

Let SmartCare Optimum take care of your medical expenses!



An illness or accident can put a real strain - on your well-being as well as your finances. But now you don't have to worry about the expenses: Let **SmartCare Optimum** concentrate on the bills whilst you concentrate on getting better.

Complete medical care

A comprehensive coverage that gives you a high range of benefits. From a full refund on inpatient and day surgery costs to high benefits for various outpatient treatments. When it comes to medical coverage, **SmartCare Optimum** is just what the doctor ordered.

24 hours a day, 7 days a week

Just call our 24 hour assistance hotline to arrange cashless admission to any of our panel hospitals in Malaysia. If you choose Plan 1, you will also have access to 24-hour emergency medical assistance throughout the world, in addition to having your medical costs reimbursed for emergency treatment overseas.

Up to RM500,000 protection

Enjoy greater protection and even greater flexibility. You can choose from four different plans with coverage up to RM500,000. Please see which plan best suits you.

Table of Benefits

PLANS	PLAN 1	PLAN 2	PLAN 3	PLAN 4
OVERALL ANNUAL LIMIT (for Section A and Section B only)	RM500,000	RM200,000	RM100,000	RM50,000
SECTION A: IN-PATIENT & DAYCARE SURGICAL PROCEDURE (per disability)				
Room & Board, daily maximum (Room Category)	RM500 (Basic Suite)	RM350 (Standard Single Bed)	RM180 (Double Bedded)	RM100 (Four Bedded)
Total number of days	150 days	120 days	120 days	120 days
Intensive Care Unit, daily maximum Total number of days	60 days	Full Reimbursement 60 days		60 days
Ambulance Fees	Full Reimbursement		RM350	RM350
Insured Child's Daily Guardian Benefit (for child below 15 years old, up to 60 days)	Full Reimbursement		Not Applicable	
Prescription Drugs	Full Reimbursement			
Nursing, Theatre Consumables & other Ancillary Charges	Full Reimbursement			
Surgeon's Fees Anaesthetist's Fee Diagnostic Procedures & Physiotherapy Physician Fees, one visit per day Specialist Fees, one visit per day	Full Reimbursement subject to Overall Annual Limit provided the charges are within the recommendations of the Malaysian Medical Association Guidelines and Reasonable and Customary charges.			
Operating Theatre	Full Reimbursement			
Daily Government Hospital Cash Allowance (per day) Total numbers of days	RM100 150 days	RM100 120 days	RM100 120 days	RM100 120 days
SECTION B: OUT-PATIENT TREATMENT (per disability)				
Consultations & Diagnostic Procedures within 31 days before hospital confinement	RM5,500	RM3,500	RM2,500	RM1,500
Post-Hospitalisation Care and Physiotherapy Treatment within 31 days from hospital discharge	RM5,500	RM3,500	RM2,500	RM1,500
Accident & Emergency Treatment within 14 days from the date of the accident	Full Reimbursement			
SECTION C: SPECIAL BENEFITS (additional limit on top of the annual limit)				
Out-patient Kidney Dialysis, lifetime maximum	RM60,000	RM40,000	RM20,000	RM20,000
Out-patient Cancer Treatment, lifetime maximum	RM60,000	RM40,000	RM20,000	RM20,000
Accidental Death	RM3,000	RM3,000	RM3,000	RM3,000
International Emergency Medical Evacuation and Repatriation, per annual maximum	RM500,000	Not Applicable		

Income tax relief

You can qualify for income tax relief up to RM3,000 for medical insurance premiums.

Deductible Option

You may choose our Deductible Option where you pay the first RM7,500, RM10,000, RM15,000 or RM20,000 of your hospitalization bills. **SmartCare Optimum** will reimburse the remaining amount, up to the overall annual limit of your plan. This option comes with a premium discount but is without the cashless admission benefit. This option is suitable if your employer already provides you with some healthcare benefits. Please refer to our website or your policy contract for full details of this Option.

Enjoy life

Don't let an illness or accident stop you from enjoying life. Just complete the application form enclosed and mail it to us today - and leave the worries to us!

For more information, call **03-2170 8282** or e-mail us at customer.service@axa.com.my

Important Information

1. Needs and Affordability

You should satisfy yourself that this plan will best serve your needs and that the premium payable under the policy is an amount that you can afford.

