

Great Eastern General Insurance (Malaysia) Berhad (198301007025) (102249-P)

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Customer Service Careline: 1300 -1300 88

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STAMP
DUTY
PAID

AUTOMATIC TRAVEL PERSONAL ACCIDENT MASTER POLICY

This is **Your** Automatic Travel Personal Accident Master Policy. Please read it carefully and if **You** find any information contained herein as incorrect, immediately return it to **Us** for correction.

Your Policy comprises this document and any endorsement. They should be read as one document and any word or expression which has a particular meaning shall have the same meaning wherever it may appear throughout the Policy.

The written proposal and the declaration submitted by **You** and/or the **Insured Person** shall form the contract of this insurance. The conditions appearing in this Policy or in any endorsement are part of this contract and must be complied with by **You** and/or the **Insured Person** before **We** pay a claim.

Our Agreement

STATEMENT Pursuant to Schedule 9 of the Financial Services Act 2013

A 'consumer insurance contract' is a contract of insurance entered into, varied or renewed by an individual wholly for purposes unrelated to **Your** trade, business or profession.

Consumer Insurance Contracts (Insurance wholly for purposes unrelated to **Your** trade, business or profession)

This Policy is issued in consideration of the payment of premium and pursuant to the answers given in **Your** and/or the **Insured Person's** Proposal Form (or when **You** and/or the **Insured Person** applied for this insurance) and any other disclosures made by **You** and/or the **Insured Person** between the time of submission of **Your** and/or the **Insured Person's** Proposal Form (or when **You** and/or the **Insured Person** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by **You** and/or the **Insured Person** shall form part of this contract of insurance. However, in the event of any pre-contractual misrepresentation made in relation to **Your** and/or the **Insured Person's** answers or in any disclosures given by **You** and/or the **Insured Person**, the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If **You** and/or the **Insured Person** are required by **Us**, before this Policy is renewed or varied, to answer questions or if **You** and/or the **Insured Person** are required to confirm or amend any matter previously disclosed by **You** and/or the **Insured Person** to **Us** in relation to this Policy, it is **Your** and/or the **Insured Person's** duty not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

You and/or the **Insured Person** must inform **Us** of any change to the information given to **Us** in **Your** and/or the **Insured Person's** answers or in respect of any matter previously disclosed to **Us** in relation to this Policy if such changes had taken place after **You** and/or the **Insured Person** have/has submitted the application for renewal or variation but before this Policy is renewed or varied.

This Policy reflects the terms and conditions of the contract of insurance.

A 'non-consumer insurance contract' is a contract of insurance other than a consumer insurance contract.

Non-Consumer Insurance Contracts (Insurance for purposes related to **Your** trade, business or profession)

This Policy is issued in consideration of the payment of premium and pursuant to the answers given in **Your** and/or the **Insured Person's** Proposal Form (or when **You** and/or the **Insured Person** applied for this insurance) and any other disclosures made by **You** and/or the **Insured Person** between the time of submission of **Your** and/or the **Insured Person's** Proposal Form (or when **You** and/or the **Insured Person** applied for this insurance) and the time this contract is entered into. The answers and any other disclosures given by **You** and/or the **Insured Person** shall form part of this contract of insurance. In the event of any pre-contractual misrepresentation made in relation to **Your** and/or the **Insured Person's** answers or in any disclosures made by **You** and/or the **Insured Person**, it may result in avoidance of **Your** contract of insurance and/or the **Insured Person's** coverage under this contract of insurance, refusal or reduction of **Your** and/or the **Insured Person's** claim(s), change of terms or termination of **Your** contract of insurance and/or the **Insured Person's** coverage under this contract of insurance.

If **You** and/or the **Insured Person** are required by **Us**, before this Policy is renewed or varied, to answer questions or if **You** and/or the **Insured Person** are required to confirm or amend any matter previously disclosed by **You** and/or the **Insured Person** to **Us** in relation to this Policy, it is **Your** and/or the **Insured Person** duty not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

You and/or the **Insured Person** must inform **Us** of any change to the information given to **Us** in **Your** and/or the **Insured Person's** answers or in respect of any matter previously disclosed to **Us** in relation to this Policy if such changes had taken place after **You** and/or the **Insured Person** have/has submitted the application for renewal or variation but before this Policy is renewed or varied.

This Policy reflects the terms and conditions of the contract of insurance.

DEFINITION

In this Policy where the context so admits words used in singular shall include plural and masculine shall include feminine. The following words and expressions shall have the following meanings.

