

**FLEXICO MEDICAL INSURANCE**

**For every stage of health,  
get adaptable medical  
coverage.**



**MSIG**

Insurance  
that sees  
the heart  
in everything

A Member of **MS&AD** INSURANCE GROUP

#### **Member of PIDM**

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MSIG Insurance (Malaysia) Bhd or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).

#### **Ahli PIDM**

Manfaat-manfaat yang dibayar di bawah produk yang layak adalah dilindungi oleh PIDM sehingga had perlindungan. Sila rujuk Brosur Sistem Perlindungan Manfaat Takaful dan Insurans PIDM atau hubungi MSIG Insurance (Malaysia) Bhd atau PIDM (layari [www.pidm.gov.my](http://www.pidm.gov.my)).

MSIG Malaysia is part of the Mitsui Sumitomo Insurance Co., Ltd. network in Japan. The group has received strong financial ratings from leading ratings agencies, including Standard & Poor's and Moody's, and operates in over 46 global markets of which 18 are in Asia. With a nationwide network of 20 branches, we are one of the largest general insurers in Malaysia.

We know that everything you hold dear has your heart in it. That's why we make every effort to be active, confident, efficient and sincere. We go above and beyond to bring you a wide range of high-quality products and services backed by financial stability, a commitment to service excellence, and global expertise with local knowledge.

A member of MS&AD Insurance Group, MSIG is a licensed general insurer under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

More details at [www.msig.com.my](http://www.msig.com.my)

We understand the importance of insurance plans that aligns with your current needs and budget. That's why we go above and beyond with MSIG FlexiCo Medical insurance. It redefines health protection by putting you in the driver's seat. FlexiCo Medical adapts to your preferences, from boosting your annual limit to choosing co-insurance terms that suit you where you are. Whether you are 25 or 65, we commit to provide comprehensive yet flexible health protection that will grow with you. At MSIG, ensuring your medical insurance is as dynamic as you is at the heart of all we do.

## MSIG Assist\*

### 24-Hour Hotline

**1-300-80-0020** (Helpline for FlexiCo Medical Insurance)

- ✓ As an MSIG FlexiCo Insurance Policyholder, you are entitled to an MSIG Assist e-Card which contains your policy information for easy admission to any of our panel hospitals in Malaysia.
- ✓ MSIG will provide a Guarantee Letter for in-hospital treatment at the panel hospitals.  
Just contact the MSIG Assist hotline in advance with all relevant information.
- ✓ In-hospital treatment at non panel hospitals will be on reimbursement basis.

\* Terms and conditions apply.



# Benefits at a glance

## ✓ Your choice of 6 plans

- There is no reason not to be protected. Just choose the plan that fits your budget and medical needs.

## ✓ No Lifetime Limit

## ✓ No Renewal Review

## ✓ Co-Insurance

- Co-Insurance of 5% per hospitalisation up to RM500 per year is applicable.
- Optional Co-Insurance Limit
  - o You may opt for a higher Co-Insurance limit in return for a reduced premium (up to 20% premium discount).
  - o There are 4 level of Co-Insurance available for your selection.

## ✓ Overall Annual Limit

- Optional Overall Annual Limit Booster - Boost your Overall Annual Limit to enjoy higher coverage.

## ✓ Optional Add-On Benefits

- Extend your coverage with any of our add-on at an additional premium:
  - o Multifocal Lens for cataract
  - o Outpatient Advanced Cancer Treatment (Immunotherapy, Targeted Therapy and Hormonal Therapy Treatment for Cancer)
  - o Daycare Colonoscopy and Gastroscopy
  - o Outpatient Traditional Chinese Medicine Treatment.

## ✓ Long protection period

- You can enrol up to 65 years old next birthday and renew your policy up to 90 years old next birthday.

# Your benefits and premiums

BENEFITS	PLAN A (RM)	PLAN B (RM)	PLAN C (RM)	PLAN D (RM)	PLAN E (RM)	PLAN F (RM)
SECTION 1- MAIN BENEFITS						
<b>Hospital Room &amp; Board</b> (per day, up to 365 days)	150	250	350	450	800	1000
<b>Daily Guardian Charges</b> (up to 60 days)	<div>As charged, subject to reasonable and customary charges.</div>					
<b>Intensive Care Unit</b> (up to 365 days)						
<b>Surgical Fees</b> including pre-surgical assessment specialist's visits up to 30 days (60 days under Plan D, E & F) and post- surgery care up to 60 days (90 days under Plan D, E & F)						
<b>Anaesthetist Fee</b>						
<b>Operating Theatre</b>						
<b>Hospital Supplies &amp; Services</b>						
<b>In-Hospital Physician Visit</b> (2 visits per day, up to 365 days)						
<b>Pre-Hospital Diagnostic Tests</b> within 30 days prior to admission (60 days under Plan D, E & F)						
<b>Pre-Hospital Specialist Consultation</b> within 30 days prior to admission (60 days under Plan D, E & F)						
<b>Post-Hospitalisation Treatment</b> within 60 days following discharge from hospital (90 days under Plan D, E & F)						
<b>Ambulance Fees</b>						
<b>Daycare Surgery</b> including pre-surgical assessment specialist's visits up to 30 days (60 days under Plan D, E & F) and post- surgery care up to 60 days (90 days under Plan D, E & F)						
<b>Home Nursing following Hospitalisation *</b> up to 26 weeks following discharge from hospital						

BENEFITS	PLAN A (RM)	PLAN B (RM)	PLAN C (RM)	PLAN D (RM)	PLAN E (RM)	PLAN F (RM)
<b>SECTION 1- MAIN BENEFITS</b>						
<b>Emergency Accidental Outpatient Treatment #</b> within 24 hours following an accident and follow-up treatment up to 60 days from accident date (90 days under Plan D, E & F)	As charged, subject to reasonable and customary charges.					
<b>Emergency Accidental Dental Cover #</b> within 24 hours following an accident and follow-up treatment up to 14 days from accident date						
<b>Second Surgical Opinion (local only)</b> within 30 days prior to admission (60 days under Plan D, E & F)						
<b>Accidental Outpatient Alternative Medical Treatment #</b> within 24 hours following an accident and follow-up treatment up to 14 days from accident date	50 per visit, up to 1,000 per year.					
<b>Medical Report Fees</b>	100 per admission					
<b>Malaysian Government Hospital Daily Cash Allowance</b> up to 120 days (150 days under Plan D, E & F)	100 per day					
<b>Nutritional Allowance</b>	500 per admission, up to 2,000 per year.					
<b>Compassionate Care Allowance</b>	50 per day, up to 1,500 per year.					
<b>Organ Transplant</b>	As Charged Subject to Reasonable and Customary Charges.					
<b>Outpatient Cancer Treatment #</b>						
<b>Outpatient Kidney Dialysis Treatment #</b>						
<b>Outpatient Stroke Treatment #</b>						
<b>Overall Annual Limit</b>	50,000	100,000	200,000	400,000	600,000	800,000
<b>Co-Insurance</b>	5% per hospitalisation up to max. RM500 per year					

