his/her eligible benefit, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

Residence Overseas

No benefit whatsoever shall be payable for any medical treatment received by the Insured outside Malaysia, if the Insured resides or travels outside Malaysia for more than ninety (90) consecutive days.

Overseas Treatment

If the Insured Person seeks treatment overseas, benefits in respect of the treatment shall be covered subject to the exclusions, limitations and conditions specified in the Policy and all benefits will be payable based on the official exchange rate ruling on the last day of the Period of Confinement and shall exclude the cost of transport to the place of treatment provided:

a) an Insured Person travelling abroad for a reason other than for medical treatment, needs to be confined to a Hospital outside Malaysia as a consequence of a Medical Emergency
b) an Insured Person upon recommendation of a Physician and has to be transferred to a Hospital outside Malaysia because the specialised nature of the treatment, aid, information or decision required can neither be rendered nor furnished nor taken in Malaysia.

Overseas treatment of a disease, sickness or injury which is diagnosed in Malaysia and non-emergency or chronic conditions where treatment can reasonably be postponed until return to Malaysia are excluded.

Cooling-off Period

If this Policy shall have been issued and for any reason whatsoever the Insured Person shall decide not to take up the Policy, the Insured Person may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Insured Person to the Company within fifteen (15) days from the date of delivery of the Policy. The Insured Person is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.

Renewability And Renewal Premium

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

This Policy is renewable at the option of the Company. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

Exclusions

Care Plus

This contract does not cover any hospitalisation, surgery or charges caused directly or indirectly, wholly or partly, by any one (1) of the following occurrences:

1. Pre-existing illness.
2. Specified Illnesses occurring during the first 120 days of continuous cover.
3. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
5. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
6. Private nursing, rest cures or sanitaria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods or birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilization.
9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
11. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
13. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations).
17. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
18. Sickness or Injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex changes.
21. Terrorism.

Frequently Asked Questions

Care Plus

Q Why do I need to buy this health insurance?
A As hospital costs can be substantial and can wipe out your personal savings, the Care Plus Plan is designed to provide you and your family members with a comprehensive health plan that will facilitate hospital admission and pay your medical bills.

Q Who is eligible for this health insurance?
A Any Malaysian between 19 and 60 years of age are eligible and coverage is renewable up to 70 years. Unmarried and unemployed dependant children must be at least 30 days old and under the age of 19 or up to the age of 23 if still a full time student at a recognised educational institution.

Q How do I apply for this health insurance?
A Just complete the Proposal Form and submit to LONPAC INSURANCE BHD. together with the full premium.

Q Is there a premium discount?
A Yes, 10% discount will be given when 3 or more family members are insured under a single policy.

Q When will my cover begin?
A From the day your Proposal Form is approved and full premium has been received by LONPAC INSURANCE BHD.

Q How do I pay the premium?
A You may pay the premium either through your credit card or via cheque. Just complete the Payment Authorisation in the Proposal Form to confirm your choice of payment. You will be billed only upon approval of your Proposal.

Q Am I covered overseas?
A Yes, you are covered up to 90 days from the day you leave Malaysia. The benefits payable will be subjected to the Overseas Treatment Condition and Reasonable and Customary Charges.

Q What does Pre-existing Illness means?
A Refer to Important Definitions on page 6.

Q What is Specified Illnesses?
A Refer to Important Definitions on page 6.

Q Is there a Waiting Period?
A Yes, refer to Important Definitions on page 7.

Q Who is Asia Assistance?
A Asia Assistance is a Healthcare Service Provider to the local insurance industry. It contracts with local hospitals and medical centers with the most appropriate medical care, at preferred rates and services.

Q Will it be easy to get admitted in a hospital with the medical card and how to use it?
A It is easy for a confirmed covered Disability. All you have to do is make a call to Asia Assistance - 24 hours alarm centre hotline 03-7965 3882 for assistance.

Q How do I make a claim?
A Just notify LONPAC INSURANCE BHD within 30 days of any occurrences and submit the claim form, original itemised bills, receipts and other relevant documents.

Q Who is LONPAC INSURANCE BHD?
A LONPAC INSURANCE BHD, established since 1963, is licensed under the Insurance Act 1996 and regulated by Bank Negara Malaysia to transact all classes of general insurance business. Lonpac is a wholly-owned subsidiary of LPI Capital Bhd.

This brochure is for illustrative purposes only. For further details of terms and conditions, please refer to the Policy Contract. In the event of inconsistency, the English version shall prevail.