2. Premium Computation

The Standard Annual Premiums are quoted based on your status of health and occupational duties being satisfactory to us. If there are adverse variations to the health and occupation status as declared in the Application Form, the Premiums and Policy Terms and Conditions may be adjusted according to the increased risk exposure. The premium is charged according to your age next birthday at entry. There is an additional of 15% loading for Occupation Class 3. All Occupations under Class 4 are not covered by this plan. Renewal Premiums payable will increase with age.

3. Residence Overseas

No benefit whatsoever shall be payable for any medical treatment you received outside Malaysia, Singapore and Brunei, if you reside or travel outside Malaysia, Singapore and Brunei for more than ninety (90) consecutive days.

4. Overseas Treatment

If the Insured Person elects to or is referred to be treated outside Malaysia by the Attending Physician, benefits in respect of the treatment shall be limited to the reasonable and customary and medically necessary charges for such equivalent local treatment in Malaysia and shall exclude the cost of transport to the place of treatment.

5. Co-Payment

If you are hospitalized at a Room & Board category that is better and cost more than your eligible benefit, you need to bear 20% of the cost of all other eligible benefits described in the Table of Benefits. If the Room & Board is of the same category but cost is higher than your entitlement, you need to pay the differences in Room & Board only.

6. Cooling-off Period

If you decide not to take up the policy after it has been issued, you may return the policy to us for cancellation within fifteen (15) days from the date of issue provided no claim has been made. You are entitled to the return of the full premium paid less deduction of 10% for administrative expenses incurred.

7. Automatic Termination

If you don't pay the premiums or if you fail to pay the premiums when due, your policy will be terminated automatically.

8. Claim Procedure

All Insured Persons will be given an AXA Healthcare Card. With this card, you have access to our panel hospitals throughout Malaysia. We will obtain the preliminary diagnosis from Medical Report completed by your attending physician (which may take 1 to 2 hours). It is best for you to arrange such report before hospital admission for pre-planned treatment. You may be required to make personal deposit as required by the hospital's regulations.



AXA AFFIN GENERAL INSURANCE BERHAD

SmartCare Optimum

New Benefits & Enhancements (w.e.f. 1-6-2009) / Manfaat Baru & Peningkatan Manfaat (berkuatkuasa dari 1-6-2009)

In recent years, medical costs have increased rapidly due to medical inflation. With your best interest in mind and to ensure long-term viability of providing quality medical coverage at affordable premiums, we have reviewed our product, coverage level and premium rates to ensure that they are in line with the current escalating medical and healthcare costs.

Sejak kebelakangan ini, kos perubatan telah meningkat dengan mendadak akibat inflasi perubatan. Demi menjaga kepentingan anda dan memastikan perlindungan perubatan berkualiti pada premium yang berpatutan, kami telah mengkaji semula produk, tahap perlindungan dan kadar premium kami agar selaras dengan kenaikan kos perubatan dan kesihatan semasa.

NEW BENEFITS / MANFAAT BARU

In-Patient & Daycare Treatment (per disability) / Pesakit Dalam & Rawatan Harian (setiap hilang upaya)	Plan 1 / Pelan 1	Plan 2 / Pelan 2	Plan 3 / Pelan 3	Plan 4 / Pelan 4
Daily Government Hospital Cash Allowance (per day) / Elaun Tunai Hospital Kerajaan Harian (setiap hari)	RM100	RM100	RM100	RM100
Total No. of Days / Jumlah hari	150 days / hari	120 days / hari	120 days / hari	120 days / hari
Special Benefits / Manfaat Khas				
Accidental Death / Kematian Akibat Kemalangan	RM3,000	RM3,000	RM3,000	RM3,000

ENHANCEMENT OF BENEFITS / PENINGKATAN MANFAAT

In-Patient & Daycare Treatment (per disability) / Pesakit Dalam & Rawatan Harian (setiap hilang upaya)	Plan 1 / Pelan 1		Plan 2 / Pelan 2		Plan 3 / Pelan 3		Plan 4 / Pelan 4	
	Previous / Sebelum	Current / Semasa	Previous / Sebelum	Current / Semasa	Previous / Sebelum	Current / Semasa	Previous / Sebelum	Current / Semasa
Room & Board, daily maximum / Bilik & Makanan, maksimum setiap hari	RM500	RM500	RM300	RM350	RM150	RM180	RM80	RM100
Out-Patient Treatment (per disability) / Rawatan Pesakit Luar (setiap hilang upaya)								
Consultations and Diagnostic Procedures within 31 days before hospital confinement / Nasihat Pakar dan Prosedur Diagnostik dalam tempoh 31 hari sebelum dimasukkan ke dalam hospital	RM5,000	RM5,500	RM3,000	RM3,500	RM2,000	RM2,500	RM1,000	RM1,500
Post Hospitalisation Care and Physiotherapy Treatment within 31 days from hospital discharge / Rawatan Lanjutan dalam tempoh 31 hari selepas diizinkan keluar dari hospital	RM5,000	RM5,500	RM3,000	RM3,500	RM2,000	RM2,500	RM1,000	RM1,500