BENEFITS	PLAN A (RM)	PLAN B (RM)	PLAN C (RM)	PLAN D (RM)	PLAN E (RM)	PLAN F (RM)
SECTION 2 - OPTIONAL BENEFITS						
OPTIONAL OVERALL ANNUAL LIMIT BOOSTER *						
50% of Overall Annual Limit	25,000	50,000	100,000	200,000	300,000	400,000
100% of Overall Annual Limit	50,000	100,000	200,000	400,000	600,000	800,000
OPTIONAL ADD-ON						
Multifocal Lens ** (per year)	5,000		8,000		10,000	
Outpatient Advanced Cancer Treatment *** Per month Max. per year	5,000 60,000	6,000 72,000	7,000 84,000	8,000 96,000	9,000 108,000	10,000 120,000
Daycare Colonoscopy and Gastroscopy ** (per year)	3,500			5,000		
Outpatient Traditional Chinese Medicine (TCM) Treatment *** Per visit Max. per year	100 2,000		200 2,000		300 2,000	
OPTIONAL CO-INSURANCE LIMIT ***	DISCOUNT FACTOR (Applicable to premium for Main Benefit and Overall Annual Limit Booster)					
10% per hospitalisation up to max. RM2,500 per year	5%					
15% per hospitalisation up to max. RM5,000 per year	10%					
20% per hospitalisation up to max. RM10,000 per year	15%					
25% per hospitalisation up to max. RM15,000 per year	20%					

**Note:**

- Any optional add-on selected has to match with the selected plan of the Main Benefits. For example, optional add-on Multifocal Lens Plan B can only be purchased with Main Benefits Plan B.
- \* The booster will increase your overall annual limit according to the percentage plan chosen.
- \*\* In addition to Overall Annual Limit (including Overall Annual Limit Booster where applicable).
- \*\*\* The policy's 5% Co-Insurance per hospitalisation, up to RM 500 per year, will be superseded by the optional Co-Insurance level that is chosen.
- # This Benefit is not subject to Co-Insurance

# Annual Premium

## Section 1

AGE NEXT BIRTHDAY (YEARS)	PLAN A (RM)	PLAN B (RM)	PLAN C (RM)	PLAN D (RM)	PLAN E (RM)	PLAN F (RM)
15 days – 18	631	789	1,075	1,282	1,425	1,518
19 – 29	677	894	1,162	1,389	1,567	1,681
30 – 34	803	1,180	1,384	1,657	1,892	2,040
35 – 39	852	1,253	1,473	1,764	2,029	2,195
40 – 44	942	1,388	1,633	1,958	2,262	2,452
45 – 49	1,083	1,598	1,882	2,257	2,614	2,837
50 – 54	1,340	1,978	2,330	2,795	3,227	3,498
55 – 59	1,832	2,710	3,187	3,821	4,371	4,718
60 – 64	2,757	4,087	4,792	5,744	6,483	6,956
65	4,186	6,214	7,268	8,706	9,691	10,334
66 (Renewal Only)	4,391	6,519	7,624	9,132	10,160	10,832
67 (Renewal Only)	4,607	6,839	7,997	9,579	10,653	11,354
68 (Renewal Only)	4,833	7,175	8,389	10,048	11,169	11,901
69 (Renewal Only)	5,071	7,527	8,800	10,540	11,710	12,476
70 (Renewal Only)	5,320	7,897	9,232	11,057	12,279	13,078
71 (Renewal Only)	5,582	8,286	9,686	11,599	12,875	13,710
72 (Renewal Only)	5,857	8,694	10,161	12,169	13,500	14,373
73 (Renewal Only)	6,146	9,122	10,661	12,766	14,156	15,068
74 (Renewal Only)	6,449	9,572	11,185	13,393	14,845	15,798
75 (Renewal Only)	6,767	10,044	11,735	14,052	15,568	16,563
76 (Renewal Only)	7,101	10,540	12,313	14,743	16,326	17,366
77 (Renewal Only)	7,452	11,060	12,919	15,468	17,121	18,208
78 (Renewal Only)	7,821	11,606	13,556	16,229	17,956	19,092
79 (Renewal Only)	8,208	12,180	14,224	17,028	18,831	20,019
80 (Renewal Only)	8,614	12,782	14,926	17,867	19,750	20,992
81 (Renewal Only)	9,041	13,414	15,662	18,748	20,715	22,012
82 (Renewal Only)	9,489	14,078	16,435	19,672	21,727	23,083
83 (Renewal Only)	9,960	14,775	17,247	20,643	22,789	24,206
84 (Renewal Only)	10,454	15,507	18,099	21,661	23,903	25,385
85 (Renewal Only)	10,974	16,275	18,994	22,731	25,073	26,622
86 (Renewal Only)	11,519	17,082	19,933	23,853	26,300	27,920
87 (Renewal Only)	12,091	17,929	20,919	25,032	27,588	29,281
88 (Renewal Only)	12,693	18,819	21,954	26,269	28,940	30,710
89 (Renewal Only)	13,325	19,753	23,041	27,568	30,359	32,210
90 (Renewal Only)	13,988	20,734	24,182	28,931	31,848	33,783

<sup>8</sup> Additional RM10 stamp duty is payable for each policy.



