



Schemes Is Underwritten By **MUI CONTINENTAL INSURANCE BHD**
SPECIALLY DESIGNED FOR MEMBERS, SPOUSES AND CHILDREN OF
KESATUAN PERKHIDMATAN PERGURUAN KEBANGSAAN SEMENANJUNG MALAYSIA



DIAMOND ACCIDENT PROTECTOR

PROMOTION! Increase Your Coverage From RM220,000 To RM440,000 Now!

A comprehensive accident package that protects you
for up to **RM440,000 (2 units) or **RM220,000** (1 unit)**
Renewal Until Age 70 N. B.

Schedule Of Benefits Premium 1 unit = RM4.50 / 2 units = RM9.00

Benefits For Death And Permanent Disablement	1 unit RM4.50 Per Month	2 units RM9.00 Per Month
• For a fatal accident whilst traveling in a public conveyance licensed for passenger service.	RM220,000	RM440,000
• For an accident resulting in: - Total paralysis from the neck down or - Complete and incurable insanity	RM220,000	RM440,000
For accidental death resulting from any cause – other than those specified above	RM110,000	RM220,000
For permanent disablement (full continental scale) refer to schedule of benefits on the right	RM110,000	RM220,000
For death due to : • Murder or assault • Strike, riot and civil commotion or hijack • Accidental food poisoning • Accidental drowning or suffocation • Lightning strike • Exposure and disappearance	RM110,000	RM220,000
Hospitalisation And Medical Benefits		
Reimbursement for all medical expenses incurred whilst hospitalized in any government or private hospital (Expenses include medical, surgical, doctor's consultation, x-ray, lab tests, board and lodging charges, etc.)	RM3,000	RM5,000
Cash income per day up to RM2,000 (for 1 unit) and RM3,000 (for 2 units) to be used as you wish for hospitalization in any government hospital	RM100 per day up to RM2,000	RM100 per day up to RM3,000
Other Benefits		
Extra benefit to be used as funeral, burial or cremation expenses.	RM3,000	RM6,000
Travelling allowance per week for your immediate family to visit you whilst hospitalized (Maximum RM500 for 1 unit and RM1,000 for 2 units)	RM50 per week up to RM500	RM100 per week up to RM1,000

Schedule of Permanent Disablement Benefits

Capital sum insured RM110,000.00 1 unit or RM220,000.00 2units

• Loss of two limbs	100%
• Loss of both hands, or of all fingers & both thumbs	100%
• Total loss of sight of both eyes	100%
• Any other injury causing permanent total disablement	100%
• Loss of arm at shoulder	100%
• Loss of arm between shoulder and elbow	100%
• Loss of arm at elbow	100%
• Loss of arm between elbow and wrist	100%
• Loss of hand at wrist	100%
• Loss of leg – at hip or between knee and hip or below knee	100%
• Loss of eye – either whole eye or sight of	100%
• Loss of eye – sight of, except perception of light or lens of	50%
• Loss of four fingers and thumb of one hand	50%
• Loss of four fingers	40%
• 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%
• Loss of hearing	
- both ears	75%
- one ear	15%
• Loss of speech	50%

Where the injury is not specified the Company reserves the right to adopt a percentage of Disablement which in its opinion is not inconsistent with the provisions above.

Permanent Total loss of use of member shall be treated as loss of member. Loss of Speech shall mean total permanent inability to communicate verbally.

Note : This brochure is for illustration purpose only. The full terms and conditions are contained in the master policy.

Deduction of the first monthly premium for new participants can only be effected through BPA 3 months after submission of completed proposal form

PLEASE INFORM SERVICING AGENT OR YOUR UNION IF THERE IS A DELAY

Table Of Monthly Premium

Benefits

For Member & Spouse	1 unit	2 units	Benefits
Member	RM4.50	RM9.00	
Spouse	RM4.50	RM9.00	
For Child			
Age (1 – 12)	RM1.15	RM2.30	25% of Members' benefits
Age (12 – 18)	RM2.25	RM4.50	50% of Members' benefits
Age above 18	RM4.50		100% of Members' benefits

- Note** (i) All premium for children and spouses must be remitted through the member.
(ii) Children 18 years and above and spouses are required to describe present occupation (if any).
(iii) Spouse or child in high risk occupation will be charged a monthly premium of RM9.00 for one unit coverage.
(iv) Children above 18 years and spouses in high risk profession are not allowed to participate for 2 units.