PERCENTAGE INCREASE IN PREMIUMS REVISED WITH EFFECT FROM 1 JUNE 2009 /

PERATUS KENAIKAN PREMIUM YANG DIKEMASKINI MULAI 1 JUN 2009

Age / Umur	Plan 1 / Pelan 1		Plan 2 / Pelan 2		Plan 3 / Pelan 3		Plan 4 / Pelan 4	
	Male / Lelaki	Female / Perempuan	Male / Lelaki	Female / Perempuan	Male / Lelaki	Female / Perempuan	Male / Lelaki	Female / Perempuan
1 - 17 years / tahun	13.6%	13.7%	22.1%	22.1%	24%	24.1%	26.6%	26.7%
30 years / tahun	3.4%	3.4%	11.1%	11%	12.8%	12.7%	15.2%	15%
40 years / tahun	3.4%	3.3%	11%	10.9%	12.6%	12.5%	15%	14.8%
50 years / tahun	0.2%	0.1%	0.2%	0.2%	0.3%	0.3%	0.4%	0.3%
60 years / tahun	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%

AXA AFFIN GENERAL INSURANCE BERHAD

SmartCare Optimum

Premium Rating Table (w.e.f. 1-6-2009) / Jadual Premium (berkuatkuasa dari 1-6-2009)

Age / Umur	Annual Premium / Premium Tahunan (RM)							
	Plan 1 / Pelan 1		Plan 2 / Pelan 2		Plan 3 / Pelan 3		Plan 4 / Pelan 4	
	M / L	F / P	M / L	F / P	M / L	F / P	M / L	F / P
1-14	705	628	498	443	355	328	314	291
15	705	629	498	443	355	329	314	291
16	705	630	498	443	355	329	314	292
17	705	631	498	443	355	330	314	292
18	651	582	442	395	315	282	279	250
19	663	596	449	404	321	289	284	255
20	678	613	460	414	329	297	291	263
21	705	639	478	432	342	310	302	273
22	720	673	488	456	350	327	308	288
23	735	707	499	479	356	343	315	303
24	750	743	509	503	364	360	322	318
25	766	777	518	526	371	376	327	331
26	781	811	529	550	379	393	334	346
27	796	845	539	573	385	409	341	361
28	802	888	543	602	388	430	343	380
29	809	931	548	630	392	451	346	397
30	841	1,004	593	709	424	506	374	447
31	848	1,049	599	740	428	529	377	466
32	854	1,093	603	771	432	551	382	486
33	870	1,120	614	790	438	566	388	497
34	886	1,148	625	810	447	578	395	510
35	900	1,174	635	828	454	592	401	522
36	916	1,201	646	848	462	607	407	537
37	931	1,229	657	867	469	629	413	557
38	982	1,282	694	905	497	654	440	579
39	1,033	1,334	729	941	528	679	467	602
40	1,085	1,388	765	979	558	704	494	624
41	1,136	1,440	800	1,015	589	729	522	646
42	1,187	1,493	836	1,053	619	754	549	668
43	1,246	1,578	876	1,113	650	795	576	701
44	1,305	1,663	916	1,173	681	838	603	739
45	1,323	1,697	864	1,115	635	787	552	680
46	1,380	1,779	901	1,169	662	825	575	713
47	1,437	1,861	936	1,224	690	863	599	745
48	1,547	1,960	1,017	1,289	717	909	623	785
49	1,671	2,060	1,100	1,354	775	954	670	825
50	1,795	2,158	1,181	1,420	831	1,001	720	864
51	1,919	2,258	1,263	1,484	890	1,047	769	905
52	2,043	2,357	1,344	1,550	947	1,092	819	944
53	2,190	2,448	1,440	1,609	1,015	1,134	877	981
54	2,337	2,539	1,536	1,669	1,083	1,176	936	1,016
55	2,485	2,629	1,633	1,730	1,150	1,219	995	1,053

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Premium Rating Table (w.e.f. 1-6-2009) / Jadual Premium (berkuatkuasa dari 1-6-2009)