# Annual Premium

OPTIONAL OVERALL ANNUAL LIMIT BOOSTER		
AGE NEXT BIRTHDAY (YEARS)	50% (RM)	100% (RM)
15 days – 18	84	138
19 – 29	99	162
30 – 34	104	170
35 – 39	109	179
40 – 44	120	197
45 – 49	138	226
50 – 54	172	282
55 – 59	241	395
60 – 64	373	612
65	582	955
66 (Renewal Only)	611	1,003
67 (Renewal Only)	641	1,053
68 (Renewal Only)	673	1,106
69 (Renewal Only)	707	1,161
70 (Renewal Only)	742	1,219
71 (Renewal Only)	779	1,280
72 (Renewal Only)	818	1,344
73 (Renewal Only)	859	1,411
74 (Renewal Only)	902	1,482
75 (Renewal Only)	947	1,556
76 (Renewal Only)	994	1,634
77 (Renewal Only)	1,044	1,715
78 (Renewal Only)	1,096	1,801
79 (Renewal Only)	1,151	1,891
80 (Renewal Only)	1,208	1,986
81 (Renewal Only)	1,269	2,085
82 (Renewal Only)	1,332	2,189
83 (Renewal Only)	1,399	2,299
84 (Renewal Only)	1,469	2,413
85 (Renewal Only)	1,542	2,534
86 (Renewal Only)	1,619	2,661
87 (Renewal Only)	1,700	2,794
88 (Renewal Only)	1,785	2,933
89 (Renewal Only)	1,874	3,080
90 (Renewal Only)	1,968	3,234

# Annual Premium

OPTIONAL BENEFIT - MULTIFOCAL LENS			
AGE NEXT BIRTHDAY (YEARS)	PLAN A & B (RM)	PLAN C & D (RM)	PLAN E & F (RM)
15 days – 18	25	25	25
19 – 29	25	25	25
30 – 34	25	25	25
35 – 39	25	25	25
40 – 44	25	25	25
45 – 49	25	25	25
50 – 54	43	64	85
55 – 59	94	139	186
60 – 64	280	416	555
65	438	653	871
66 (Renewal Only)	499	744	992
67 (Renewal Only)	564	841	1,122
68 (Renewal Only)	633	944	1,259
69 (Renewal Only)	707	1,053	1,404
70 (Renewal Only)	784	1,168	1,557
71 (Renewal Only)	865	1,289	1,718
72 (Renewal Only)	950	1,416	1,888
73 (Renewal Only)	1,039	1,549	2,065
74 (Renewal Only)	1,132	1,688	2,250
75 (Renewal Only)	1,229	1,833	2,443
76 (Renewal Only)	1,331	1,983	2,644
77 (Renewal Only)	1,436	2,140	2,854
78 (Renewal Only)	1,545	2,303	3,071
79 (Renewal Only)	1,658	2,472	3,296
80 (Renewal Only)	1,776	2,647	3,529
81 (Renewal Only)	1,897	2,828	3,770
82 (Renewal Only)	2,022	3,015	4,019
83 (Renewal Only)	2,152	3,207	4,276
84 (Renewal Only)	2,285	3,406	4,541
85 (Renewal Only)	2,422	3,611	4,814
86 (Renewal Only)	2,564	3,822	5,096
87 (Renewal Only)	2,709	4,039	5,385
88 (Renewal Only)	2,859	4,261	5,682
89 (Renewal Only)	3,012	4,490	5,987
90 (Renewal Only)	3,169	4,725	6,300

# Annual Premium

OPTIONAL BENEFIT - OUTPATIENT ADVANCED CANCER TREATMENT						
AGE NEXT BIRTHDAY (YEARS)	PLAN A (RM)	PLAN B (RM)	PLAN C (RM)	PLAN D (RM)	PLAN E (RM)	PLAN F (RM)
15 days – 18	25	25	25	25	25	25
19 – 29	25	25	25	25	25	25
30 – 34	45	54	63	72	81	90
35 – 39	74	88	103	117	132	147
40 – 44	108	129	150	172	193	215
45 – 49	147	177	206	235	265	294
50 – 54	193	232	270	309	347	386
55 – 59	245	293	342	391	440	489
60 – 64	302	362	422	483	543	603
65	339	407	475	542	610	678
66 (Renewal Only)	352	422	493	563	633	703
67 (Renewal Only)	365	438	511	584	657	730
68 (Renewal Only)	378	454	530	605	681	756
69 (Renewal Only)	392	470	549	627	705	783
70 (Renewal Only)	406	487	568	649	730	811
71 (Renewal Only)	420	504	588	671	755	839
72 (Renewal Only)	434	521	608	694	781	868
73 (Renewal Only)	449	538	628	718	807	897
74 (Renewal Only)	463	556	649	741	834	926
75 (Renewal Only)	478	574	670	765	861	956
76 (Renewal Only)	494	592	691	789	888	987
77 (Renewal Only)	509	611	712	814	916	1,018
78 (Renewal Only)	525	630	734	839	944	1,049
79 (Renewal Only)	541	649	757	865	973	1,081
80 (Renewal Only)	557	668	779	891	1,002	1,113
81 (Renewal Only)	573	688	802	917	1,031	1,146
82 (Renewal Only)	590	708	825	943	1,061	1,179
83 (Renewal Only)	607	728	849	970	1,091	1,213
84 (Renewal Only)	624	748	873	998	1,122	1,247
85 (Renewal Only)	641	769	897	1,025	1,153	1,282
86 (Renewal Only)	659	790	922	1,053	1,185	1,317
87 (Renewal Only)	676	812	947	1,082	1,217	1,352
88 (Renewal Only)	694	833	972	1,111	1,249	1,388
89 (Renewal Only)	713	855	997	1,140	1,282	1,425
90 (Renewal Only)	731	877	1,023	1,169	1,316	1,462

# Annual Premium

OPTIONAL BENEFIT - DAYCARE COLONOSCOPY AND GASTROSCOPY		
AGE NEXT BIRTHDAY (YEARS)	PLAN A, B & C (RM)	PLAN D, E & F (RM)
15 days – 18	25	25
19 – 29	25	27
30 – 34	25	41
35 – 39	32	54
40 – 44	42	70
45 – 49	55	91
50 – 54	66	109
55 – 59	100	166
60 – 64	153	252
65	197	324
66 (Renewal Only)	214	353
67 (Renewal Only)	233	384
68 (Renewal Only)	253	417
69 (Renewal Only)	276	454
70 (Renewal Only)	300	494
71 (Renewal Only)	326	537
72 (Renewal Only)	355	584
73 (Renewal Only)	387	636
74 (Renewal Only)	421	691
75 (Renewal Only)	458	752
76 (Renewal Only)	498	818
77 (Renewal Only)	542	890
78 (Renewal Only)	590	968
79 (Renewal Only)	642	1,053
80 (Renewal Only)	699	1,146
81 (Renewal Only)	761	1,247
82 (Renewal Only)	828	1,357
83 (Renewal Only)	902	1,476
84 (Renewal Only)	981	1,606
85 (Renewal Only)	1,068	1,747
86 (Renewal Only)	1,163	1,901
87 (Renewal Only)	1,266	2,068
88 (Renewal Only)	1,378	2,250
89 (Renewal Only)	1,500	2,448
90 (Renewal Only)	1,632	2,663