Exclusion: (Bidang kerja yang tidak diinsuranskan)
Tentera Darat, Tentera Udara, Tentera Laut, Polis,
Pengawal Keselamatan, Pemandu Perlumbaan, Penyelam,
Jurusilat & Penggerudi Minyak/Gas

All death claims are paid to Trustees of the policy

**BORANG PERMOHONAN / APPLICATION FORM**Saya ialah Ahli KPPK Negeri : _____ Pemohon Sedia Ada / Pemohon Baru **(I) Butir-Butir Peribadi Ahli (Sila gunakan huruf besar)**(a) No. K.P. (Baru) - - No.K.P.(Lama) (b) Nama (En/Cik/Puan)
(seperti dalam Kad Pengenalan)(c) Alamat surat-menyurat _____
Poskod _____(d) Saya Masih mengajar Bersara (e) Tarikh Lahir - - (f) Jantina Lelaki Perempuan(g) Nama & Alamat Sekolah : _____
Poskod _____(h) Tel(Rumah) - (i) Tel(Bimbit) - (j) Tel(Sekolah) - Pilihan saya : 1 unit RM4.50 2 unit RM9.00**(II) Butir-butir suami/isteri (jika ingin menyertai skim ini) (Sila gunakan huruf besar)**(a) No. K.P. (Baru) - - No.K.P.(Lama) (b) Nama (En/Puan)
(seperti dalam Kad Pengenalan)(c) Jantina Lelaki Perempuan (d) Tarikh Lahir - - (e) Umur

(f) Pekerjaan _____ (g) Tugas Pekerjaan (sila perihalkan): _____

Pilihan suami / isteri : 1 unit RM4.50 2 unit RM9.00**(III) Butir-butir Anak (jika ingin menyertai skim ini) (Sila gunakan huruf besar)**

No	Nama	No K.P./ S. Beranak	L/P	Tarikh Lahir	Tugas pekerjaan untuk anak 18 tahun ke atas	Pilihan Anak	
						1 unit	2 unit 18 tahun ke bawah

Dengan ini saya memberikan kuasa kepada Kesatuan Perkhidmatan Perguruan Kebangsaan untuk memotong premium setiap bulan sebagai caruman Skim Diamond Accident Protector melalui Biro Perkhidmatan Angkasa dan seterusnya sehingga diberitahu melalui surat kelak.

PERINGATAN : Menurut seksyen 148(4) Akta Insurans 1996, anda adalah diminta menerangkan di dalam Borang ini dengan penuh dan benar butir-butir yang mana anda tahu atau harus tahu, jika tidak Polisi yang dikeluarkan menurut permohonan ini adalah tidak sah.

Saya/Kami mengaku bahawa pada masa memohon pelan insurans ini, saya/kami berada dalam keadaan sihat dan bebas dari kecacatan fizikal atau mental.

Bidang kerja yang tidak diinsuranskan : Tentera Darat, Tentera Udara, Tentera Laut, Polis, Pengawal Keselamatan, Pemandu Perlumbaan, Penyelam, Jurusilat & Penggerudi Minyak/Gas

Tandatangan Ahli KPPK

Tarikh

Nama

No K.P.



Sila hantar borang permohonan lengkap kepada /
Please complete the Proposal Form and mail to :

PHOENIX PRESTIGE SDN. BHD.**39, (1st Floor) Lebuh Bishop, 10200 Pulau Pinang, Malaysia.**

Sebarang pertanyaan sila hubungi / Any enquiries kindly contact: Ms. Jessica / Vincent / Tabitha:
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