1. "**Accident**" means a sudden, unforeseen, unexpected and fortuitous event occurring:-
 - a) during an Insured Trip; or
 - b) at the intended destination(s) as shown in the Insured Person's air ticket; or
 - c) within any airport premises designated for passenger use for boarding an aircraft for an Insured Trip or after alighting from an aircraft from an Insured Trip; or
 - d) whilst the Insured Person is traveling as a fare-paying passenger in a Public Conveyance at the intended destination(s) as shown in the Insured Person's air ticket or to an airport, including to and from his Home, in connection with an Insured Trip.
- "**Accidental Death**" shall mean any death that is due to an **Accident** and not from any natural causes.
2. "**Family Members**" means the following:-
 - a) Principal Insured Person's legally married spouse and
 - b) Principal Insured Person's legally dependent children under the age of 23 years and who are unemployed and unmarried.
3. "**Family**" means the Principal Insured Person and his Family Members.
4. "**Home**" means the place an Insured Person usually lives in, in Malaysia.
5. "**Insured Person(s)**" includes the Principal Insured Person and his Family Members traveling on an Insured Trip.
6. "**Insured Trip**" means any trip for which the Principal Insured Person is travelling on his own or together with his Family Members on a Scheduled Flight to intended destination(s) as shown in the Insured Person's air ticket and for which the fares for the Insured Trip of every Insured Person are charged to the Principal Insured Person's OCBC World Mastercard issued by the Policyholder.

7. **"Injury"** means bodily injury suffered by an Insured Person caused solely and directly by **Accident** which, independently and exclusively of any other causes, results in death or permanent disablement.
8. **"Loss"** as used in reference to limbs shall mean complete and permanent severance through or above the wrist or ankle joint and, as used in reference to eye, shall mean the total and irrecoverable loss of sight of the eye and all these losses are medically certified by a Medical Practitioner, as beyond remedy by surgical or other treatments.
9. **Medical Practitioner** shall mean a person qualified by a degree in western medicine and legally registered to practice western medicine in the geographical area of practice, and who also possesses a current Annual Practising Certificate issued by the Malaysian Medical Council.
10. **"Policyholder"** or "OCBC" means OCBC Bank (Malaysia) Berhad.
11. **"Policy"** shall mean the policy wording and any other documents that may be subsequently issued to the Policyholder and which **We** advise as forming part of the **Policy**.
12. **"Principal Insured Person"** means an Insured Person who holds a valid OCBC World Mastercard (either Principal or Supplementary) credit card issued by the Policyholder.
13. **"Public Conveyance"** means any Scheduled Flight, or any land or water conveyance which is operated by a carrier duly licensed to provide regular transportation of fare-paying passengers excluding all forms of chartered transportation, tour or private arrangement;
14. **"Scheduled Flight"** means a flight in an aircraft of an airline listed in the Official Airline Guide or ABC World Airways Guide and for which the airline operator holds a certificate, license or similar authorisation for scheduled air transportation issued by the relevant authorities of the country in which the aircraft is registered and, in accordance with such authorisation, maintains and publishes schedules and tariffs for passenger service between named airports at regular and specific times.
15. **"We/Us/Our/The Company"** shall mean Great Eastern General Insurance (Malaysia) Berhad (Company No. (198301007025 (102249-P)) a company incorporated in Malaysia, registered under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.
16. **"You/Your/Insured"** shall mean the Policyholder.

SCHEDULE OF BENEFITS

Payable to any one Insured Person per Accident subject to the amount of Benefits specified in the respective Benefit Amount Table below.

APPLICABLE TO OCBC WORLD MASTERCARD ONLY

No.	BENEFITS	BENEFIT AMOUNT (RM)
1.	DEATH , if occurring within 100 days after the date of Accident	2,000,000
2.	PERMANENT DISABLEMENT specified below, if occurring within 100 days after the date of Accident: (a) Total and incurable paralysis or insanity or injuries resulting in the Insured Person being permanently bedridden (b) Loss of two limbs (c) Loss of sight of both eyes (d) Loss of one limb and sight of one eye (e) Loss of one limb (f) Loss of sight of one eye	 2,000,000 2,000,000 2,000,000 2,000,000 1,000,000 1,000,000

