



Paid at Every Stage

Prudential paid RM334 million in critical illness claims in 2025. What those claims reveal about who gets sick, when, and what it really costs a family — and why Total Multi Crisis Care pays from the early stage, again at the late stage, and again if illness returns.

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Most of us think of a critical illness as a single moment: the doctor's room, the scan, the word nobody wants to hear. In real life it is rarely one moment. It is a **journey** — an abnormal screening result, a biopsy, a first surgery, months of treatment, and for some, a second diagnosis years later. Every step of that journey has a cost, and most of those costs never appear on a hospital bill.

This article looks at what Prudential actually paid out in 2025, what the national data says about how Malaysians are diagnosed, and why I believe a plan that pays **only at the late stage** leaves families exposed for most of that journey. Then I'll walk you through **Total Multi Crisis Care (TMCC)** — honestly, including its limits — and show, with worked examples, how its money can be used.

RM334 mil

critical illness claims paid by Prudential in 2025

RM206 mil

of that for cancer alone — the No.1 critical illness claim

82%

of Prudential's 2025 CI claims went to people aged 60 and below

45%

of Malaysian cancer patients hit financial catastrophe within a year

01

What Prudential's 2025 claims tell us

In its **Claims Payout January–December 2025** report, Prudential disclosed total claims of **RM2.88 billion**: RM2.11 billion medical, **RM334 million critical illness**, RM388 million death, RM33 million personal accident and RM17 million disability.

Three things stand out when you read the age breakdown of those claims (the top five illnesses are tabled below):

- » **Critical illness is a working-age event.** 37% of CI claims were paid to people aged 41–50 and 30% to those aged 51–60. Add the 12% aged 31–40 and 3% aged 21–30, and roughly **82% of claims went to people aged 60 and below** — the years when a family depends most on one or two incomes.
- » **It is arriving younger.** Prudential reports that **15% of CI claims were paid to those below 40**, and points to stress, inactivity and diet as drivers.

- » **Cancer dominates.** Cancer alone was **62% of all CI money paid** (RM206 million of RM334 million), and it is also the leading cause of death claims (30%).

Top 5 critical illness claims, 2025	Total paid	Highest single claim	Most claims came from ages
Cancer	RM206,000,000	RM2,609,000	41–50, then 51–60
Heart disease	RM75,000,000	RM1,812,000	41–50, then 51–60
Stroke	RM16,000,000	RM1,143,000	41–50, then 51–60
Kidney disease	RM14,000,000	RM1,561,000	41–50, from as early as 31–40
Brain disease / injury	RM9,000,000	RM601,000	41–50, from as early as 31–40

Source: Prudential Assurance Malaysia Berhad, Claims Payout Jan–Dec 2025. Data based on total claims paid in 2025 regardless of claim period.

The report also publishes real (anonymised) claim samples. A few are worth reading slowly:

Age	Occupation	Diagnosis	Policy held	Est. yearly CI cost*	CI claim paid
11	Child	Leukemia	11y 5m	RM155	RM340,000
25	Student	Heart disease	4y 6m	RM137	RM141,000
29	Manager	Kidney disease	4y 6m	RM609	RM503,000
35	Account executive	Stroke	5y 8m	RM405	RM500,000
37	Self-employed	Cervical cancer	0y 10m	RM4,375	RM405,000
47	Businessman	Coronary artery disease	18y 4m	RM2,874	RM482,000
61	Director	Lung cancer	24y 2m	RM3,483	RM1,003,000

*Prudential's estimated annualised Cost of Insurance for the policy(ies) with critical illness benefit. Selected rows from the 2025 report's sample table.

Look at the self-employed 37-year-old whose claim arrived only ten months after she was covered, and at the 61-year-old director who had held his policy for 24 years. Nobody chooses the year illness arrives. What you choose is whether the money is already in place when it does.

02

The cost nobody puts on the hospital bill

Many people tell me, "I have a medical card, I'm covered." A medical card is essential, and I would never suggest dropping one. But it was designed for one job: **paying the hospital**. A critical illness creates a second set of costs that sit entirely outside the hospital.

The clearest Malaysian evidence comes from the **ASEAN Costs in Oncology (ACTION) study** by The George Institute, which followed **1,662 Malaysian cancer patients** for a year after diagnosis. Within 12 months:

45%	49%	22%	19%
faced financial catastrophe (costs above 30% of household income)	used up all their personal savings	could not keep up rent or mortgage payments	stopped treatment altogether

Notice that last number. One in five patients stopped treating a cancer — not because medicine had nothing more to offer, but because the household ran out of money. That is the gap a critical illness lump sum is built to close.

