



Corporate Assist Business Travel Insurance



Corporate Assist Business Travel Insurance – Proposal Form

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

IMPORTANT NOTICE:

Pursuant to Schedule 9 of the Financial Services Act 2013 : (a) Consumer Insurance Contract - Where the Policyholder and the Insured Person have applied for this insurance wholly for purposes unrelated to their trade, business or profession, the Policyholder and the Insured Person have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form or when they applied for this insurance i.e. the Policyholder and the Insured Person should have answered the questions fully and accurately. Failure to have taken reasonable care in answering the questions may result in the cancellation of the contract of insurance, refusal or reduction of claim(s), change of terms or termination of the contract of insurance in accordance with Schedule 9 of the Financial Services Act 2013. The Policyholder and the Insured Person are also required to disclose any other matters that they know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied. The Policyholder and the Insured Person also have a duty to inform the Company immediately if at any time after the contract of insurance has been entered into or varied with the Company, any of the information given in the proposal form or any other document related to this insurance is

inaccurate or has changed. (b) Non-Consumer Insurance Contract - Where the Policyholder and the Insured Person have applied for this insurance for purposes related to their trade, business or profession, the Policyholder and the Insured Person have a duty to disclose any matter that they know to be relevant to the Company's decision in accepting the risks and determining the rates and terms to be applied, and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in the cancellation of their contract of insurance, refusal or reduction of claim(s), change of term(s) or termination of the contract of insurance. The Policyholder and the Insured Person also have a duty to inform the Company immediately if at any time after the contract of insurance has been entered into or varied with the Company, any of the information given in the proposal form or any other document related to this insurance is inaccurate or has changed.

Failure to comply with the section 'Consumer Insurance Contract' and 'Non-Consumer Insurance Contract' may: 1. void this Policy from inception (which means treating it as invalid) and the Company may not return the premium or may recover any unpaid premium;

2. result in refusal or reduction of claims that has been or will be made under the Policy;

3. change the terms of this Policy;

4. terminate this Policy and return any premium less the Company's cancellation charge or recover any unpaid premium;

 5. entitle the Company to recover any shortfall in premium;
 6. entitle the Company to recover from the Policyholder and the Insured Person the total amount of any claim already paid under the Policy or any claim the Company has to pay under any relevant legislation, plus any recovery costs.

Name of Policyholder:	
Business Address:	
Company Registration No.:	
Nature of Business:	
Tax Registration No.:	SST Registration No.:
Name of Person In Charge:	Email Address:
Contact No.:	Designation:
Period of Insurance From:	То:

Insured Persons to be Covered

moore	ed Persons to be Covered						
No.	Name of Employees	NRIC No.	Date of Birth (eg.14-Mar-75)	Occupation	Plan (Corporate or Premier)	Region (Regional or International)	Domestic Option (Yes or No)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