SCOPE AND LIMITS OF COVER

1. The total amount We will pay under Benefit Section 1 or 2 to the Insured Person in respect of any one Accident shall not exceed 100% of the Benefit Amount specified in the Schedule of Benefits.
2. Benefit 2(a) shall only be payable after a Medical Practitioner has certified that the paralysis, insanity or disablement is beyond hope of improvement or recovery and will continue for the remainder of the Insured Person's life.
3. Subject to clause 5 below, the Company's total liability under Benefits 1 and 2 to any one Insured Person for any one Accident shall not exceed the sum of RM2,000,000 in the case of which the full fare for the Insured Trip of the Insured Person is charged to the Principal Insured Person's OCBC World Mastercard.
4. If the Insured Person is under the age of fourteen (14) years at the time of the Accident, the said Insured Person shall only be entitled to 5% of the Benefit Amount stated in the table above.
5. In the case where the fare is partially charged to the Principal Insured Person's OCBC World Mastercard prior to any Injury, the Company's liability under the aforesaid Benefits shall be calculated at pro rata of the applicable Benefit Amount in accordance with the percentage of fare charged to the credit card.
6. The maximum Benefits the Company will pay for any one Accident is RM2,000,000 per Family.

EXTENSION OF COVERAGE

The Benefits of this Policy are extended to include the following circumstances:

1. **EXPOSURE:**

It is agreed and understood that subject to the terms, exclusions, limitations and conditions contained in the Policy or endorsed thereon, this Policy covers claims arising out of accidental Injury caused by exposure to the elements of nature as a result of an Accident insured hereunder, provided that in the event of death of the Insured Person caused by exposure to the elements, a properly constituted judicial body of enquiry shall affirm that the Insured Person has died of exposure after having sustained accidental Injury arising from an Accident.

2. **DISAPPEARANCE:**

It is agreed and understood that subject to the terms, exclusions, limitations and conditions contained in the Policy or endorsed thereon, if after a period of one (1) year has elapsed and the Company having examined all evidence available, shall have no reason to suppose other than that an Accident has occurred and that a Court of Law has pronounced such Insured Person to be missing and legally found dead, the disappearance shall be considered to constitute a claim under this Policy. It is further agreed and understood that if at any time after payment has been made and the Insured Person is found to be alive, any sums paid by the Company in settlement of claim shall be refunded to the Company.

GENERAL POLICY EXCLUSIONS

1. The Company will not cover the Insured Person against death or permanent disablement directly or indirectly caused by or resulting from or traceable to:
 - (a) HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivatives or variations thereof.
 - (b) any pre-existing illness, physical or mental defect or infirmity.
 - (c) disease or sickness of any kind, parasitic, bacterial or viral infection.
 - (d) any elective, cosmetic (aesthetic), plastic and/or reconstructive surgery and related treatments.
 - (e) pregnancy, childbirth, miscarriage or any complications thereof notwithstanding that such event may have been accelerated or induced by Accident.
 - (f) provoked murder or assault, intentional self-injury or attempted suicide whilst sane or insane, intoxication of alcohol, the effects of drugs unless taken as prescribed by a legally qualified and registered medical practitioner for an illness and not for the treatment of drug addiction.
 - (g) the Insured Person traveling against the advice of a Medical Practitioner.
 - (h) flying or aerial activities otherwise than as a fare-paying passenger in an aircraft provided and operated by an airline which is duly licensed for the regular transportation of fare-paying passengers over established air routes.

- (i) the Insured Person committing or attempting to commit any criminal act.
2. This Policy does not cover the Insured Person against death or permanent disablement directly or indirectly caused by or occasioned by or contributed to by or resulting from or traceable to or in consequence of:

(a) **War Risks**

war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, strike, civil commotion, military or usurped power and in the event of any claim hereunder the Insured Person shall when so required by the Company prove that the claim arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequence thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.

(b) **Terrorism Mass Destruction**

Terrorism but only as the sole result of the utilisation of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this exclusion:

- i) Terrorism means an act or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of Terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).
- ii) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
- (c) **Radioactive Contamination**
Nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Solely for the purpose of this exclusion "combustion" shall include any self-sustaining process of nuclear fission.
- (d) **Acts of Authorities**
Confiscation commandeering requisition by any government, public municipal or local authority or on the order of such authorities.

CLAIMS CONDITIONS

1. **Claims Procedure**

On the happening of any Accident likely to give rise to a claim under this Policy, written notice shall be given to the Company as soon as possible and, in any event, within thirty (30) days after the date of the Accident.