What the family needs	Medical card (hospital & surgical)	TMCC lump sum
Hospital room, surgery, in-patient treatment	Yes, within plan limits	Can pay the deductible / co-insurance you bear
Salary while you cannot work	No	Yes — use it as replacement income
Traditional, herbal or complementary therapy (TCM, Ayurveda, etc.)	Generally not	Yes — your money, your choice
Supplements, special nutrition, wigs, mobility aids	Generally not	Yes
Treatment or second opinion overseas	Limited — depends on your plan's terms	Yes — flights, stay and fees included
Caregiver, spouse's unpaid leave, transport to treatment	No	Yes
Mortgage, car loan, children's school and university fees	No	Yes

Medical card coverage varies by plan; always check your own contract.

“The medical card pays the hospital. Critical illness cover pays for your life while you recover.”

03

Illness is a journey — and most plans only pay at the end

Malaysia's **National Cancer Registry Report 2017–2021** recorded **168,823 new cancer cases** in five years, a lifetime risk of roughly **1 in 8** for both men and women, and a worrying trend: **65.1% of cancers were found at Stage 3 or 4**, up from 63.7% in the previous report. Late detection is not only a medical problem; it is a financial one, because late-stage treatment costs more and recovery takes longer.

The good news is that screening works. Mammograms find breast changes before they spread; blood tests flag kidneys losing function years before dialysis; angiograms find narrowed arteries before a heart attack. But here is the problem: **a traditional critical illness plan pays only when the illness reaches a defined late, severe stage**. If you are caught early — the very outcome we hope for — a late-stage-only plan may pay nothing at all, even though you still need surgery, time off and recovery.

That is the design gap Total Multi Crisis Care was built to close.

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Total Multi Crisis Care, in plain words

Total Multi Crisis Care (TMCC) is Prudential's most comprehensive critical illness rider, attached to the **PRUWith You** plan (packaged as the **PRUMy Critical Care** solution). It pays a cash lump sum directly to you on diagnosis — and keeps paying across stages, across different illnesses, and on certain recurrences.

EARLY STAGE 50% of TMCC sum assured Caught early, treatable, often with a good prognosis — but still surgery, time off and worry. Examples: early thyroid, prostate or bladder cancer, early melanoma, mild coronary artery disease, pacemaker insertion, removal of one kidney.	INTERMEDIATE STAGE 50% of TMCC sum assured More serious, more invasive, longer recovery. Examples: carcinoma in-situ treated with radical surgery (e.g. full mastectomy), chronic kidney disease (eGFR below 30), moderate coronary artery disease, defibrillator insertion, liver cirrhosis.	LATE STAGE 100% of TMCC sum assured The severe conditions traditional CI plans cover. Examples: cancer of specified severity, heart attack, stroke with permanent deficit, kidney failure needing dialysis, coronary bypass surgery.
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Feature	What it means for you
160 covered conditions	101 early & intermediate stage conditions, 53 late-stage critical illnesses and 6 Special Benefit conditions, organised into 50 illness categories.
Multiple claims up to 400%	Total payouts can reach four times your TMCC sum assured before age 85 (next birthday), across different illness categories and stages.
Re-diagnosis of Cancer, Heart Attack and Stroke	These three categories can pay up to 200% each, if a new, unrelated cancer, heart attack or stroke occurs (rules below).
Special Benefit: +20%	An extra 20% on diagnosis of diabetic complications (diabetic retinopathy surgery, diabetic limb amputation, diabetic kidney failure) or joint conditions (total knee or hip replacement, chronic rheumatoid arthritis). Paid once, capped at RM100,000 per lifetime, and it does not reduce your 400% pool.
A separate, additional benefit	TMCC claims do not reduce the death or total & permanent disability benefit of your basic policy. Your family's life cover stays intact.
Cover from pregnancy to age 100	Entry from prenatal (pregnancy) up to age 70 next birthday; cover runs to age 100 next birthday, subject to the plan's auto-extension terms.
Assurance Upgrade Privilege	Under the current contract, at life milestones (marriage, a child's birth, doubling of income, buying a home of RM500,000 or more, a child starting primary, secondary or tertiary education) you may increase TMCC by up to 50%, to a maximum of RM300,000, without fresh medical underwriting — once, within 180 days of the event, before age 50 next birthday and within 10 years of the rider starting, for standard lives with no major claim history.
Paid in cash, to you	No receipts, no panel hospital, no list of approved uses. The money is yours to spend on whatever your recovery and your family need.

