

PERMANENT PARTIAL DISABILITY (PPD) SUPPLEMENTARY CONTRACT

Permanent Partial Disability Supplementary Contract	<p>This Supplementary Contract is issued together with the Master Certificate as You have participated in this additional Benefit with an additional Contribution. The Sum Covered and required Contribution for this Supplementary Contract is shown in the Certificate of Takaful.</p> <p>In addition, the Master Certificate's provisions shall apply to this Supplementary Contract.</p> <p>Subject to any changes made to this Supplementary Contract, all the provisions of the Master Certificate shall remain the same and be in full force and effect.</p>
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BENEFITS

Permanent Partial Disability (PPD) Benefit	<p>If a Person Covered suffers from Permanent Partial Disability due to the Covered Event(s) identified in the Takaful Schedule, We shall pay You a percentage of the Sum Covered for Permanent Partial Disability, in respect of the Person Covered, as stated in the Certificate of Takaful. The percentage of Benefit payable is specifically stated in the Table of Benefits for Permanent Partial Disability.</p> <p>In the event that the Person Covered suffers from more than one (1) type of Permanent Partial Disability, the total amount of Permanent Partial Disability Benefit payable shall not exceed One Hundred Percent (100%) of the Sum Covered for Permanent Partial Disability in respect of the Person Covered.</p> <p>The Sum Covered of the Master Certificate in respect of the Person Covered shall automatically be reduced by the amount of Permanent Partial Disability Benefit paid. In the event of a total One Hundred Percent (100%) having been paid, We shall be discharged from any further liability in respect of the Person Covered.</p> <p>Under this Supplementary Contract, total and irrecoverable loss of use of limb/member could also be treated as loss of limb/member subject to certification by Our appointed physician.</p>
Conditions for Benefit to be Paid	<p>We shall only pay the Permanent Partial Disability Benefit if:</p> <ul style="list-style-type: none"> (i) the covered disablement occurs within <u>thirty (30) days</u> of the Covered Event(s), as specified in the Takaful Schedule; and (ii) the covered disablement occurs before Person Covered reaches the maximum age of cover of the Supplementary Contract, as specified in the Takaful Schedule; and (iii) The Person Covered survives for at least thirty (30) days after the date of event. <i>person covered hidup selepas 30 hari kemalangan</i>
Exclusions	<p>We shall not pay the Benefit under this provisions if the disability occurs due to:</p> <ul style="list-style-type: none"> (i) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or (ii) Participation in any dangerous or hazardous sport or hobby such as (but not limited to) steeple chasing, polo, horse racing, underwater diving, hunting, motor vehicular racing, <i>mountaineering or potholing</i>; or <i>pendakian gunung penerbangan</i> (iii) Participation in any form of aviation (except as a fare-paying passenger or crew member on a regular route operated by a commercial airline), or aerial sports such as (but not limited to) skydiving, parachuting, bungee jumping, hang gliding and ballooning; or <i>pyg tajun</i> (iv) Self-inflicted injuries or suicide or attempted suicide, unless proven insane; or (v) Injuries or hospitalisation as a result of drug addiction, or while under the influence of alcohol; or <i>peragih dadah mabuk</i>

	(vi) HIV infection, Acquired Immune Deficiency Syndrome (AIDS) and any AIDS related conditions; or (vii) Committing or trying to commit any illegal act.
Existing Health Condition	This Supplementary Contract also excludes any Pre-Existing Condition, which existed prior to the Inclusion Date or Reinstatement Date, whichever is later, in respect of a Person Covered.

**TABLE OF BENEFITS FOR PERMANENT PARTIAL DISABILITY
(NORMAL SCALE)**

<u>DESCRIPTION OF DISABLEMENT</u>	<u>PERCENTAGE OF THE SUM COVERED PAYABLE</u>
Loss of sight of one eye.....	40%
Loss of one hand or one arm or one foot or one leg.....	50%
Loss of four fingers.....	40%
Loss of hearing in one ear.....	15%
Loss of thumb	
- both phalanges.....	25%
- one phalanx.....	10%
Loss of index finger	
- three phalanges.....	10%
- two phalanges.....	8%
- one phalanx.....	4%
Loss of middle finger	
- three phalanges.....	6%
- two phalanges.....	4%
- one phalanx.....	2%
Loss of ring finger	
- three phalanges.....	5%
- two phalanges.....	4%
- one phalanx.....	2%
Loss of little finger	
- three phalanges.....	4%
- two phalanges.....	3%
- one phalanx.....	2%
Loss of metacarpals	
- first or second (additional).....	3%
- third, fourth or fifth (additional).....	2%
Loss of toes	
- all.....	15%
- great, both phalanges.....	5%
- great, one phalanx.....	2%
- other than great, if more than one toe lost, each.....	1%