The Company upon receiving the notice of claim will then provide the Claimant with such forms as it usually provides for filing proof of claim.

The Claimant shall at his own expense return the form duly completed with details of the Accident together with such documents or evidence as follows:

- (a) police report, medical report and/or death certificate;
 - (b) counterfoils of air tickets and details of flight;
 - (c) copies of credit card Record of Charge forms verifying that the relevant air tickets for the Insured Trip were charged to the Principal Insured Person's OCBC World Mastercard;
- or other further documents or evidence as may be reasonably required by the Company to assess the claim.

The Company at its own expense shall have the right and opportunity to subject the Insured Person to medical examination when and as often as it may reasonably require during the pendency of the claim.

In the event of Accidental Death of the Insured Person, unless it is prohibited by law, the Company shall be entitled at its own expense to conduct a post mortem examination before making any payment of the Benefit Amount for Accidental Death under this Policy.

Failure to notify the Company within the time limit prescribed above shall not invalidate the claim if it can be shown to the Company's satisfaction that it was not reasonably possible to give such notice within the prescribed time limit for an otherwise legitimate claim

2. **Payment of Benefits**

Payment of any benefit under this Policy is subject to the Definitions, Exclusions, and all other terms and conditions pertinent to the benefits.

All the benefits payable under this Policy shall be paid to the Insured Person. In the event of the Insured Person's Accidental Death, where the Insured Person has currently valid nominee(s) with or without trustee(s) under this Policy, the Benefit Amount for Accidental Death will be paid to such nominee(s) in accordance with the provisions of the Financial Services Act 2013. If there is no such named nominee, the Benefit Amount will be paid to the Insured Person's legal representative(s) in accordance with the Financial Services Act 2013. In respect of an Insured Person who is a Muslim, payment of the Benefit Amount for Accidental Death under this **Policy** shall be determined by the applicable Shariah Laws.

GENERAL POLICY CONDITIONS

1. **Terms and Conditions**

The observance and fulfillment of the terms, provisions and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured Person shall be conditions precedent to the liability of the Company to make payment under this Policy.

2. **Notice and Alterations**

Every notice or communication to be given or made under this Policy shall be delivered in writing to the Company. No alteration in this Policy shall be valid unless approved by the Company and evidenced by endorsement.

3. **Currency Exchange Rates**

All Benefits under this Policy are payable in Malaysian Ringgit. Claim bills rendered in terms of foreign currency shall be converted to Malaysian Ringgit based on the quoted exchange rate (open market rate if a free market, official rate if not a free market) on the date of issue of the bills.

4. **Fraudulent Claims**

If any claim under this Policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the Insured Person or anyone acting on behalf of the Insured Person to obtain Benefits under this Policy, the Company shall be under no liability in respect of such claim.

5. **Cancellation of Policy**

The Policyholder may give written notice to the Company to cancel the Policy, such cancellation shall become effective on the date such notice is received or on the date specified in such notice whichever is the later. The Company may also cancel this Policy by giving notice by registered letter to the Policyholder at the address last known, stating when, not less than 120 days thereafter, such cancellation may be effective.

Upon cancellation, the Company shall return on a pro rata basis the unearned premium paid, if any, and the Policyholder shall pay on a pro rata basis the earned premium which has not been paid.

6. **Arbitration**

All differences arising out of this Policy shall be referred to the decision of an arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator to the decision of two arbitrators, one to be appointed in writing by each of the parties within one calendar month after having been required in writing so to do by either of the parties or, in case the arbitrators do not agree, to an umpire appointed in writing by the arbitrators before entering upon the reference. The umpire shall sit with the arbitrators and preside at their meetings and the making of an award shall be a condition precedent to any right of action against the Company.

7. **Time Limitation**

If the Company shall disclaim liability to the Insured Person (or in the event of his death his legal personal representative) for any claim, in no case shall the Company be liable for such claim after the expiration of twelve (12) calendar months from the date of such disclaimer unless the claim is the subject of pending arbitration.

8. **Governing Law and Jurisdiction**

This Policy is governed by and construed in accordance with Malaysian Law. The Company shall, in all competent judicial proceedings at the instance of the parties suing in respect of matters arising out of this insurance, acknowledge the jurisdiction of the courts in Malaysia only.

9. **Insurer's Right to Examine Records**

The Company reserves the right to examine all the books and records of the Policyholder relating to this insurance at any reasonable time within two (2) years after the termination of this Policy or until final adjustment and settlement of all claims hereunder, whichever is the later.