ANNUAL PREMIUN	A PAYABLE Premium Table witho	ut West to East trip (RM) [Pric	e for Domestic Plan inclusiv	e of Service Tax 8%]	
Plan Type	Premium Per Person (RM)	Headcount	Domestic Optic (Additional Premium ap	pplicable)	Total Premium (RM)
Corporate Plan					
Regional	180.00		YES (RM54 per pers	son) NO	
International	260.00		YES (RM54 per pers	son) NO	
Premier Plan					
Regional	255.00		YES (RM54 per pers	son) NO	
International	365.00		YES (RM54 per pers		
International	385.00		TES (K/V/54 per pers	son)	
				Total Annual Premium	
				Stamp Duty	
				. ,	
				Grand Total	
ANNUAL PREMIUM	A PAYABLE Premium Table with V	Vest to East trip (RM) [price in	nclusive of Service Tax 8%]		
Plan Type	Premium Per Person (RM)	Headcount	Domestic Optio		Total Premium (RM)
			(Additional Premium a	pplicable)	
Corporate Plan					
Regional	194.40		YES (RM54 per pers	son) NO	
International	280.80		YES (RM54 per pers		
	200.00				
Premier Plan		[]			
Regional	275.40		YES (RM54 per pers		
International	394.20		YES (RM54 per pers	son) NO	
				Total Annual Premium	
				Stamp Duty	
				Grand Total	
DECLARATION AND A	AUTHORISATION				
I hereby declare and c	aree that:				
,	0				
	tion provided by me for this insurance				
withheld or omittee	o AIG Malaysia Insurance Berhad (20 any information, and I understand c	nd garee that the Company") are t	ving them to be such, will rely a	to the best of my knowledge an nd act on them, otherwise any i	a beliet and that I have not policy and endorsements (if
applicable) issued ((including renewals) or coverage grar	ted may be void at the Company's	option.		policy and endersements (in
b) Lunderstand that p	ursuant to Schedule 9 of the Financial	Services Act 2013-			
	g for this insurance wholly for purpos		or profession. I have a duty to	take reasonable care not to ma	ake a misrepresentation in
answering the a	juestions asked by the Company and a	duty to disclose any other matter t	hat I know to be relevant to the C	Company's decision in accepting	g the risks and determining
the rates and te	rms to be applied;				
	for this insurance for purposes related e risks and determining the rates and t				
	y result in avoidance of contract, clai the time the contract is entered into, van		ged or varied, or contract termin	nated. I also understand that t	nis duty of disclosure shall
c) I will notify the Com	npany of any material change(s) to my I that failure to notify the Company of	/our risk profile, failing which, the			ditional terms of discontinue
	, , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 , , , ,	0 0	
d) I turther agree and	consent, and if I am submitting informe e individual(s) about the purposes for	ition relating to another individual,	I represent and warrant that I ha	ve the authority to provide that in	ntormation to the Company,
may be disclosed b	by the Company, and the individual(s)	agrees and consents, that the Con	npany may collect, use and proc	cess my/his/her personal inform	nation (whether obtained in
may be disclosed by the Company, and the individual(s) agrees and consents, that the Company may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with the Company's Privacy Notice found at https://www.aig.my/privacy-notice.					
e) If this insurance offers medical or health benefits, I hereby further consent to and authorize, and represent and warrant that my covered family member(s) consent to and authorize, any					
organization, institution or individual that has any records or knowledge of my/my covered family member(s)' health and medical history, treatment, or advice, to disclose such					or advice, to disclose such
information to the	Company. This information (unless of	imended by/at my/our request)	shall bind me/my covered fami	ily member(s), successors and	assigns, and remain valid,
notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original.					
Signed by Policyholder	r	Date		NRIC/Company Stamp	
	•	Date		initie, company oramp	
IMPORTANT					
	oosal Form is a contract of insurance. Your o	eclarations or disclosures shall for the bo	asis of the contract of insurance, the sp	pecific terms, conditions and exclusio	ns applicable to this insurance
set out in this policy.					
DECLARATION BY	AGENT / OFFICER				
hereby confirm that i	he Policyholder/Insured Porcon(s) has	expressly authorized mate act an	his/her/their behalf in rospect -	of the information and /or change	ies relating to the renowal /
I hereby confirm that the Policyholder/Insured Person(s) has expressly authorized me to act on his/her/their behalf in respect of the information and/or changes relating to the renewal/ endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Policyholder/Insured Person(s) in relation to this representation. I declare that I					
have sighted the original NRIC/Certificate of Incorporation of the Policyholder/Insured Person(s) and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.					
to do and verify that th	ne transaction is not prohibited by virt	ue of the Anti-Money Laundering 8	Anti-Terrorism Financing Act 2	001.	
Signed by Producer		Date	1	NRIC/Company Stamp	
Producer Name:		Producer Code:		Contact No.:	
AIG Malaysia I	nsurance Berhad (200701037	463)			

