



# FOREIGN WORKERS HOSPITALISATION & SURGICAL INSURANCE SCHEME (SPIKPA)

## Product Disclosure Sheet

### Important Note

1. Read this Product Disclosure Sheet before you decide to take out the Foreign Workers Hospitalisation & Surgical Insurance Scheme. Be sure to also read through the general terms and conditions.
2. You should satisfy yourself that this policy will best serve your needs. You should read and understand the insurance policy and discuss with the intermediary or contact the insurance company directly for more information.
3. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in the Proposal Form (or when you apply for this insurance). You must answer the questions fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in the Proposal Form (or when you apply for this insurance), you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

### 1. What is this product about?

Foreign Worker Hospitalisation and Surgical Insurance Scheme (SPIKPA) is a yearly renewable hospital and surgical insurance scheme designed to reduce the financial burden of the employer of foreign workers in the event of hospital admission of their foreign workers to a Non-Corporatised Malaysian Government Hospital due to an accident or illness.

### 2. Who is eligible?

Eligible persons for insurance under this policy are those present and future full-time foreign worker employees of policyholder, from the age of eighteen (18) to sixty (60), who are actively engaged at their usual work on the date the persons are eligible to join this policy.

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

This plan provides the following benefits:

Item	Benefits	Amount (RM)
1 (a)	Daily Hospital Room & Board (Maximum up to 30 days)	AS CHARGED IN ACCORDANCE TO CHARGES CONSISTENT WITH THIRD (3RD) CLASS ROOM AND BOARD TO A MAXIMUM OF RM160.00 PER DAY IN & A NON-CORPORATISED MALAYSIAN GOVERNMENT HOSPITAL IN CONFORMANCE TO THE CHARGES SPECIFIED UNDER FEES ACT 1951, FEES (MEDICAL) ORDER 1982.
1 (b)	Intensive Care Unit (Maximum up to 15 days)	
2	Hospital Supplies and Services	
3	Operating Theatre	
4	Surgical Fees (Excluding organ transplantation)	
5	Anaesthetist Fees	
6	In-Hospital Physician Visits (maximum up to 30 days)	
7	In-Hospital Specialist Consultation Visits (maximum up to 30 days)	
8	Ambulance Fees / Medical Report Fees	
Maximum Overall Annual Limit (Item 1-8) Per Insured Worker		RM20,000.00

The duration of cover is for one (1) year. You need to renew your cover annually.

**Note:** The description on available cover is only a brief summary for quick and easy reference. The precise term and conditions stated in the policy contract.

**4. How much premium do I have to pay?**

The annual premium is RM120.00 per foreign worker insured inclusive of RM15.00 of the Third Party Claims Administrator (TPCA) fee.

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

In addition to the premium, you have to pay:	Amount
a. Service Tax	8% of premium
b. Stamp Duty	RM10.00
c. Commission	10% of RM105 (annual premium less the MCO fee of RM15) will be deducted for commission

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

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), changes of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in the Proposal Form (or when you applied for this insurance) is inaccurate or has changed.

- **Geographical Territory:** All benefits provided in this policy are applicable within Malaysia only for twenty-four (24) hours a day. Cover ceases from the time the Insured Person leaves Malaysia and resumes upon his/her return to Malaysia.
- **Limitation of Benefits:** All benefits provided in this policy are only payable in the event the insured person is confined in a non-corporatised Malaysian Government Hospital.
- **Grace Period:** This is a Cash Before Cover policy. Notwithstanding the Cash Before Cover condition, a Grace Period of fourteen (14) days from its due date will be allowed for payment of each premium after the first policy year. During such fourteen (14) days, the Company shall remain liable there under if by the last of such days, the premium is actually paid. If any premium is not paid in respect of this policy contract before the end of the grace period, this policy contract shall be deemed as terminated at the expiry date of this policy.
- **Cooling Off Period:** You may cancel your policy by returning the policy within 15 days after you have received the policy and you will be refunded the full premium that you paid. No refund is made if a claim was made during this cooling-off period.

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

**7. What are the major exclusions under this policy?**

This policy does not cover any hospitalisation, surgery or charges caused by any one (1) of the following occurrences:

- Plastic / Cosmetic surgery;
- Dental treatment or oral surgery;
- Treatment or surgical operation for congenital abnormalities or deformities;
- Pregnancy or miscarriage;
- Treatment which is not Medically Necessary;
- Suicide or self-inflicted injury while sane or insane;
- Accidental injuries or illnesses arising from racing or hazardous sports.
- Cardiovascular diseases and all cancers occurring within the first one hundred and twenty (120) days of Insurance of the insured Person.
- Pre-existing conditions unless the Insured Person passes the medical examination as confirmed by FOMEMA Sdn Bhd (FOMEMA) within 30 days from the Insured Person's arrival to Malaysia.

**Note:** The list above is non-exhaustive. Please refer to the policy contract for the full list of exclusions under this policy.

**8. Can I cancel my policy?**

Yes, you (the Policyholder) may cancel this policy at any time by giving written notice to us. Upon cancellation, you are entitled to a refund of the premium as per the schedule below, provided that you have not made a claim during the current policy year.

<u>Period Not Exceeding</u>	<u>Refund of Annual Premium</u>
15 days	90%
1 month	80%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
10 months	10%
11 months	5%
Period Exceeding 11 months	No Refund

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

It is important that you inform us of any change in your contact details to ensure that all correspondence reaches you in a timely manner.

**10. Where can I get further information?**

If you have any enquiries about this product or any other types of similar products, you can contact us or your insurance intermediary or visit our website at [www.general.com.my](http://www.general.com.my).

**General Insurance Malaysia Berhad**  
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Tel: 1 300 13 2121 or +603 3007 2121  
Email: [customer.service.gi@general.com.my](mailto:customer.service.gi@general.com.my)  
[www.general.com.my](http://www.general.com.my)

**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 THE INTERMEDIARY OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this Product Disclosure Sheet is a summary for quick and easy reference. The exact terms and conditions that apply are stated in the policy contract.

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

The information provided in this disclosure sheet is valid as at 24 February 2025.