



Tune Protect Malaysia

Tune Insurance Malaysia Berhad

Company No.: 197601004719 (30686-K)

Head Office

Level 9, Wisma Capital A, No. 19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur.

T 1800 88 5753 **W** tuneprotect.com

SST Registration No.: W10-1808-31039805

Welcome to Tune Protect Dental Easy

Thank **You** for insuring with **Tune Protect Dental Easy**. **You** can feel confident **You**'ve made the right choice. **Tune Protect Dental Easy** is provided by Tune Insurance Malaysia Berhad, one of Malaysia's leading insurance providers, so **You** can relax knowing **You**'re with a company **You** can rely on.

- ✓ **Your** Schedule of Benefit
- ✓ Any endorsements, which change **Your** insurance cover as shown on **Your Policy Schedule**
- ✓ The **Tune Protect Dental Easy Policy Schedule**.

Please read all these documents carefully and keep them safe.

If **You** need to make a claim, or contact **Us** to tell **Us** about any changes, then **You** will need to refer to these documents. The Documents will be available for **You** to see and print at www.tuneprotect.com

The benefit(s) payable under eligible policy is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Tune Insurance Malaysia Berhad or PIDM (visit www.pidm.gov.my).



Tune Protect Dental Easy Policy

Whereas the **Insured Person** named in this Policy has applied to Tune Insurance Malaysia Bhd for insurance herein described and has agreed to pay the premiums in advance provided that every proposal, declaration and statement made by the **Insured Person** shall be the basis of this contract and held as incorporated herein.

NOW THIS POLICY WITNESSETH that during the **Period of Insurance**, any extension or renewal, **The Company** shall settle on behalf of any **Insured Person** named in this Policy Schedule for **Eligible Expenses** incurred as dental treatment in accordance with the Plan as outlined under the Schedule of Benefits.

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 and individual wholly for purpose unrelated to **Your** trade, business or profession.

Consumer Insurance Contract (Insurance wholly for purposes unrelated to **Your** trade, business or profession). This Policy is issued in consideration of the payment of premium as specified in the **Policy Schedule** and pursuant to the answers given in **Your** Proposal Form (or questionnaires answered when **You** applied for this insurance) and any other disclosures made by **You** between the time of submission of **Your** Proposal Form (or answers and any other disclosures given by **You** shall form part of this contract of insurance between **You** and **Us**. However, in the event of any pre-contractual misrepresentation made in relation to **Your** answers or in any disclosures given by **You** the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

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

You must inform **Us** of any change to the information given to **Us** in **Your** answers or in respect of any matter previously disclosed to **Us** in relation to this Policy if such changes had taken place after **You** have 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 as agreed between **You** and **Us**.

Definitions

1. **INSURED PERSON** shall mean the person named as the **Insured Person** for whom coverage is provided for under this Policy
2. **THE INSURED/YOU/YOUR/YOUSELF** shall mean a person to whom the **Policy** has been issued in respect of cover for persons specifically identified as **Insured Persons** in this Policy .
3. **CHILD** shall mean all unmarried and unemployed children between the ages of 1 year old and 19 years old or up to the age of 23 years old if they are registered as a full-time student at an educational institution.
4. **POLICY SCHEDULE** shall mean the **Policy Schedule** containing **Your** details, Plan Details and **Period of Insurance**. The **Policy Schedule** forms part of the Policy
5. **PERIOD OF INSURANCE** shall mean the duration from the insurance coverage commencement date until its expiry date specified in the **Policy Schedule** or any subsequent period to which **You** shall have paid and **We** shall have accepted the full premium before the commencement date.



6. **DENTIST** shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a **Dentist** who is the **Insured Person** himself.
7. **ELIGIBLE EXPENSES** shall mean medically necessary expenses incurred by the **Insured Person** with respect to a covered benefit but not exceeding the limits as stipulated in the Schedule of Benefits.
8. **CLINICS** shall mean participating clinics registered with **Us**.
9. **WE/US/OUR/THE COMPANY** shall mean TUNE INSURANCE MALAYSIA BERHAD.
10. **COVID-19** shall mean an infectious disease caused by severe acute respiratory syndrome corona virus 2 (SARS-Cov-2).