WARRANTIES, CLAUSES AND ENDORSEMENTS APPLYING TO THIS POLICY

1. **PREMIUM WARRANTY**

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company within sixty (60) days from the date of this Policy/Endorsement/Renewal Certificate/, whichever is applicable.

If this condition is not complied with then the Insured Person's coverage under this Policy is automatically cancelled and the Company shall be entitled to the pro rata premium for the period it has been on risk.

If the premium for this Policy has been calculated on any estimates furnished by the Policyholder, the Policyholder shall keep an accurate record containing all particulars relative thereto and shall at all times allow the Company to inspect such record. The Policyholder shall within thirty (30) days from the expiry of this Policy, furnish to the Company such particulars, information, and/or declaration as the Company may require. The Company shall thereafter adjust the premium if the estimates furnished by the Policyholder is lower than the actual number of Insured Persons for the period, and the difference shall be paid by the Policyholder to the Company within thirty (30) days from the date of the Company's invoice.

Where the premium payable pursuant to this warranty is received by an authorised agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorised to receive such premium shall lie on the Company.

Subject otherwise to the terms and conditions of this Policy.

2. **LIMIT OF LIABILITY FOR TERRORISM COVER**

Notwithstanding anything contained herein to the contrary, it is hereby declared and agreed that the Company's maximum liability under this Policy for all claims arising out of or resulting from acts of terrorism

shall be limited to RM10,000,000 per event, incident or occurrence and during the Policy period of insurance.

For the purpose of this “acts of terrorism” shall not include acts of terrorism involving the use of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined.

Subject otherwise to the terms and conditions of this Policy.

3. CONVEYANCE CLAUSE (LIMIT: RM17,500,000)

The maximum liability of the Company shall not in any event exceed the Benefit Amount any one Insured Person stated in the Benefit Amount Table and unless otherwise agreed and endorsed hereon, compensation payable in respect of Accidental Death or permanent disablement occurring whilst a number of Insured Persons are travelling in the same conveyance shall be limited to a maximum of RM17,500,000.

In the event that the aggregate shall exceed the said amount, the Company shall settle the claim of the respective Insured Persons on a proportional basis.

Subject otherwise to the terms and conditions of this Policy.

4. SANCTION LIMITATION AND EXCLUSION CLAUSE (SANC)

The Company shall not be deemed to provide cover and shall not receive any payment(s) under the Policy; or be liable to pay any sums (including payment of claims, refund of premiums, surrender or cancellation payments); or provide any benefit under the Policy; to the extent that the provision of such cover, payment of such sum or provision of such benefit would expose the Company to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

5. GOVERNMENT TAX

Please be informed that the premiums on this policy are subject to the Government tax prevailing during the term of this policy.

Your obligation to pay the prevailing Government tax shall form part of the terms and conditions of this Policy.

COMPLAINT HANDLING UNIT

Lodging Complaints and Grievances

You may refer **Your** complaint pertaining to any insurance related matters to **Our** Complaint Handling Unit for an amicable resolution before referring to the Ombudsman for Financial Services or BNMLINK/BNMTELELINK, Bank Negara Malaysia. The contact details of **Our** Complaint Handling Unit: -

Complaint Handling Unit

GREAT EASTERN GENERAL INSURANCE (MALAYSIA) BERHAD
Level 18, Menara Great Eastern, 303 Jalan Ampang, 50450 Kuala Lumpur
Telephone No. : 03-4259 7828
Fax No. : 03-4813 0055
Email : gicare-my@greateasterngeneral.com

OMBUDSMAN FOR FINANCIAL SERVICES OR BANK NEGARA MALAYSIA

If **You** are not satisfied with the response or the decision of **Our** Complaint Handling Unit, **You** may submit **Your** complaint either to the Ombudsman for Financial Services (OFS) within 6 (six) months from the date of **Our** Complaint Handling Unit's final decision, or to BNMLINK/BNMTELELINK, Bank Negara Malaysia (BNM). Kindly check with **Our** Complaint Handling Unit on the proper avenue for dealing with **Your** complaint. The following are the contact details of OFS or BNM: -

OFS/OPK : Level 14, Main Block, Menara Takaful Malaysia, No.4, Jalan Sultan Sulaiman,
50000 Kuala Lumpur.