# Annual Premium

OPTIONAL BENEFIT - OUTPATIENT TRADITIONAL CHINESE MEDICINE			
AGE NEXT BIRTHDAY (YEARS)	PLAN A & B (RM)	PLAN C & D (RM)	PLAN E & F (RM)
15 days – 18	25	25	25
19 – 29	25	25	25
30 – 34	25	25	30
35 – 39	25	26	35
40 – 44	25	31	42
45 – 49	25	36	50
50 – 54	25	43	59
55 – 59	26	51	70
60 – 64	30	60	83
65	34	67	92
66 (Renewal Only)	35	69	95
67 (Renewal Only)	36	72	98
68 (Renewal Only)	37	74	102
69 (Renewal Only)	39	77	105
70 (Renewal Only)	40	79	109
71 (Renewal Only)	41	82	113
72 (Renewal Only)	43	85	117
73 (Renewal Only)	44	88	121
74 (Renewal Only)	46	91	125
75 (Renewal Only)	47	94	129
76 (Renewal Only)	49	97	134
77 (Renewal Only)	51	101	139
78 (Renewal Only)	52	104	143
79 (Renewal Only)	54	108	148
80 (Renewal Only)	56	112	153
81 (Renewal Only)	58	116	159
82 (Renewal Only)	60	120	164
83 (Renewal Only)	62	124	170
84 (Renewal Only)	64	128	176
85 (Renewal Only)	67	133	182
86 (Renewal Only)	69	137	188
87 (Renewal Only)	71	142	195
88 (Renewal Only)	74	147	202
89 (Renewal Only)	76	152	209
90 (Renewal Only)	79	157	216

# What is Co-Insurance?

Co-Insurance is a cost sharing arrangement under which you must pay a specified percentage of the eligible expenses with the balance to be reimbursed under your FlexiCo Medical policy. Co-Insurance is excluded for claims under emergency treatment, outpatient treatment for follow up treatment arising from critical illness such as cancer or kidney dialysis or treatment sought at Government Hospital.



Co-Insurance for FlexiCo Medical policy is

**5%** per hospitalisation  
subject to a maximum of  
**RM500** per policy year.

You have the option to choose for a higher Co-Insurance limit in return for a reduction of insurance premium.

Below is an illustration of how Co-Insurance works:

Insured A and Insured B, both having FlexiCo Medical policy but with different Co-Insurance limit, were admitted twice for medical treatment during the policy year.

	Insured A	Insured B
<b>Co-Insurance limit</b>	5% per hospitalisation up to a maximum of <b>RM500</b> per policy year.	15% per hospitalisation up to a maximum of <b>RM5,000</b> per policy year.
<b>1st admission</b> Eligible expenses covered by policy = RM 20,000 Co-Insurance (Insured A) = RM20,000 x 5% = RM1,000 Co-Insurance (Insured B) = RM20,000 x 15% = RM3,000	Co-Insurance to be borne by Insured A = <b>RM500</b>  Insurer to pay = <b>RM19,500</b>	Co-Insurance to be borne by Insured B = <b>RM3,000</b>  Insurer to pay = <b>RM17,000</b>
<b>2nd admission</b> Eligible expenses covered by policy = RM 40,000 Co-Insurance (Insured B) = RM40,000 x 15% = RM6,000	Co-Insurance to be borne by Insured A = <b>RM0</b> <i>Maximum Co-Insurance limit of RM500 per policy year has been utilised during earlier admission.</i>  Insurer to pay = <b>RM40,000</b>	Co-Insurance to be borne by Insured B = <b>RM2,000</b> <i>Maximum Co-Insurance limit of RM5,000 per policy year. RM3,000 has been utilised during earlier admission.</i>  Insurer to pay = <b>RM38,000</b>

# Premium calculation

## Example 1



Below is the annual premium payable based on Movin, a 25 years old next birthday insured under Plan B. Movin maintains his Co-Insurance at 5% per hospitalisation, up to a maximum of RM500 per policy year and does not wish to opt for a higher Co-Insurance limit.

Hospital Room & Board	: RM250
Overall Annual Limit	: RM100,000
Overall Annual Limit Booster	: 100%
Total Overall Annual Limit	: RM200,000

INSURED PERSON	
	PREMIUM (RM)
Movin (Age next birthday 25, Plan B)	894.00
Overall Annual Limit Booster	162.00
<b>A: TOTAL PREMIUM</b>	<b>1,056.00</b>
OPTIONAL BENEFITS	
Daycare Colonoscopy and Gastroscopy	25.00
Multifocal Lens	25.00
<b>B: TOTAL PREMIUM FOR OPTIONAL BENEFITS</b>	<b>50.00</b>
TOTAL PREMIUM PAYABLE	
Total A+B	1,106.00
Stamp Duty	10.00
<b>GRAND TOTAL PREMIUM PAYABLE</b>	<b>1,116.00</b>

## Example 2

Below is the annual premium payable based on Mr. Lee, a 40 years old next birthday insured under Plan D and Mrs. Lee, a 35 years old next birthday insured under Plan C. Both insureds opt for a higher Co-Insurance limit in return for saving on their premium.