Conditions

1. CONDITIONS PRECEDENT TO ANY LIABILITY

The due observance and fulfillment of the terms, provisions and conditions of this Policy by **You** in so far as they relate to anything to be done or not to be done or complied with by **You** shall be conditions precedent to any of **Our** liability.

2. THE CERTIFICATES AND ENDORSEMENTS ARE TO BE READ AS ONE CONTRACT

If a special meaning is attached to any word or expression in this Policy, the Policy Schedule and Endorsement will continue to bear such meaning throughout this contract.

3. GEOGRAPHICAL COVERAGE

The Benefits provided in this Policy are applicable within Malaysia only.

4. AGE LIMIT

No Person below the age of 1 year old or above the age of 65 years old shall be covered under this Policy.

5. ALTERATIONS

We reserve the right to amend any terms and conditions of this Policy by giving a 7-day prior notice in writing by ordinary post to **Your** last known address in **Our** records and such alteration to this Policy shall be valid if authorised by **Us** and endorsed hereon. No alterations to this Policy, nor any endorsement thereon, shall be valid unless authorized by **Us** and such approval is endorsed thereon.

6. NOTICES

Every notice or communication to **Us** shall be in writing and delivered to **Us**. No alterations in the terms of this Policy, nor any endorsement thereon, will be held valid unless the same is signed or initialed by **Our** authorised representative. Any notice to be given to **You** under this Policy will be sent via the correspondence address/e-mail address that was registered with **Us** during the enrolment or change request in **Our** records at **Our** office. Any such notice will run from the time such notice is sent. In the case that any notice is returned undelivered to **the Insured**, **We** may, at **Our** sole and absolute discretion, at **the Insured's** own risk, withhold all subsequent notice until **We** have been notified by **You** of **Your** new correspondence address/e-mail address.

Any communication to **Us** shall be in writing and sent to **Us** at **Our** authorized correspondence address/e-mail address.

7. MISSTATEMENT OR OMISSION OF MATERIAL FACT

Subject to the relevant duty of disclosure of the **Insured Person**, **We** shall not be liable for any misstatement in or omission of material fact from the proposal, declaration or statement made by the **Insured Person**.

8. CANCELLATION

We may cancel the Policy of the **Insured Person** for failure to comply with the requirements of this Policy by giving 30 days' written notice to the **Insured Person**. Premium shall be refunded to the **Insured Person** for the cancelled portion of the Policy.



The **Insured Person** may cancel this Policy at any time by giving immediate notice in writing to **Us** and provided no claims have been made or are pending, a refund premium shall be made within 60 days.

Notwithstanding the above, no refund for cancellation of cover for any **Insured Person** will be allowed by **Us** under the following circumstances:

- i. A claim has been initiated during the policy period.
- ii. A claim resulted from failure of **Insured Person** to surrender the medical card, if such card is issued to the **Insured Person**, at the time of cancellation.

All refund premiums are calculated on a pro-rata "by the day" basis and is subject to a minimum premium of RM5.00 per **Insured Person** for the period.

9. OTHER INSURANCE

You shall inform **Us** of any other insurance covering dental treatment in whole or in part during the term of this Policy. Unless otherwise stated, the benefits recoverable hereunder shall be in excess of the benefits recoverable under such Policy.

10. TERMINATION OF BENEFITS

The benefits under this Policy shall terminate at midnight on the last day of this Policy. If an **Insured Person** has been receiving treatment for a covered dental condition at the time of such termination, then the time of termination shall be extended until the **Insured Person** no longer requires such treatment, or the time up to one (1) month or the benefit for the treatment shall have been exhausted, whichever shall occur first.

11. UPGRADED POLICIES

If the **Insured Person** is undergoing treatment at the time the Policy is being upgraded, the **Insured Person** will continue to be entitled to the old benefits which are payable until completion of the treatment. In respect of new treatment commencing after the date the Policy is upgraded, the **Insured Person** shall be entitled to benefits under the upgraded Policy.

12. 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, an Umpire is 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 **Us**. The costs of and connected with the arbitration shall be at the discretion of the Arbitrators or Umpire.

13. APPLICABLE LAW

This Policy and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced in accordance with the laws of Malaysia and the Malaysian courts shall have exclusive jurisdiction hereto. No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy.