Telephone No. : 03-2272 2811; Fax No.: 03-2272 1577

BNM : Laman Informasi Nasihat dan Khidmat (BNMLINK)
(Walk-in Customer Service Centre)
Ground Floor, D Block, Jalan Dato' Onn, 50480 Kuala Lumpur.
Contact Centre (BNMTELELINK)
Corporate Communication Department, Bank Negara Malaysia
P.O. Box 10922, 50929 Kuala Lumpur.
Telephone No.: 1-300-88-5465; (Overseas: 603-2174-1717); Fax No.: 03-2174-1515
Email: bnmtelelink@bnm.gov.my

BRANCH OFFICES OF Great Eastern General Insurance (MALAYSIA) BERHAD (102249-P)

Kuala Lumpur	Level 18, Menara Great Eastern, 303 Jalan Ampang, 50450 Kuala Lumpur. General Line: (03) 4259 7888 Customer Service Careline: (03) 4259 8900 Fax No: (03) 4813 0088
Penang	Suite 2-3, Level 2, Wisma Great Eastern, No. 25, Lebuhraya Light, 10200 Pulau Pinang Tel: (04) 2619 361 Fax: (04) 2619 058
Ipoh	2nd Floor, Wisma Great Eastern, No. 16, Persiaran Tugu, Greentown Avenue, 30450 Ipoh, Perak Tel: (05) 2536 649 Fax: (05) 2553 066
Alor Setar	69 & 70, 1st Floor, Jalan Teluk Wanjah, 05200 Alor Setar, Kedah Tel: (04) 7346 515 Fax: (04) 7346 516
Klang	3rd Floor, No. 10, Jalan Tiara 2A, Bandar Baru Klang, 41150 Klang, Selangor Tel: (03) 3345 1027 Fax: (03) 3345 1029
Melaka	2-23, Jalan PM15, Plaza Mahkota, 75000 Melaka Tel: (06) 2843 297 Fax: (06) 2835 478
Kuantan	1st Floor, No. 25, Jalan Dato' Lim Hoe Lek, 25200 Kuantan, Pahang Tel: (09) 5162 849 Fax: (09) 5162 848
Seremban	103-2, Jalan Yam Tuan, 70000 Seremban, Negeri Sembilan Tel: (06) 7649 082 Fax: (06) 7616 178
Johor Bahru	Wisma Great Eastern, 03-01, Block A, Komersial Southkey Mozek, Persiaran Southkey 1, Kota Southkey, 80150 Johor Bahru, Johor Tel: (07) 3369 899 Fax: (07) 3369 869
Kota Bharu	No. S25/5252-S, Tingkat 1, Jalan Sultan Yahya Petra, 15200 Kota Bharu, Kelantan Tel: (09) 7482 698 Fax: (09) 7448 533
Kuching	No. 51, Level 3, Wisma Great Eastern, Lot 435, Section 54 KTL D, Travillion Commercial Centre, Jalan Padungan, 93100 Kuching, Sarawak Tel: (082) 420 197 Fax: (082) 248 072
Kota Kinabalu	Suite 6.3, Level 6, Wisma Great Eastern Life, No. 65, Jalan Gaya, 88000 Kota Kinabalu, Sabah Tel: (088) 235 636 Fax: (088) 248 879
Sibu	2nd Floor, No. 10 A-F, Wisma Great Eastern, Persiaran Brooke, 96000 Sibu, Sarawak Tel: (084) 328 392 Fax: (084) 326 392

Servicing Offices / Pejabat Perkhidmatan Great Eastern General Insurance (Malaysia) Berhad (102249-P)

Sandakan	1st Floor, Lot 5 & 6, Block 40, Lorong Indah 15, Bandar Indah, Phase 7, Mile 4, North Road, 90000 Sandakan, Sabah Tel: (089) 228 769 Fax: (089) 228 372
Tawau	3rd Floor, Wisma Great Eastern, Jalan Billian, 91008 Tawau, Sabah Tel: (089) 755 882 Fax: (089) 767 013
Miri	3rd Floor, Lots 1260 & 1261, Block 10 M.C.L.D. Jalan Melayu, 98000 Miri, Sarawak Tel: (085) 421 299 Fax: (085) 433 276
Batu Pahat	4th Floor, 109, Jalan Rahmat, 83000 Batu Pahat, Johor Tel: (07) 4322 357 Fax: (07) 4322 359
Mentakab	No. 60, 1st Floor, Jalan Orkid, 28400 Mentakab, Pahang Tel : (09) 2709358 Fax : (09) 2709359