The one rule to understand before anything else

For **one illness journey in the same category**, TMCC pays up to **100%** of the sum assured in total. If you claim 50% at the early stage and the same illness later progresses to late stage, the late-stage claim pays the **remaining 50%** — not another full 100%. In other words, an early-stage payout is not "extra" money for that illness; it is the same protection **arriving sooner**, when it can do the most good.

The extra money comes from elsewhere: **other illness categories** (each up to 100%), **re-diagnosis** of a new, unrelated cancer, heart attack or stroke (up to 200% for those three), and the **Special Benefit** on top — all within the 400% lifetime pool.

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What the money can do at each stage

The examples below are illustrations built on TMCC rules, using fictional people and a **TMCC sum assured of RM200,000**. How the money is spent is entirely the policyholder's choice — that is the point of a lump sum.

Early stage: Sharmila, 38, account manager, earning RM8,000 a month

A company health screening picks up a small lump in her neck. The biopsy confirms **early thyroid cancer** (classified T1N0M0) — small and not yet spread. Her prognosis is good, but she needs surgery, follow-up treatment and time to recover. Under TMCC this meets an **Early Critical Illness** definition, and she receives **RM100,000** (50%). A late-stage-only plan would have paid her nothing.

How Sharmila chooses to use RM100,000	Amount
Six months of replacement income while she takes unpaid leave to recover	RM48,000
Second opinion at a specialist cancer centre overseas (consultation, flights, stay)	RM15,000
Complementary therapy, herbal treatment, supplements and a nutritionist — things her medical card does not pay for	RM12,000
A full year of her children's school fees and tuition set aside, so their routine doesn't change	RM10,000
Kept in reserve for whatever comes next	RM15,000

What happens afterwards? If the same cancer were ever to progress to late stage, TMCC pays the **remaining RM100,000**. If, at least three years later, she were diagnosed with a **new, unrelated cancer** in a different organ, the Cancer category can pay again — up to another **RM200,000**. And every other illness category remains fully available to her.

Intermediate stage: Rajesh, 45, engineer and father of three

Rajesh's kidney function has been sliding quietly. His nephrologist confirms **chronic kidney disease**, with function severely reduced (eGFR below 30) for more than six months — not yet dialysis, but heading that way. This is an **Intermediate Stage** condition: TMCC pays **RM100,000**.

He uses it to cut back to part-time work for two years without dropping his family's standard of living, to pay a renal dietitian and home-care equipment, and to clear the remaining balance on his car loan. Prudential's own report notes that kidney disease is rising sharply, driven by diabetes and hypertension, with dialysis demand

projected to reach **106,000 patients by 2040**. If Rajesh later needs dialysis, the late-stage **Kidney Failure** claim pays the **remaining RM100,000** for that category — money for the long road of dialysis, transport and lost working hours.

Late stage, and again: Rahman, 46, owner of a small trading business

Rahman has no employer, no paid medical leave and no one to run the shop if he can't. Over the next decade, this is how TMCC could respond:

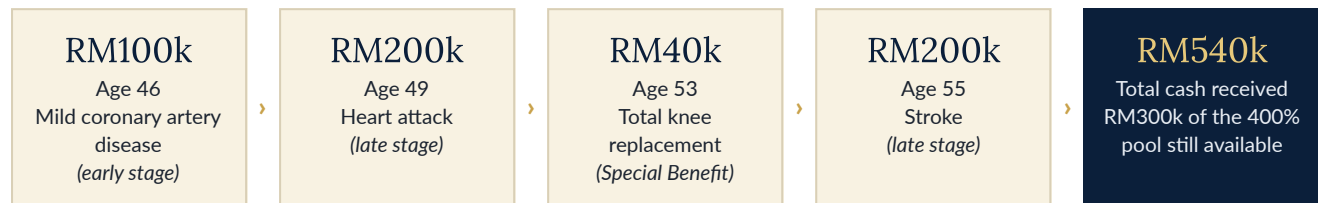


Illustration only. Assumes each claim meets the policy definitions, falls in a different illness category, and observes the 1-year gap between two late-stage claims. Special Benefit does not reduce the 400% pool.