14. CASH BEFORE COVER

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by **Us** before the insurance cover is effective.

15. FREE LOOK PERIOD

You may cancel **Your** policy by returning the policy to **Us** within fifteen (15) days after **You** receive the Policy. The premium that **You** have paid (less any Medical Fee incurred) will be refunded to **You**. This is applicable to first year Policy only.

16. PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the **Policy Schedule**. The Policy anniversary shall be one year



after the effective date and annually thereafter. On each such anniversary, this Policy will be subject to revision and is renewable at the premium rates in effect at that time as notified by **Us**. Such premium shall be deemed to be due on the Policy expiry date and must be paid before the expiry date.

This Policy is renewable annually at **Our** option.

17. WAITING PERIOD

Eligibility for benefits start:

- i. Fourteen (14) days after the **Insured Person** has been included in the Policy for all benefits except Root Canal Therapy (RCT), Surgical Removal of Tooth, Dentures, Crowns & Bridges, Onlays, Orthodontics and Implants as specified in the Schedule of Benefits; and
- ii. According to the number of days stated in the Schedule of Benefits after the **Insured Person** has been included in the Policy for Root Canal Therapy (RCT), Surgical Removal of Tooth, Dentures, Crowns & Bridges, Onlays, Orthodontics and Implants as specified in the Schedule of Benefits.

18. SANCTION LIMITATION AND EXCLUSION CLAUSE (SANC)

No Company shall be deemed to provide cover and no Company shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

19. ANTI-BRIBERY AND CORRUPTION

You shall comply, and/or shall procure or ensure that **Your** directors, employees, subcontractors, agents or other third parties comply, with all applicable anti-corruption laws and regulations and any relevant anti-corruption policies and documents provided by **Us** and have in place adequate controls and procedures to prevent corruption.

In the event of a breach by **You**, **We** shall be fully entitled to terminate the **Policy** without any liability howsoever with written notice with immediate effect. **You** shall hold the Company harmless from any cost, expenses, claim, liability, fine or penalty, as a result of any breach of this Clause by **You**, **Your** directors, employees, subcontractors and/or agents.

20. PERSONAL DATA AND PRIVACY

You have read the Tune Protect Privacy Policy (<https://www.tuneprotect.com/privacy-policy/>) and agree that all personal data provided to the **Company** by **You** and/or the **Insured** and/or acquired by the **Company** from the public domain, as well as personal data that arises as a result of the provision of cover to **You** and/or the **Insured** is subject to said Privacy Policy as may be varied from time to time.

Exclusions

Unless cover is extended under this Schedule, the Policy shall not cover:

1. Dental treatment for which payment is not required or which is payable by other insurance or indemnity covering the **Insured Person**.
2. Oral surgery requiring the setting of fractures and dislocations.
3. Dispensing of drugs for treatment of oral disease unless otherwise provided under the Schedule of Benefits.
4. Replacement of mislaid, lost or stolen denture or bridgework.
5. Replacement of existing prosthodontic appliances.
6. Dental treatments and supplies which, in accordance with accepted dental art standards, are not required from a dental viewpoint; or which are not recommended or approved by the attending **Dentist**, or which are not accepted dental arts standards.
7. Dental treatments performed mainly for aesthetic purposes, including the transformation or extraction and replacement



of healthy teeth in order to modify appearance.

8. Dental treatments required following an injury that the **Insured Person** fully inflicted upon himself or herself, whether or not of sound mind, or participation in a real or apprehended insurrection.
9. Fees invoiced by a **Dentist** for an appointment missed by an **Insured Person** or for the filling out of claim forms required by the **Insured Person**, or for additional information required by **the Company**; also for travel time, transportation costs and counseling provided by means of telecommunications.
10. Fees invoiced by a **Dentist** for consultation with the **Insured Person** or for consultation with another **Dentist**.
11. Fees invoiced by a **Dentist** for the analysis of an alimentary diet and recommendations for initial instructions as well as re-instruction in oral hygiene, and for a plaque control program; or for any protective athletic appliances.
12. Dental care related to implants except those provided under the Schedule of Benefits.
13. Any other dental service, treatment or diagnostic service not specifically listed in the Schedule of Benefits.
14. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
15. Any loss, damage, liability, expense, fines, penalties directly or indirectly caused by, in connection with, involving or arising out of any of the following – including any fear thereof, whether actual or perceived:
 - Infectious diseases, virus, bacterium or other microorganism (whether asymptomatic or not); or
 - Coronavirus (**COVID-19**) including any mutation or variation thereof; or
 - A pandemic or epidemic, declared by the World Health Organization or any governmental authority.If **We** alleges that, by reason of this exclusion, any amount is not covered by this agreement, the burden of proving the contrary shall rest on **the Insured**.
16. Any dental treatment arising during the Waiting Period as defined in the Conditions Clause and/or as specified in the Schedule of Benefits.