Summary of Coverage

Schedule of Benefits

Section	Benefits		Maximum Benefit Level		
		Corporate Plan	Premier Plan		
	Personal Accident Benefit				
1	Personal Accident	RM200,000	RM500,000		
	Overseas Medical & Evacuation Benefits				
2	Medical Expenses	RM100,000	RM300,000		
3	Post Hospitalization	Up to RM100 per visit (max. 3 visits)	Up to RM150 per visit (max. 3 visits		
4	Hospital Confinement	RM150 per day (max 60 days)	RM200 per day (max 60 days)		
5	Double Hospital Confinement Benefit in ICU	RM300 per day (max 60 days)	RM400 per day (max 60 days)		
6	Emergency Medical Evacuation	Unli	mited		
		Unlimited wi	ithin Malaysia		
7	Repatriation of Mortal remains	RM15,000 out of Malaysia	RM30,000 out of Malaysia		
8	Compassionate Visit	RM5,000	RM8,000		
	Travel Inconvenience Benefits		,		
9	Trip Cancellation	RM8,000	RM10,000		
10	Trip Curtailment	RM5,000	RM8,000		
11	Travel Delay	RM200 for every	6 hours up to 1,000		
12	Missed Departure	RM250	RM500		
		RM200 (up to RM1,000 per	RM200 (up to RM1,600 per		
13	Baggage Delay	person for over 6 hours delay)	person for over 6 hours delay)		
14	Loss of Baggage & Personal Effects	RM5,000	RM5,000		
15	Damage or Loss of Laptop Computer	RM1,000	RM1,250		
16	Loss of Travel Documents	RM2,000	RM2,000		
17	Loss of Personal Money	RM500	RM1,000		
18	Legal Fees	RM15,000	RM15,000		
19	Personal Liability	RM500,000	RM1,000,000		
20	Credit Card Indemnity	RM3,000	RM5,000		
21	Child Education Fund		(up to max. 5 years)		
	24 hours Worldwide Travel Assist		uded		
OPTIO	NAL Domestic Travel				
Section	Benefits	Maximum	Benefit Level		
22	Medical Expenses (due to accident)	RM20,000			
23	Evacuation & Repatriation	Unlimited			
24	Trip Cancellation	RM500			
25	Flight Delay	Up to RM1	Up to RM1,000 (RM200 every 6 hours)		
26	Baggage Delay		/ flight only)		
27	Loss of Baggage		RM2.000 (excess RM50)		
28	Personal Computer	RM2,000	e		
29	Golf Equipment	RM1,000			
30	Personal Liability		RM1,000		
	by land, destination is beyond 100km from the normal place of busine				

REGIONAL COUNTRIES INTERNATIONAL

: ASEAN countries, China, Hong Kong, Macau, Taiwan, Korea, Australia, New Zealand, Japan & India. : Regional countries and Rest of the World.

This policy does not cover any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.

IMPORTANT NOTE:

- Important NOTE:

 1. Corporate Assist Business Travel Insurance is only applicable for companies or organizations.

 2. Minimum Premium of RM750 (excluding Service Tax and Stamp Duty).

 3. Minimum group size of 5 employees.

 4. Service Tax (ST) of 8% is applicable for Domestic Option only.

 5. Domestic Travel Plan can only be taken on condition that either Corporate Plan or Premier Plan is selected.

Product Disclosure Sheet

Read this Product Disclosure Sheet before you decide to take up Corporate Assist. Be sure to also read the general terms and conditions.

1. What is this product about?

This policy provides compensation in the event of injuries, disability or death caused by sudden and unforeseen accident, medical expenses incurred as a result of an accident or illness, travel inconvenience and travel assistance for trips out of Malaysia to a maximum of 90 days. Domestic travel plan is an optional cover.

2. Who can purchase this cover?

This policy can be purchased by a company to cover the employees who are ordinarily reside in Malaysia and travel. The policy is null and void as to non-residents of Malaysia.

3. What are the covers/benefits provided?

Please refer to the Schedule of Benefits in the brochure.

(a) Accidental death and disablement

- (i) Pays for accidental death or permanent disablement up to the percentage stated in the compensation scale.
- (ii) The loss must occur within 90 days from the date of policy.