### MR.LEE



Hospital Room & Board	: RM450
Overall Annual Limit	: RM400,000
Overall Annual Limit Booster	: 100%
Total Overall Annual Limit	: RM800,000
Co-Insurance limit	: 20% per admission up to max RM10,000 per year

### MRS.LEE



Hospital Room & Board	: RM350
Overall Annual Limit	: RM200,000
Overall Annual Limit Booster	: 50%
Total Overall Annual Limit	: RM300,000
Co-Insurance limit	: 10% per admission up to max RM2,500 per year

INSURED PERSON	MR. LEE (PLAN D, AGE 40 NEXT BIRTHDAY)	MRS. LEE (PLAN C, AGE 35 NEXT BIRTHDAY)
	PREMIUM (RM)	
Main Benefits	1,958.00	1,473.00
Overall Annual Limit Booster	197.00	109.00
<b>A: TOTAL PREMIUM</b>	<b>2,155.00</b>	<b>1,582.00</b>
Co-Insurance Discount	15% = (323.25)	5% = (79.10)
<b>B: PREMIUM AFTER CO-INSURANCE DISCOUNT</b>	<b>1,831.75</b>	<b>1,502.90</b>
<b>OPTIONAL BENEFITS</b>		
Outpatient Advanced Cancer Treatment	172.00	-
Outpatient Traditional Chinese Medicine Treatment	-	26.00
<b>C: TOTAL PREMIUM FOR OPTIONAL BENEFITS</b>	<b>172.00</b>	<b>26.00</b>
Total B+C	2,003.75	1,528.90
<b>TOTAL PREMIUM PAYABLE (MR. LEE &amp; MRS. LEE)</b>	<b>3,532.65</b>	
Stamp Duty		10.00
<b>GRAND TOTAL PREMIUM PAYABLE</b>	<b>3,542.65</b>	



## General exclusions

- ✗ Pre-existing illnesses.
- ✗ Specified Illnesses within 120 days from the commencement date or reinstatement date whichever is the later. Specific Illnesses shall mean the following disabilities and its related complications:
  - Hypertension, diabetes mellitus or cardiovascular disease;
  - Growths of any kind including tumours, cancers, cysts, nodules, polyps;
  - Stones of the urinary system and biliary system;
  - Any disease of the ear, nose (including sinuses) or throat;
  - Hernia, haemorrhoids, fistulae, hydrocele or varicocele;
  - Any disease of the reproductive system including endometriosis; or
  - Any disorders of the spine (including a slipped disc) or any knee conditions.
  - Any disease of the autoimmune system.
- ✗ Any Disability (except for Injury) and its signs or symptoms that appear within thirty (30) days from the commencement date or reinstatement date whichever is the later.
- ✗ Plastic or cosmetic surgery and related treatments.
- ✗ Circumcision or any surgery on the foreskin.
- ✗ Eye examination and refraction or surgical correction for visual impairments due to nearsightedness, farsightedness or astigmatism or radial keratotomy or Lasik or intraocular lens (except monofocal lens for cataract or Multifocal Lens optional benefit is opted).
- ✗ Glasses or contact lens for refraction correction;
- ✗ External prosthetic appliances or devices including but not limited to artificial limbs, external fixator, hearing aids, cochlear apparatus.
- ✗ Dental conditions including dental treatment by Dentist or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the Period of Insurance.
- ✗ Private nursing care, non-Hospital nursing care, rest cures, sanatoria care, hospice care and care or treatment that do not lead to a recovery, conservation of Your condition or restoration to Your previous state of health.
- ✗ HIV, AIDS or AIDS related disease.
- ✗ Pregnancy or pregnancy related conditions including childbirth (whether surgical or otherwise), complications arising from pregnancy such as miscarriage, abortion, pre-or post-natal care, contraceptive methods of birth control, infertility treatments and its complications.
- ✗ Impotence, infertility, sterilization, erectile dysfunctions and its complications.

- ✗ Primarily for investigative purposes, screening, diagnosis, X- rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a Disability, treatment or investigation of a Disability that are not Medically Necessary to be Hospitalised, preventive treatments and medicine.
- ✗ Self-inflicted injuries or suicide or attempted suicide, while sane or insane;
- ✗ 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.
- ✗ Alternative treatments such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy or other alternative medicines treatment (except as defined under Accidental Outpatient Alternative Medical Treatment Benefit).
- ✗ Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
- ✗ Items that are not directly related to the medical treatment of the Disability including rental of television, telephones, broadband services, electricity charges, admission/registration/ record fee, admission kit/pack.
- ✗ Sickness or injury arising from racing of any kind (except foot racing) hazardous sports or activities such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.

*Note: This list is non-exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.*

## Important notes



- Premiums are derived based on your age on your next birthday at time of enrolment and the Plan you select. The premiums shown are for Malaysians residing in Malaysia. At renewal, your premium rates will increase if you enter a new age range.
- Premiums may be loaded for non-Malaysians residing in Malaysia or for Insured Persons engaging in hazardous occupations or sports, or for those visiting or living in remote locations, or having medical conditions.
- The insurance shall not be effective unless the premium payable has been paid.
- Policies are arranged on an annually renewable basis and premiums may be adjusted periodically by giving you 30 days' notice prior to any change.
- Policies are renewable at the option of the Policyholders. The renewal premium payable is not guaranteed. Any change in premium shall apply to all insured persons purchasing FlexiCo Medical insurance.
- This brochure contains a summary of the main benefits and exclusions of the Policy but it is not intended to be entirely comprehensive. The full terms are governed by the Policy Contract itself.
- You should satisfy yourself that this policy will best serve your needs and the premium payable is an amount that you can afford.
- You can request to view the actual insurance policy before you sign up. Kindly contact MSIG Customer Service for assistance.
- You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to your Policy.
- In the event of a conflict between the English and the translated versions of this brochure, the English version shall prevail.

# Answers to your frequently asked questions

## 1. How much premium do I need to pay for this insurance?

Please refer to the Premium Schedule (for Malaysian residents) in this brochure. Premium depends on the age on your next birthday and level of cover.

Different terms will apply for:

- a) Non-Malaysian residing in Malaysia;
- b) Those who engage in hazardous occupations or sports;
- c) Those who visit or live in remote locations;
- d) Those with existing medical conditions.

## 2. Who is eligible for enrolment?

Any person aged between 15 days and 65 years next birthday is eligible to enrol. Renewal is up to the maximum age of 90 years next birthday.

A child aged between 15 days and 18 years next birthday who is unmarried and financially dependent on the Policyholder or up to 22 years next birthday if still undergoing full-time education and who is not gainfully employed can be insured with his or her parent as the policyholder.

## 3. What are Pre-Existing Illnesses?

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

- The Insured Person had received or is receiving treatment;
- Medical advice, diagnosis, care or treatment has been recommended;
- Clear and distinct symptoms are or were evident; or
- Its existence would have been apparent to a reasonable person in the circumstances.

## 4. What about geographical scope?

No benefits shall be payable if you reside or travel outside Malaysia for more than 90 consecutive days.

## 5. Can I opt for overseas treatment?

Yes. However, it is subject to the customary cost of treatment in Malaysia and subject to transportation costs being excluded.