SCHEDULE OF BENEFITS: Tune Protect Dental Easy

Category I: Restorations & Preventive Treatment	Category I: Restorations & Preventive Treatment
Amalgam / Composite fillings	Extractions
Single surface	Anterior Teeth
Two surfaces	Premolars
Three surfaces	Molars
Dentine Pins – per pin	Primary Teeth – Anterior
Class III	Primary Teeth – Posterior
Class IV	Scaling & Polishing (Payment limited to 1 visit in 12 months)
Primary Teeth Single Surface Restoration Amalgam or Composite	Scaling & Polishing (children up to age of 14, payment limited to 1 visit in 12 months)
Primary Teeth Two/Three Surfaces Restoration Amalgam or Composite	Dressing per Tooth (Temporary fillings)
Pulp Capping in deciduous Teeth	Medication (Inclusive of basic antibiotic)
Fissure Sealant – per Teeth	X-Ray (Periapical only)
Category II: Root Canal Therapy and Surgical Extractions**	Category III: Treatment of Acute Periodontal Infection*
Root Canal Therapy (RCT)	Gingival Curettage per visit
Single Root	Periodontal Surgery or Cautery per visit
Two Roots	<i>*Maximum payable – 1 visit per 6 months for first year of cover.</i>
Three Roots	
Apicoectomy Anterior Tooth	
Pulpectomy (Root Canal Treatment on deciduous teeth)	
Extra canal for molar RCT	
Surgical removal of tooth	Category IV: Dental Prosthesis*
Removal Of Embedded Root	Dentures
Wisdom Tooth – Vertical Impaction	Simple Acrylic Plate 1-2 teeth
Wisdom Tooth – Mesio-Angular Impaction	Each Extra Tooth
Wisdom Tooth – Horizontal Impaction	Full Dentures Single Arch
Upper Wisdom Tooth	Full Dentures Upper and Lower
<i>**Waiting Period – after 60 days of participation in the scheme under the Gold and Platinum plan.</i>	Cast Partial Plate
	Cast Full Upper or Lower
	Denture Repair / Tooth Addition
	Denture Reline Partial
	Denture Reline Full
	<i>*Waiting Period – after 1 year of cover</i>



IMPORTANT NOTICE

Every effort will be made by **Us** to fulfill **Our** obligation under the Policy. If **You** are unhappy or dissatisfied with **Our** service or have any complaints, **You** may call or write to **Us** at:

Tune Insurance Malaysia Berhad

Complaints Unit

Level 9, Wisma Capital A,

No. 19, Lorong Dungun,

Damansara Heights,

50490 Kuala Lumpur.

Tel: 1800 88 5753

Fax: 603-2094 1366

Website: www.tuneprotect.com

Email: hello.my@tuneprotect.com

If **You** are not satisfied with the response of **Our** decision, **You** may submit **Your** complaint either to The Ombudsman for Financial Services (OFS) or to Bank Negara Malaysia (BNM).

The following are the contact details for OFS and BNM:

Ombudsman for Financial Services (OFS)

Level 14, Main Block,

Menara Takaful Malaysia,

No. 4, Jalan Sultan Sulaiman,

50000 Kuala Lumpur.

Tel: 03-2272 2811

Fax: 03-2272 1577

Email: enquiry@ofs.org.my

Website: www.ofs.org.my

Laman Informasi Nasihat dan Khidmat (LINK)

Pengarah

Jabatan LINK & Pejabat Wilayah

Bank Negara Malaysia

P.O.Box 10922

50929 Kuala Lumpur

Tel: 1-300-88-5465

Fax: 03-21741515

Email: bnmtelelink@bnm.gov.my