The early-stage payout let Rahman hire a manager for the shop while he changed his lifestyle. The heart attack payout kept household bills and the business loan paid for nearly three years. The stroke payout funded rehabilitation, a part-time caregiver and his wife's reduced working hours. And because TMCC does not reduce his basic plan's death benefit, his family's life cover is still there in full.

One honest footnote: once total claims exceed 100% of the sum assured, the rider ends at age 85 next birthday. Until then, Rahman's remaining RM300,000 stays available for other illness categories.

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TMCC as an income replacement tool

The real financial shock of a critical illness is not the hospital bill. It is the **salary that stops** while the bills don't. Malaysia's median household income in 2024 was **RM7,017 a month**, and the average household spent **RM5,566 a month** (DOSM). Your mortgage, school fees and groceries continue whether or not you are well enough to work.

A useful way to look at a critical illness payout is as **months of runway** — how long your family could keep living normally on it. Using the national average household spending of RM5,566 a month:

TMCC sum assured	Early-stage payout	Runway	Late-stage payout	Runway	Full 400% pool
RM100,000	RM50,000	9 months	RM100,000	18 months	RM400,000 ≈ 6 years
RM200,000	RM100,000	18 months	RM200,000	3 years	RM800,000 ≈ 12 years
RM300,000	RM150,000	27 months	RM300,000	4.5 years	RM1.2 mil ≈ 18 years
RM500,000	RM250,000	45 months	RM500,000	7.5 years	RM2.0 mil ≈ 30 years

Simple arithmetic, not a projection. Early-stage claims are capped at RM350,000 per lifetime in total, which matters at higher sums assured. The 400% pool is the maximum before age 85 next birthday, reached only through multiple qualifying claims.

How much is enough? A common planning benchmark is critical illness cover of **three to five years of annual income** — the time it typically takes to be treated, recover and get back to earning. At the national median household income, that is roughly **RM250,000 to RM420,000**. Your number depends on your income, debts,

dependants and savings, which is exactly what a proper needs analysis is for.

Two points make TMCC especially strong as income protection. First, because it pays at the **early stage**, income replacement starts when treatment starts — not months later when an illness is finally "severe enough". Second, because it pays **multiple times**, a second illness doesn't find you with an empty policy. You do not have to choose between protecting this year's income and the next crisis.

07

Who needs it? Every stage of life

Children & newborns

From pregnancy · Leukemia claim at age 11: RM340,000

When a child is ill, a parent usually stops working. TMCC can be taken from pregnancy, and cover bought young is locked in before any condition appears on a medical record.

Young graduates

Ages 21–30 · Kidney claim at 29: RM503,000

Cost is at its lowest and health at its best — the ideal time to be underwritten. The Assurance Upgrade Privilege lets cover grow at marriage or parenthood without new medical checks.

Young families

Ages 31–45 · Stroke claim at 35: RM500,000

Mortgage, childcare, school fees, often a single main earner. An early-stage payout can protect the children's education fund so it is never raided for treatment.

Business owners & self-employed

No paid sick leave · CAD claim at 47: RM482,000

When you stop, the income stops. A lump sum can hire a replacement, keep loans current and keep the business alive while you recover.

Soon to retire

Ages 51–60 · 30% of all 2025 CI claims

A late-career illness can drain the EPF and savings meant to last 20 years of retirement. TMCC keeps your retirement fund for retirement.

Retirees

Entry up to age 70 · 18% of 2025 CI claims were above 60

No salary to replace, but caregiving, home adjustments and long recoveries are expensive. The Special Benefit covers common later-life events like knee and hip replacement.

For older applicants I'll be straightforward: cover starting at 55 or 65 costs considerably more than cover started at 25, and underwriting is stricter. The 61-year-old director in Prudential's data held his policy for 24 years before he needed it. The best age to start is always earlier than today.

08

Ten reasons to take TMCC seriously

- » **It pays at three stages, not one** — early, intermediate and late, across 160 conditions.
- » **It pays more than once** — up to 400% of the sum assured over a lifetime of different illnesses.
- » **It recognises that the big three can strike twice** — re-diagnosis cover for cancer, heart attack and stroke; cancer, heart disease and stroke were Prudential's three largest CI claim categories in 2025.
- » **It pays you, in cash** — for income, herbal or traditional care, supplements, overseas treatment or school fees, with no receipts required.