## 6. What is Overall Annual Limit Booster?

Overall Annual Limit Booster is an optional benefit where you can increase the overall annual limit of your medical insurance policy by paying extra premium.

## 7. Can I opt for Overall Annual Limit Booster upon my FlexiCo policy renewal?

Of course, you can include or change the percentage limit for Overall Annual Limit Booster during renewal subject to underwriting assessment.

## 8. Is there a waiting period?

Yes. During the first 30 days of your policy commencement date, the Policy excludes medical treatment, but there is no waiting period if you are hospitalised due to an accident.

**9. What are the implications of switching policy from one insurer to another?**

One of the disadvantages is that if your current health status is less favourable to the new insurer, you may be imposed with new terms, exclusions or loading. You will also have to go through the standard waiting period before you can make any claim.

**10. Do I need to have a medical examination?**

A medical report is required if you have a medical history and at your own expense.

**11. How do I cancel my policy?**

You may cancel your policy by giving us a written notice.

A Free Look Period of 15 days from the policy delivery date is given to you to review the suitability of your policy coverage. If you return your policy to us during this period, your policy will be cancelled from the beginning and any premium paid will be refunded to you after deducting any medical examination or administrative fee incurred.

If your policy is returned to us after the Free Look Period, you are entitled to a premium refund based on the unexpired paid period provided that you have not made a claim on your policy.

**12. How do I make a claim?**

Just contact any MSIG branch or your insurance adviser as soon as possible. Further details on claims procedures are contained within the Policy document.

**13. How do I enroll for the policy?**

Just complete the Proposal Form and send it to us.

**14. What do I need to do if there are changes to my contact details?**

Just contact any MSIG branch or your insurance adviser to update your contact details. It is important that you inform us of any change in your contact details as soon as possible to ensure that all correspondences reach you in a timely manner.

**15. How do I lodge a complaint if I am unhappy with the product or services?**

Just contact any MSIG branch or your insurance adviser to update your contact details. It is important that you inform us of any change in your contact details as soon as possible to ensure that all correspondences reach you in a timely manner.

If you are still not satisfied with the decision, you can write either to the Customer Services Bureau of Bank Negara Malaysia or the Ombudsman for Financial Services (OFS), free of charge.

# Product disclosure sheet

Date: As Per Printing Date

*(Read this Product Disclosure Sheet before you decide to take out the FlexiCo Medical Insurance Plan. Be sure to also read the general terms and conditions.)*

## 1. What is this product about?

MSIG's FlexiCo Medical Insurance provides for hospitalisation and surgical expenses incurred due to accident and illnesses covered by the policy. You also have the flexibility to choose the optional protection (i.e. multifocal lens and/or outpatient advanced cancer treatment and/or daycare colonoscopy and gastroscopy and/or outpatient traditional Chinese medicine treatment) that you need. In addition you also have the option to increase your overall annual limit by opting for overall annual limit booster.

This policy is subject to Co-Insurance of 5% per hospitalisation, up to a maximum of RM500 per policy year. You may consider to increase your Co-Insurance limit in return for cost saving on your premium.

Furthermore, the annual premium you pay will qualify for the RM3,000 medical tax relief subject to the final approval by the Inland Revenue Board.

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

This policy has six (6) plans covering the following benefits on an "As Charged" basis:

- Hospital Room and Board
- Daily Guardian Charges, up to 60 days
- Intensive Care Unit
- Surgical Fees, including pre-surgical assessment specialist's visits up to 30 or 60 days (depending on selected plan) and post-surgery care up to 60 or 90 days (depending on selected plan)
- Anaesthetist Fee
- Operating Theatre
- Hospital Supplies & Services
- In-Hospital Physician Visit
- Pre-Hospital Specialist Consultation/Diagnostic Tests – Within 30 or 60 days (depending on selected plan) prior to admission.
- Post-Hospitalisation Treatment up to 60 or 90 days (depending on selected plan) following discharge from hospital
- Ambulances Fees
- Day Surgery
- Home Nursing following Hospitalisation up to 26 weeks following discharge from hospital
- Emergency Accidental Outpatient Treatment within 24 hours following an accident and follow up treatment up to 60 or 90 days (depending on selected plan)
- Emergency Accidental Dental Cover within 24 hours following an accident and follow up treatment up to 14 days
- Second Surgical Opinion (Local only\*) within 30 or 60 days (depending on selected plan) prior to admission.
- Accidental Outpatient Alternative Medical Treatment and follow up treatment up to 14 days from date of accident provided the first received treatment is at a registered hospital or clinic within 24 hours following the accident.

- Medical Report Fees up to RM100
- Malaysia Government Hospital Daily Cash Allowance, up to 120 or 150 days (depending on selected plan)
- Nutritional Allowance, RM500 per admission and up to RM2,000 per annum
- Compassionate Care Allowance, RM50 daily up to RM1,500 per annum
- Organ Transplant
- Outpatient Kidney Dialysis, Cancer and Stroke Treatments

**Optional Benefits:**

- Multifocal Lens
- Outpatient Advanced Cancer Treatment
- Daycare Colonoscopy and Gastroscopy
- Outpatient Traditional Chinese Medicine Treatment
- Overall Annual Limit Booster
- Various Co-Insurance Limit

*Please refer to the Schedule of Benefits as set in the brochure for further details.*

**Note:**

- This Policy will be renewable at the option of the Policyholder subject to the terms, conditions at the time of policy renewal.
- Changes to benefits, terms and premium can only be made on policy renewal upon a 30 days written notice by the Company.

Duration of cover is for one (1) year. It may be renewed on each anniversary of the Date of Inception of the Policy by payment of the premium determined by the Company at the time of renewal.

The benefit(s) payable under eligible product is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact MSIG Insurance (Malaysia) Bhd or PIDM (visit [www.pidm.gov.my](http://www.pidm.gov.my)).

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

The total premium that you have to pay may vary depending on the underwriting requirements of the insurance company.

- Premiums are derived based on your age on your next birthday at time of enrolment and the Plan you select. The standard premiums are for Malaysian residents residing in Malaysia. At renewal, rates will increase if you enter a new age range.
- Premiums may be loaded for non-Malaysian residents residing in Malaysia or for Insured Persons engaging in more hazardous occupations or sports, or for those regularly visiting or living in remote locations or with medical conditions.
- Additional premiums will apply to optional benefits.
- The renewal premium payable is not guaranteed and the Company reserves the right to determine the premium applicable. Any change in premium shall apply to all insureds purchasing FlexiCo Medical insurance. 30 days' notice shall be given prior to such change.
- This policy is arranged on an annually renewable basis and premiums will be adjusted periodically to reflect both experience and inflation in underlying medical treatment costs.