(b) Medical expenses incurred whilst overseas

- (i) Reimburses the medical expenses incurred due to sickness and injury.
- (ii) If medical treatment had not been sought overseas, subsequently medical treatment must be sought in Malaysia within 7 days of return to Malaysia.
- (iii) Reimbursement for follow-up treatment is limited to 21 days from the arrival date in Malaysia or 5% of your sum insured, whichever occurs first.
- (iv) If medical treatment had already been sought overseas, then there is a 21 days limit to continue medical treatment in Malaysia, or 5% of your sum insured, whichever occurs first.
- (v) Cover is extended to alternative medicine.
- (vi) Only applicable if the trip is not undertaken against the advice of a doctor, and there are no pre-existing medical conditions.

(c) Medical expenses for domestic travel

Limited to accidental causes only.

(d) Post hospitalization

Reimburses the expenses of physiotherapy and transportation for follow-up treatment in Malaysia up to 3 visits within 35 days after discharge.

(e) Hospital confinement

You will be paid a daily allowance when admitted to a hospital while overseas for up to 60 days.

(f) Double hospital confinement benefit in ICU

- (i) You will be a paid a daily allowance when admitted to an intensive care unit while overseas up to 60 days.
- (ii) Payment for each day if claimed under this benefit will not be payable under item (e).

(g) Emergency medical evacuation

- (i) Reimburses the expenses incurred by our appointed service provider to move an employee to another location for treatment, or back to Malaysia.
- (ii) Covers both accident and illness.
- (iii) Decision to evacuate (including service provider, mode and location) will be arranged by us.

(h) Repatriation of mortal remains

- (i) Reimburses the expenses incurred to return the employee's mortal remains back to Malaysia or to the employee's country of origin (includes expenses for a mortician or undertaker).
- (ii) Covers both accident and illness.

(i) Compassionate visit

- Reimburses the expenses of economy travel fare and hotel accommodation incurred by a friend or relative to visit and stay with you when hospitalized overseas for more than 5 days.
- (ii) Only applicable upon doctor's recommendation.

(j) Trip cancellation

Reimburses the expenses of travel and accommodation which has been paid in advance and is not recoverable if the trip is cancelled due to the following occurring within 30 days before departure date:

- (i) Death, illness or compulsory quarantine occurring to you or our close relative who is residing in Malaysia.
- (ii) You have been certified by the doctor to be unfit to travel.
- (iii) Strike, riot, civil commotion or natural disaster occurring at your planned destination.
- (iv) Serious damage to your house due to fire or natural disaster occurring within 7 days before the departure date.
- (v) You have been called to be a witness or to serve as a jury.

(k) Trip curtailment

- Reimburses the expenses of additional travel and accommodation incurred for early return to Malaysia due to the following unexpected events:
- (i) Death or illness occurring to you or your close relative who is residing in Malaysia.
- (ii) You have been certified by the doctor to be unfit to travel.
- (iii) Strike, riot or civil commotion, terrorist act or natural disaster.
- (iv) Hijacking of a common carrier which you are traveling in as a passenger.

(I) Travel delay

(i) Pays for every 6 consecutive hours if your common carrier's scheduled departure is delayed due to:

- Strike/industrial action.
- Bad weather condition.
- Mechanical breakdown.
- Structural defect in the common carrier.
- (ii) This benefit is not applicable if:
 - The delay is caused due to cancellation by the common carrier.
 - You failed to check in on time.
 - You were aware of any strike/industrial action when your trip was arranged.

(m) Missed departure

- (i) Reimburses the expenses of hotel accommodation and meals incurred when you miss your connecting common carrier at the transfer point due to the late arrival of your incoming common carrier and no onward transportation is provided within 6 consecutive hours.
- (ii) This benefit is not applicable if you failed to check in on time.

(n) Baggage delay

Pays for every 6 consecutive hours if your baggage is delayed, misdirected or misplaced by the common carrier upon your arrival at the baggage pick-up point.

(o) Loss of baggage & personal effects

Reimburses the loss or damage to your baggage and personal effects provided that:

- (i) The loss is reported to the police or authorities within 24 hours from the loss.
- (ii) You take all the necessary steps to ensure that your baggage is not left unattended.
- (iii) Reimbursement if claimed under this benefit will not be payable under item (n).

(p) Damage or loss of laptop

Reimburses the loss or damage to your laptop provided that:

- (i) The loss is reported to the police or authorities within 24 hours from the loss.
- (ii) You take all the necessary steps to ensure that your laptop is not left unattended.
- (iii) Reimbursement if claimed under this benefit will not be payable under item (o).