Age / Umur	Annual Premium / Premium Tahunan (RM)							
	Plan 1 / Pelan 1		Plan 2 / Pelan 2		Plan 3 / Pelan 3		Plan 4 / Pelan 4	
	M / L	F / P	M / L	F / P	M / L	F / P	M / L	F / P
56	2,632	2,720	1,730	1,789	1,219	1,260	1,054	1,088
57	2,778	2,811	1,826	1,849	1,287	1,302	1,112	1,125
58	2,917	2,952	1,917	1,941	1,351	1,367	1,168	1,181
59	3,055	3,092	2,008	2,033	1,416	1,432	1,221	1,235
60*	3,200	3,239	2,103	2,129	1,483	1,502	1,285	1,297
61*	3,351	3,393	2,203	2,232	1,562	1,574	1,356	1,360
62*	3,509	3,555	2,308	2,338	1,644	1,650	1,427	1,425
63*	3,675	3,723	2,418	2,448	1,725	1,728	1,498	1,494
64*	3,848	3,902	2,533	2,566	1,807	1,812	1,569	1,566
65*	4,031	4,086	2,653	2,687	1,889	1,899	1,640	1,642
66*	4,222	4,281	2,780	2,828	1,971	1,990	1,711	1,721
67*	4,422	4,485	2,911	2,949	2,056	2,086	1,782	1,804
68*	4,630	4,699	3,049	3,089	2,155	2,188	1,861	1,892
69*	4,849	4,921	3,194	3,236	2,257	2,293	1,950	1,983
70*	5,078	5,156	3,346	3,391	2,366	2,403	2,042	2,077
71*	5,318	5,402	3,506	3,552	2,478	2,519	2,139	2,179
72*	5,570	5,659	3,673	3,722	2,597	2,640	2,242	2,284
73*	5,755	5,828	3,795	3,834	2,684	2,720	2,316	2,352
74*	5,940	5,998	3,917	3,945	2,770	2,799	2,391	2,421
75*	6,125	6,168	4,039	4,057	2,856	2,878	2,465	2,489
76*	6,311	6,337	4,161	4,168	2,942	2,957	2,540	2,557
77*	6,496	6,507	4,283	4,280	3,029	3,036	2,614	2,626
78*	6,681	6,677	4,405	4,391	3,115	3,115	2,689	2,694
79*	6,866	6,846	4,527	4,503	3,201	3,194	2,763	2,763
80*	7,051	7,016	4,649	4,615	3,288	3,273	2,838	2,831

* For renewal only / Untuk pembaharuan sahaja

Note / Nota:

1. Calculation of the age is based on age next birthday. / Pengiraan berdasarkan umur pada tarikh lahir yang berikutnya.
2. This rate is applicable to Standard Risk & Occupation Class I & II. / Kadar ini hanya tertakluk kepada Risiko Standard dan Pekerjaan Kelas I & II.
3. Class III: Additional of 15% loading. / Kelas III: Penambahan sebanyak 15% ke atas premium.
4. Class IV: Decline Risk. / Kelas IV: Risiko yang ditolak.

Group Discount / Diskaun Kumpulan

Group Size / Saiz Kumpulan	Discount / Diskaun
10 - 19 employees / pekerja	7%
20 - 29 employees / pekerja	10%
30 - 50 employees / pekerja	13%

For a company with more than 50 employees, please contact your agent for the premium quotation.
Untuk syarikat yang mempunyai lebih daripada 50 pekerja, sila hubungi agen anda untuk mendapatkan kiraan premium.

Deductible Discount / Diskaun Deduktibel

Deductible Amount / Amaun Deduktibel	Discount / Diskaun
RM 7,500	25%
RM10,000	30%
RM15,000	40%
RM20,000	50%

After validation of your preliminary diagnosis to determine that the condition requiring treatment is a covered condition under the policy, an initial Guarantee Letter will be issued to the hospital for your admission, subject to the benefit limits.

Upon discharge, the hospital will provide the final diagnosis and itemised bill for us to settle the valid medical bill (which may take 1 to 2 hours). Any ineligible or excess expenses not covered are to be settled by you.

In the circumstances that your preliminary diagnosis may not be easily ascertainable or that your condition requiring treatment may not be covered under the policy, you are advised to pay for your own treatment first and file a claim after discharge.

Please notify us within 30 days of any occurrences for admission to non-panel hospital, outpatient treatment or any claim which has been settled by you. Please submit the claim form, original itemised bills, receipts and other relevant claims documents to us for processing.

The cashless benefit applies to hospital admissions only. Pre-hospitalization, consultations, diagnostic procedures and post-hospitalization costs are on reimbursement basis.