*Please refer to the quotation given for the estimated total premium that you have to pay.*

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

<u>Type</u>	<u>Amount</u>
• Service Tax	• Not chargeable for Individual policy
• Commissions paid to the Insurance Adviser	• 8% of premium for Corporate policy
	• 15% of premium for Individual Policy
• Stamp Duty	• 10% of premium for Corporate policy
	• RM10.00

You are obligated to pay any applicable taxes (which include but not limited to service tax and stamp duty) imposed by the Malaysian tax authorities in relation to your Policy.

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

- **Importance of Disclosure** – You must take reasonable care not to misrepresent when answering questions in the proposal form or in any request made by the Company and check the information you have provided is complete and accurate. You should also disclose all relevant information which may influence the Company in the acceptance of this insurance, decide the terms and the premium you will pay. If you do not take reasonable care and the information provided by you is incomplete or inaccurate, this may affect your claim. Your responsibility to provide complete and accurate information when requested by the Company shall continue until the time of you entering into, making changes to or renewing your insurance.
- **Cash Before Cover** – This insurance shall not be effective unless the premium due has been paid and received by the Company.
- **Free Look-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.
- **Waiting Period** – Eligibility for benefits starts 30 days after the Insured has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.
- **Grace Period** - A grace period of 30 days from the expiry date of this policy is available for the renewal of your policy. We shall remain liable for any claim incurred during the grace period if the premium has been paid during the grace period. If the premium is not paid by the end of the grace period, this policy shall be deemed as terminated at the expiry date of the policy.
- **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 or any complications caused by such disabilities occurring within the first 120 days of commencement date or reinstatement date whichever the later:
  - a. Hypertension, diabetes mellitus and Cardiovascular disease;
  - b. Growth of any kind including tumours, cancers, cysts, nodules, polyps;
  - c. Stones of the urinary system and biliary system;
  - d. Any disease of the ear, nose (including sinuses) or throat;
  - e. Hernias, haemorrhoids, fistulae, hydrocele or varicocele;
  - f. Any disease of the reproduction system including endometriosis;
  - g. Any disorders of the spine (including a slipped disc) or any knee conditions; or
  - h. Any disease of the autoimmune system.
- **Co-Insurance** – A cost sharing arrangement under which you are required to bear a specified percentage of the eligible expenses, after satisfying deductible if any, as specified in your policy with the balance to be bear by us.
- **Claim Procedures** – The Insured shall within 30 days of a Disability that incurs claimable expenses, give written notice to us stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- Unless renewed, the coverage will cease on expiry date and we shall strictly not be liable for any expenses that take place after the expiry date.

*Note: This list is non-exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.*

## 6. What are the major exclusions under this policy?

- Pre-Existing illnesses.
- Specified Illnesses within 120 days from the commencement date or reinstatement date whichever is the later.
- Any Disability (except for Injury) and its signs or symptoms that appear within thirty (30) days from the commencement date or reinstatement date whichever is the later.
- Plastic or cosmetic surgery and related treatments.
- Circumcision or any surgery on the foreskin.
- Eye examination and refraction or surgical correction for visual impairments due to nearsightedness, farsightedness or astigmatism or radial keratotomy or Lasik or intraocular lens (except monofocal lens for cataract or Multifocal Lens optional benefit is opted).
- Glasses or contact lens for refraction correction;
- External prosthetic appliances or devices including but not limited to artificial limbs, external fixator, hearing aids, cochlear apparatus.
- Dental conditions including dental treatment by Dentist or oral surgery except as necessitated by accidental injuries to sound natural teeth occurring wholly during the Period of Insurance.
- Private nursing care, non-Hospital nursing care, rest cures, sanatoria care, hospice care and care or treatment that do not lead to a recovery, conservation of Your condition or restoration to Your previous state of health.

- HIV, AIDS or AIDS related disease.
- Pregnancy or pregnancy related conditions including childbirth (whether surgical or otherwise), complications arising from pregnancy such as miscarriage, abortion, pre-or post-natal care, contraceptive methods of birth control, infertility treatments and its complications.
- Impotence, infertility, sterilization, erectile dysfunctions and its complications.
- Primarily for investigative purposes, screening, diagnosis, X-rays, scans, general physical or medical examinations that are done routinely or are not incidental to treatment or diagnosis of a Disability, treatment or investigation of a Disability that are not Medically Necessary to be Hospitalised, preventive treatments and medicine.
- Self-inflicted injuries or suicide or attempted suicide, while sane or insane;
- 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.
- Alternative treatments such as but not limited to chiropractic services, acupuncture, acupressure, reflexology, bone-setting, herbalist treatment, hyperbaric oxygen therapy, massage or aroma therapy or other alternative medicines treatment (except as defined under Accidental Outpatient Alternative Medical Treatment Benefit).
- Mental or nervous disorders (including psychosis, neurosis and their physiological or psychosomatic manifestations).
- Items that are not directly related to the medical treatment of the Disability including rental of television, telephones, broadband services, electricity charges, admission/registration/record fee, admission kit/pack.
- Sickness or injury arising from racing of any kind (except foot racing) hazardous sports or activities such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.

*Note: This list is non-exhaustive. Please refer to the policy contract for the full list of terms and conditions under this policy.*

## **7. Can I cancel my policy?**

You may cancel the policy at any time by giving a written notice to us; and provided that no claims have been made during the current policy year, you shall be entitled to a refund of the premium based on the premium refund table as set out in the policy contract.

## **8. What do I need to do if there are changes to my contact/personal details?**

It is important that you inform us of any change in your contact or personal details to ensure that all correspondences reach you in a timely manner.

You must also advise us in writing as soon as you are aware of any change in the employment, occupation, duties or pursuits of any Insured Person, or any other change which may increase the risk profile of this Policy. You may be required to pay additional premium as a result of any such change.