(q) Loss of travel documents

(i) Reimburses the following expenses for loss of travel documents due to burglary, robbery or theft while overseas:

- Cost of obtaining replacement.
- Additional travel expenses and hotel accommodation incurred.

(ii) The loss must be reported to the police or authorities within 24 hours from the loss and must not be due to confiscation by the authorities.

(r) Loss of personal money

Pays for the loss of money sustained overseas due to robbery, burglary or theft provided that the loss must be reported to the police within 24 hours of such loss.

(s) Legal Fees

Reimburses the legal costs and expenses arising from dealing with a claim against a third party which caused death or permanent disablement while overseas.

(t) Personal Liability

Pays for legal liability to a third party arising due to: (i) death or permanent disablement caused to third party.

(ii) accidental loss or damage to property of third party.

(u) Credit Card Indemnity

Pays for the credit card expenses incurred during the overseas trip due to death or permanent disablement.

(v) Child Education Fund

Pays an annual payment up to 5 years for each dependant child up to a maximum of 3 children (who are studying) in event of accidental death while overseas.

4. How much premium do I have to pay?

- (a) Please refer to the premium table in the brochure.
- (b) Premium is payable annually.
- (c) Payment must be made within 60 days from the inception of the policy.
- (d) Please keep the proof of premium payment for future reference.

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

(a) Stamp Duty of RM10 per policy.

(b) Service Tax (ST) of 8% is applicable for Domestic Option only.

(c) Commission is payable up to 25% or you may refer to the commission table below. Commission Table (RM) (per person)

Without West to East Trip

Plan Type	Regional	International	Domestic (optional)
Corporate Plan	45.00	65.00	12.50
Premier Plan	63.75	91.25	12.00

With West to East Trip

Plan Type	Regional	International	Domestic (optional)
Corporate Plan	48.60	70.20	12.50
Premier Plan	68.85	98.55	12.50

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

(a) Importance of disclosure:

You must take reasonable care to ensure that all your answers to the questions are full, complete, correct and honest and to the best of your knowledge.

You also have a duty to inform **AIG Malaysia** of any change in the information given to us earlier before we issue the policy schedule to you, before you renew or change any of the terms of your policy. If you don't, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid.

(b) Claims:

- (i) All claims must be notified to us within 30 days from the date of loss.
- (ii) All supporting documents proving the loss must be submitted 60 days from the date of loss.
- (iii) No claim will be admissible if notified after one year from the date of loss.
- (iv) All claims will be paid to the company or the service provider where applicable.
- (c) Number of policies: You are only entitled to be covered under one policy in respect of this insurance.

(d) Age:

- (i) You must be 18 years and above and below the age of 70 to qualify for the cover.
- (ii) You will be covered up to the age of 75.
- (iii) Your age will be based on the age as of your last birthday.
- (e) Renewal: Renewal of the policy is at our consent.

7. What are the major exclusions under the policy?

This policy does not cover death or injury caused by or to:

- (a) Members of the armed forces, professional sportsmen.
- (b) Engaging in manual works, offshore activities like diving, oil-rigging, mining, handling explosives or aerial photography.
- (c) Suicide or intentional self inflicted injuries or an attempt to do so while being sane or insane.
- (d) During air travel unless as a fare paying passenger in a licensed private or commercial aircraft.
- (e) Violation of law.
- (f) Mental or nervous disorders.
- (g) Condition where you:
 - (i) are receiving treatment or;
 - (ii) advice, treatment or diagnosis has been recommended or;
 - (iii) symptoms are evident or;
 - (iv) the condition is apparent.
- (h) Acquired Immune Deficiency Syndrome (AIDS) or Human Immune Deficiency Virus (HIV).
- (i) Driving or riding in any type of race.
- (j) Nuclear, chemical or biological materials.
- (k) War.
- (1) Any loss, injury, damage or legal liability arising directly or indirectly from planned or actual travel in, to, or through Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.
- (m) Any loss, injury, damage or legal liability suffered or sustained by residents of Cuba, Iran, Syria, North Korea, the Crimea region or Donetsk People's Republic (DNR) and the Luhansk People's Republic (LNR) regions of Ukraine.
- (n) The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union or the United States of America.