Definitions

1. Occupation Classes

Class 1: Persons engaged in professional, administration, managerial, clerical and non-manual occupations generally.

Class 2: Persons engaged in work of a supervisory nature and others not in Class 1 whose duties may involve occasional light manual work but not using tools or machinery or not exposing them to any special hazard. Persons who are required to travel outside office for Business or Professional purposes but not engaging in manual labour.

Class 3: Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or light machinery.

Class 4: Persons engaged in heavy manual work involving the use of heavy tools and machinery.

2. Pre-existing Illness

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.

3. Specified Illnesses

Specified Illnesses shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the Insured Person:

- a) Hypertension, diabetes mellitus and cardiovascular disease
- b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system
- c) All ear, nose (including sinuses) and throat conditions
- d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele
- e) Endometriosis including disease of the reproduction system
- f) Vertebro-spinal disorders (including disc) and knee conditions

4. Waiting Period

Waiting Period shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

Exclusions

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

1. Pre-existing illness.
2. Specified Illnesses occurring during the first 120 days of continuous cover.

3. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date of reinstatement whichever is latest except for accidental injuries.
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliances or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
5. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental Injuries to sound natural teeth occurring wholly during the Period of Insurance.
6. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilisation, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, child birth (including surgical delivery), miscarriage, abortion, prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility. Erectile dysfunction and tests or treatment related to impotence or sterilisation.
9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
10. Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
11. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
12. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic services, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
13. Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations).
14. Costs/expenses of services of a non-medical nature, such as television, telephones, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
15. Expenses incurred for sex changes.

The major benefits as presented in this brochure are further subjected to exclusions and limitations. Please refer to the policy contract for the full listing of these exclusions and limitations as the contents in the brochure are not exhaustive.

Frequent Questions and Answers

1. Who is eligible to join?

If you are in the age group of 1 to 59 as of your next birthday, you are eligible to join. We offer renewal up to age 80 provided you were already a member on your 59th birthday. Dependent children (unmarried & unemployed) must be above 15 days and under 19 years of age, or under 23 years of age if the child is still on full-time higher education in Malaysia. Children under 2 years of age can only be included on a policy held by one or both their parents, and cannot take out a policy themselves.

2. Is there a surgical schedule?

No. There is no surgical schedule. Surgical fees are payable on a full refund basis.

3. What is a cashless admission?

This means that you don't have to pay deposits to the hospital if you are admitted to one of the AXA panel hospitals. We will pay, provided the nature of accident or illness is covered under the policy.

4. What does international emergency medical assistance provide?

It provides 24 hours telephone medical consultation, telephone referral to doctors and hospitals, emergency medical evacuation and repatriation services outside Malaysia.

5. Are the premiums guaranteed?

We may change the premiums in the future as the premium rates are not guaranteed. If we need to change, this will be based on our overall experience in underwriting this class of business and any changes in premiums will be notified and made on your policy anniversary.

6. Is the renewal guaranteed?

There is no selective Renewal Loading or Exclusion on individual if a claim is made during previous year. No restriction on lifetime limit and full annual limit is restated at Policy Renewal. However, the renewal of the Policy is at the option of Policyholder until the occurrence of any of the following:

- a) non payment of premiums or premiums not made on time
- b) fraud or misrepresentation of material fact during application
- c) the Policy is cancelled at the request of the Policyholder
- d) on the death of the Policyholder or an Insured Person
- e) the Insured Person ceases to qualify as a dependent based on the definition of the Policy
- f) the Insured Person attains the coverage age limit specified
- g) termination of coverage for all policies in a certain market

7. What are the disadvantages on switching policy from one insurer to another?

One of the main disadvantages is that if your current health status is less favourable to the new insurer, new terms may be imposed to exclude such illness. To ensure continuous cover is provided, you are advised to check with us on the accepting terms prior to your policy expiry date.

8. Is medical examination required?

For applicants above the age of 50, medical examination and blood test are required for underwriting purposes. The cost of these tests will be borne by the applicant. For other ages, we may request for medical examination if deemed necessary.

9. Who is AXA Affin General Insurance Berhad?

AXA Affin General Insurance Berhad is a member of the AXA Group, with over 1,281 billion euros in assets under management and more than 65 million customers around the world. AXA is one of the world's leading insurer. In Malaysia, it is also a member of the Affin Group, a leader in Malaysia's financial services sector.

Ask your insurance agent for more details

Underwritten by:



AXA Affin General Insurance Berhad ^(23820-W)

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