- » **It leaves your life cover untouched** — claims do not reduce the basic plan's death or TPD benefit.
- » **It adds a Special Benefit** for diabetic and joint conditions — relevant in a country where **15.6% of adults have diabetes** (NHMS 2023) — without eating into the 400% pool.
- » **It lasts** — cover to age 100 next birthday, subject to policy terms.
- » **It grows with your life** — the Assurance Upgrade Privilege lets cover increase at milestones without new medical underwriting.
- » **It rewards screening** — catching an illness early is good for your health and, with TMCC, good for your finances too.
- » **It may reduce your tax** — TMCC premiums qualify under the education and medical insurance relief (combined limit RM4,000 under Budget 2025), subject to LHDN rules.

09

Read this before you sign

Good protection should be bought with eyes open. These are the conditions I always walk my clients through:

- » **Waiting periods.** 60 days from the start (or revival) of cover for cancer, heart attack, major coronary conditions, all early and intermediate stage conditions and the Special Benefit; 30 days for other illnesses. Symptoms appearing before or during this period are not covered.
- » **Survival period.** The life assured must survive at least 7 days after diagnosis. TMCC is a living benefit.
- » **Pre-existing conditions are excluded.** Declare your full health history honestly at application; non-disclosure is the most common reason a claim fails.
- » **One payout per event.** If one diagnosis meets several definitions on the same date, only the higher amount is paid. Left and right organs (both breasts, both kidneys) count as one organ.
- » **Gaps between claims.** At least 1 year between two late-stage claims, and at least 3 years between two unrelated cancers. A recurring cancer must be a new primary in a different organ, not a spread of the first.
- » **Limits.** Early-stage claims are capped at RM350,000 per lifetime; Special Benefit at RM100,000 per lifetime; angioplasty at 10% of sum assured or RM25,000, whichever is lower. From age 85 next birthday, the pool reduces to 100%.
- » **Charges are not guaranteed.** TMCC is a rider on an investment-linked plan. Insurance charges rise with age and may be revised with notice; your policy's sustainability depends on premiums paid, fund performance and charges, so it should be reviewed regularly.
- » **It complements, not replaces, your medical card.** You need both: one for the hospital, one for your life.

Already have a critical illness plan?

Check one thing tonight: does it pay at the **early stage**, and does it pay **more than once**? If the answer to either is no, it is worth a conversation. An existing PRUWith You policy may be able to add or switch to TMCC, subject to underwriting — and that is a decision best made while you are still healthy.

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The conclusion I keep coming back to

In 2025, Prudential paid **RM334 million** to families facing a critical illness. Behind each of those claims was a household that suddenly needed money for things no hospital bill shows: salary, treatment choices, children's routines, a spouse at the bedside. The families who were ready had one thing in common — they arranged the money **before** they needed it.

Total Multi Crisis Care is my answer to the way illness actually behaves: it starts small, it can get worse, and sometimes it comes back. A plan that pays only at the very end protects you for one moment. TMCC is designed to stand with you from the first abnormal result to the last recovery, and again if it happens twice.

“You cannot buy critical illness cover after the diagnosis. The only time to arrange it is while you don't need it.”

Ringkasan dalam Bahasa Malaysia

Pada tahun 2025, Prudential membayar **RM334 juta** tuntutan penyakit kritikal — RM206 juta daripadanya untuk kanser. Kira-kira **82% tuntutan** dibayar kepada mereka berumur 60 tahun ke bawah, iaitu ketika keluarga paling bergantung kepada pendapatan. Kad perubatan membayar bil hospital, tetapi bukan gaji yang terhenti, rawatan tradisional atau herba, suplemen, rawatan di luar negara atau yuran sekolah anak.

Total Multi Crisis Care (TMCC) membayar wang tunai sekali gus terus kepada anda: **50%** jumlah diinsuranskan pada peringkat awal dan pertengahan, **100%** pada peringkat akhir, tuntutan berbilang sehingga **400%**, perlindungan diagnosis semula kanser, serangan jantung dan strok (sehingga 200%), serta Manfaat Khas tambahan **20%** untuk komplikasi diabetes dan sendi. Tuntutan TMCC tidak mengurangkan manfaat kematian atau TPD polisi asas anda.

Ambil perhatian: tempoh menunggu 30/60 hari, keadaan sedia ada dikecualikan, jumlah bayaran bagi satu penyakit dalam kategori yang sama dihadkan kepada 100%, dan caj insurans tidak dijamin. Hubungi saya untuk analisis keperluan percuma.

Let's talk about your numbers

No pressure, no obligation — just a conversation about what you read here, your current cover, and whether it pays when and how your family would need it. Every article on MyVintej can become a conversation.

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Sources & further reading

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