Note:

This list is non-exhaustive. Please refer to the sample of the policy contract for the full list of exclusions under the policy.

8. Can I cancel my policy?

(a) The company may cancel the cover by giving us 30 days written notice. The company will be entitled to a refund on a prorate basis. (b) We can cancel this policy by giving 30 days written notice. The company will be entitled to a refund on a prorate basis.

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

It is important to inform us of any change via written notice or by contacting our Customer Service at 1800 88 8811 / 603 2118 0188.

10. Where can I get further information?

Should you require additional information about Personal Accident Insurance, please refer to the insurance info booklet on "Personal Accident Insurance", available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

AlG Malaysia Insurance Berhad P O Box 11768, 50756 Kuala Lumpur Phone : 1800 88 8811 / 603 2118 0188 Fax: 603-2118 0288 E-mail: AlGMYCare@aig.com

11. Other types of personal accident cover available.

Please refer to our website at: www.aig.my

IMPORTANT NOTE:

YOU ARE ADVISED TO NOTE THE SCALE OF BENEFITS FOR DEATH AND DISABLEMENT IN YOUR INSURANCE POLICY. YOU MUST NOMINATE A NOMINEE AND ENSURE THAT YOUR NOMINEE IS AWARE OF THE PERSONAL ACCIDENT POLICY THAT YOU HAVE PURCHASED.

YOU SHOULD READ AND UNDERSTAND THE CONTRACT TERMS AND DISCUSS FURTHER WITH THE INSURANCE COMPANY IF THERE ARE ANY TERMS THAT YOU DO NOT UNDERSTAND BEFORE ACCEPTING THE POLICY CONTRACT. IF THERE ARE ANY QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS PRODUCT DISCLOSURE SHEET, THE INSURED PERSON MAY CONTACT THE INSURANCE COMPANY.

BY ACCEPTING THE POLICY CONTRACT, YOU ACKNOWLEDGE THAT THE KEY CONTRACT TERMS HAVE BEEN ADEQUATELY EXPLAINED BY THE AGENT OR INSURANCE COMPANY TO YOU AND THAT THE POLICY CONTRACT OFFERED IS SUITABLE FOR YOUR INSURANCE NEEDS.

AIG Malaysia Insurance Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

The benefits payable under eligible policy is protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact AIG Malaysia Insurance Bhd or PIDM (visit www.pidm.gov.my)

The information provided in this disclosure sheet is valid as at 01st March 2025.

Why choose Corporate Assist?



- A complete solution for your business travel insurance needs
- Simple to understand and easy to use
- Totally flexible to suit the changing needs of your company
- Cost effective
- Offers complete peace of mind for you and your company

For the frequent business traveler, we offer a choice of two annual plans: Corporate Plan and Premier Plan.

Corporate Plan

Our corporate plan is a policy designed the way frequent business travelers want it – convenient and with comprehensive protection. This includes personal accident, medical and travel inconvenience benefits. For complete peace of mind, we also offer 24-hour worldwide emergency assistance service, which is just a call away.

Premier Plan

In addition to the convenience of a 24-hour worldwide emergency assistance service, our Premier Plan offers a higher amount of coverage for personal accident, medical expenses and personal liability benefits. The increased levels of coverage will give our business travelers maximum protection.





American International Group, Inc. (NYSE: AIG) is a leading global insurance organization. AIG provides insurance solutions that help businesses and individuals in approximately 190 countries and jurisdictions protect their assets and manage risks through AIG operations and network partners. For additional information, visit www.aig.com

AIG is the marketing name for the worldwide operations of American International Group, Inc. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

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Contact:

AIG Malaysia Insurance Berhad (200701037463) P O Box 11768 50756 Kuala Lumpur Malaysia

For inquiries,	please contact :
Telephone	: 1 800 88 8811
	: 603 2118 0188
Facsimile	: 603 2118 0288
Email	: AIGMYCare@aig.com