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

Should you require additional information about medical and health insurance, please refer to the *insurance info* booklet on “Medical and Healthcare Insurance”, available at all our branches or you can obtain a copy from the insurance adviser or visit [www.insuranceinfo.com.my](http://www.insuranceinfo.com.my)

If you have any enquiries, please contact us at:

**MSIG Insurance (Malaysia) Bhd**

**Registration No.197901002705 (46983-W)**

**Customer Service Centre:**

**Level 15, Menara Hap Seng 2, Plaza Hap Seng**

**No. 1, Jalan P. Ramlee**

**50250 Kuala Lumpur**

**Tel: (603) 2050 8228**

**Fax: (603) 2026 8086**

**Customer Service Hotline: 1-800-88-MSIG (6744)**

**Email: [myMSIG@my.msig-asia.com](mailto:myMSIG@my.msig-asia.com)**

#### 10. Other types of medical and health insurance cover available:

- Healthcare International Insurance
- FlexiHealth Insurance

**IMPORTANT NOTE: YOU SHOULD SATISFY YOURSELF THAT THIS POLICY WILL BEST SERVE YOUR NEEDS. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH YOUR INSURANCE ADVISER OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.**

**This information provided in the Product Disclosure Sheet is valid as at 1 September 2024.**

**MSIG Insurance (Malaysia) Bhd**  
**Registration No. 197901002705 (46983-W)**

**Head Office:** Customer Service Centre,  
Level 15, Menara Hap Seng 2, Plaza Hap Seng,  
No. 1, Jalan P. Ramlee,  
50250 Kuala Lumpur

**T** (603) 2050 8228

**F** (603) 2026 8086

**Customer Service Hotline** 1-800-88-MSIG (6744)

**E** myMSIG@my.msig-asia.com

**W** www.msig.com.my

**KUALA LUMPUR**

Customer Service Centre,  
Level 15, Menara Hap Seng 2,  
Plaza Hap Seng,  
No. 1, Jalan P. Ramlee,  
50250 Kuala Lumpur  
**T** (603) 2050 8228, **F** (603) 2026 8086

**ALOR SETAR**

1<sup>st</sup> Floor, No. 169,  
Susuran Sultan Abdul Hamid 11,  
Kompleks Perniagaan Sultan Abdul  
Hamid Fasa 2, 05050 Alor Setar, Kedah  
**T** (604) 772 2266, **F** (604) 772 2255

**BATU PAHAT**

No. 31A & 32A, Jalan Kundang,  
Taman Bukit Pasir,  
83000 Batu Pahat, Johor  
**T** (607) 433 6808, **F** (607) 433 7808

**IPOH**

Lots A-01-10, A-01-12, A-01-14 & A-01-16,  
1<sup>st</sup> Floor, Wisma MFCB,  
Greentown Business Centre, No. 1,  
Persiaran Greentown 2, 30450 Ipoh, Perak  
**T** (605) 255 1319, **F** (605) 253 7979

**JOHOR BAHRU**

Suite 21-01, Level 21, Menara JLand,  
Johor Bahru City Centre (JBCC),  
Jalan Tun Abdul Razak,  
80000 Johor Bahru, Johor  
**T** (607) 208 7800, **F** (607) 276 3800

**KLANG**

1<sup>st</sup> Floor, No. 1, Lorong Tiara 1B,  
Bandar Baru Klang, 41150 Klang, Selangor  
**T** (603) 3343 6691, **F** (603) 3342 2571

**KLUANG**

1<sup>st</sup> Floor, No. 7, Bangunan HLA,  
Jalan Yayasan, 86000 Kluang, Johor  
**T** (607) 772 6501/774 5701  
**F** (607) 774 5702

**KOTA BHARU**

3826, 1<sup>st</sup> Floor, Jalan Hamzah,  
15050 Kota Bharu, Kelantan  
**T** (609) 748 1280, **F** (609) 748 3509

**KUANTAN**

No. A-43, A-45 & A-47,  
Lorong Tun Ismail 12, Sri Dagangan 2,  
25000 Kuantan, Pahang  
**T** (609) 515 7501, **F** (609) 515 7502

**MELAKA**

1<sup>st</sup> & 2<sup>nd</sup> Floor,  
No. 777, Jalan Hang Tuah, 75300 Melaka  
**T** (606) 289 4333, **F** (606) 289 4222

**PENANG**

Level 15, Hunza Tower,  
No. 163E, Jalan Kelawei, 10250 Penang  
**T** (604) 219 0800, **F** (604) 219 0999

**PETALING JAYA**

Units 9-3 & 11-3, Block A, Jaya One,  
No. 72A, Jalan Prof Diraja Ungku Aziz,  
46200 Petaling Jaya, Selangor  
**T** (603) 7954 4208, **F** (603) 7954 4202

**SEREMBAN**

No. 33, Ground Floor, Lorong Haruan 5/2,  
Oakland Commerce Square,  
70200 Seremban, Negeri Sembilan  
**T** (606) 601 3501, **F** (606) 601 3503

**SUNGAI PETANI**

1<sup>st</sup> Floor, 9C, Jalan Kampung Baru,  
08000 Sungai Petani, Kedah  
**T** (604) 424 4180, **F** (604) 423 4513

**KOTA KINABALU**

Suite 6.02 & 6.03, Level 6, Plaza Shell,  
No. 29, Jalan Tunku Abdul Rahman,  
88000 Kota Kinabalu, Sabah  
**T** (6088) 301 030, **F** (6088) 301 110

**KUCHING**

22 & 22A, Jalan Rubber,  
Lots 344 & 345, Section 9,  
93400 Kuching, Sarawak  
**T** (6082) 255 901/259 204  
**F** (6082) 427 612

**MIRI**

Unit No. D-2-17, Block D, Miri Times Square,  
Marina ParkCity, Jalan Bendahara,  
98000 Miri, Sarawak  
**T** (6085) 434 890, **F** (6085) 419 002

**SANDAKAN**

1<sup>st</sup> Floor, Block 18,  
Lots 1 & 2, Bandar Indah, Mile 4,  
North Road, 90000 Sandakan, Sabah  
**T** (6089) 217 388, **F** (6089) 215 388

**SIBU**

1<sup>st</sup> Floor, No. 65, Jalan Kampong Nyabor,  
96000 Sibu, Sarawak  
**T** (6084) 323 890/347 008  
**F** (6084) 314 558

**TAWAU**

1<sup>st</sup> Floor, Block 42, TB 330A,  
Fajar Complex, 91000 Tawau, Sabah  
**T** (6089) 771 051, **F** (6089) 764 079

For more information, please call MSIG  
or contact your Insurance Adviser at:



[www.facebook.com/MSIGMY](https://www.facebook.com/MSIGMY)