

## Enhance your protection to address your worries

New coverage options available to existing AIG customers

### Thank you for choosing AIG.

To ensure that your businesses continue to operate and to help minimize business interruptions especially during these uncertain times, we are introducing new coverage options to our existing AIG customers. These not only enhance your policies and duty of care to your employees but also help your businesses move forward.

#### Employee Protection Booster



**Household Bills Protection**  
Cover up to RM 500 for hospitalization for minimum of 7 consecutive days, due to accident



**Weekly Allowance Cover up to RM 500** if the employee is hospitalized for a minimum of 3 consecutive days and is disabled for minimum of 14 consecutive days due to a Specified Infectious Diseases, including COVID-19\*

#### Business Continuity Booster



**Staff Replacement Cover up to RM 10,000** when an employee is disabled and/or unable to work for 60 consecutive days due to accident



**Business Premise Closure Cover up to RM 2,000** when business premise has been ordered to be **cleaned up and disinfected** by the relevant Government authority due to an employee is contracted with Specified Infectious Diseases, including COVID-19

**Add these coverage options to your policy to enhance your protection:**

1. Fill up the form in the next page.
2. Confirm and sign the form.
3. Submit the form with your renewal.

For more information about coverage, eligibility, and terms and conditions, contact your AIG agent today or visit

**Supreme Cover :** <https://xxxx1> (Flexi GPA PDS)  
<https://xxxxx2> (Supplementary PDS)

**Flexi GPA :** <https://xxxxx1> (Supreme PDS)  
<https://xxxx2> (Supplementary PDS)

\*As specified in the Schedule of Benefit.

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# ENROLLMENT FORM

Choice of Optional benefits

Please tick () the relevant boxes in the form below.

Benefit	No. of Lives	Yes / No	Sum Insured (RM)		Annual Premium per Life (RM)	
			Plan 1	Plan 2	Plan 1	Plan 2
Staff Replacement			<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	3.00	7.00
Household Bill Protection			<input type="checkbox"/> 250	<input type="checkbox"/> 500	1.00	2.00
Weekly Allowance due to Specified Infectious Diseases*			<input type="checkbox"/> 250	<input type="checkbox"/> 500	31.00	62.00

Benefit	Insured Company	Yes / No	Sum Insured (RM)		Annual Premium per Company (RM)	
			Plan 1	Plan 2	Plan 1	Plan 2
Business Premise Closure due to Specified Infectious Diseases*			<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,000	47.00	94.00

Note : For Business Premise Closure, please declare all entities required to be covered if your policy has more than One (1) entity.

<b>Authorized Signature of Policyholder</b>	
<b>Date (DD/MM/YYYY)</b>	