

FREELANCER CASHPLUS INSURANCE POLICY

Here is Your Insurance Policy. Please examine it together with the **Schedule**, to make sure that You have the protection You need.

Almost certainly Your needs will change. If they do, please let Us know. Your Policy is designed for easy amendment or extension.

It is important that the Policy, the **Schedule** and any amendments or endorsements issued are read together to avoid misunderstandings.

HOW YOUR INSURANCE OPERATES

Your Freelancer CashPlus Insurance Policy is a contract between Us, the **Company**, and You, Our **Insured** named in the **Schedule**. The declaration and any information given are the basis of this contract.

In consideration of Your paying to Us the required premium, We agree to indemnify You in the manner and to the extent described in the Policy and in the Schedule, occurring during the **Period of Insurance**, or any subsequent period for which You pay and we accept the required premium.

OUR PROMISE OF SERVICE

We wish to provide You with a high standard of service and to meet any claims covered by this Policy honestly, fairly and promptly. If you have any reason to believe that we have not done so, please contact Your broker or agent. If You do not use the services of a professional intermediary please contact, preferably in writing, our insurance manager. We are ready to help You with Your concerns.

USEFUL PROCEDURES

1. Making a Claim

Report your claim to us and send us a completed claim form together with all supporting documents. Information requested on the claim form includes the claimant's personal particulars, contact details and policy number. You should also include a brief description of the claim and particulars of other persons or witnesses involved, if applicable. Refer to our website for details.

2. Your Feedback Channels

If you have any feedback or comments on our service, tell us about it. Our Service Quality Team will acknowledge receipt of your feedback within one working day and give you a final reply within seven working days. Refer to our website for details.

FREE LOOK CLAUSE

(Applicable to Annual Policy only)

If We are issuing this Policy to You for the first time, We will give You a "Free Look" period of fourteen (14) business days from the date You receive the Policy. If within these fourteen (14) days You tell Us that You do not want the Policy, We will cancel it from its start date and refund in full the premium You have paid so long as no claim has arisen. Please note You are assumed to have received the Policy within three (3) days after We dispatch it. The Free Look will not apply to renewals of Your Policy with Us.

A GUIDE TO YOUR FREELANCER CASHPLUS INSURANCE POLICY

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DEFINITION OF WORDS

(Which apply to the whole Policy)

Certain words have been defined below. These have the same meaning wherever they are used in the Policy or the **Schedule** and are highlighted in the Policy by being shown in bold print, e.g. **Insured** etc.

Accident

means a sudden external event which gives rise to a result not intended or anticipated by the **Insured** or **Insured Person**.

Age

means the age on the last birthday of the **Insured Person** at the time of cover for the **Insured Person** is covered under the Policy or upon any Renewal.

Commencement Date

means original inception date of cover under this Policy as shown in the **Schedule**.

Company / We / Us

means **MSIG Insurance (Singapore) Pte. Ltd.**

Day Surgery

means a surgery for the treatment a covered Illness or **Injury** provided to an **Insured Person** of which is carried out by a surgeon at a **Hospital** or Clinic, but not on an inpatient basis.

Excess Period

means the period of time following the event that gives rise to a claim during and for which no Benefits will be payable.

Home Country

means the country of which the **Insured Person** holds a passport. If the **Insured Person** holds more than one passport, the **Home Country** will be taken to mean the country declared under the heading "Nationality".

Hospital

means an institution which is legally licensed as a medical or surgical **Hospital** in Singapore to provide service primarily for reception, care and treatment of injured or sick persons as in-patients under the constant supervision of a **Physician**. These exclude nursing, rest homes or convalescent homes, institutions for treatment of substance abuse, mental institutions or geriatric wards and places for drug addicts or alcoholics or for any similar purpose.

Hospitalisation Leave

means the period of "hospitalisation leave" as certified by the **Physician** of a **Hospital**.

Hospitalisation / Inpatient

means the **Insured Person's** confinement in a **Hospital** for a continuous uninterrupted period of at least twenty-four (24) hours on the advice of and under the regular care and attendance of a **Physician** for which the **Hospital** makes a charge for room and board. The first day of hospitalisation starts at the time of admission to the **Hospital** and each subsequent day of hospitalisation starts twenty-four (24) hours after the start of the previous day of hospitalisation. The day of discharge is considered as a day of hospitalisation if the time of discharge of the **Insured Person** from **Hospital** is more than twelve (12) hours from the later of:

- (a) the time of admission to **Hospital**; or
- (b) the end of the previous day of confinement.

Illness

means physical illness or disease, marked by a pathological deviation from the normal healthy state.

Injury

means all bodily injury suffered and caused solely by an **Accident** and not by sickness, disease or gradual physical or mental wear and tear.

Insured / You / Your

means the policyholder named as **Insured** in the **Schedule**.

Insured Person

means an individual who has completed or whose name is included on an application for the Policy and, who meets the eligibility criteria set out in the General Condition 1 of the Policy, and in respect of whom commencement of cover has been confirmed in writing by the **Company**.

Medical Certificate

means a document issued by a Physician in Singapore verifying the **Insured Person's** sickness and/or injury and thus unfit to perform work.

Outpatient Treatment

means medically necessary treatment for a covered **Illness** or **Injury** provided to an **Insured Person** who is not a registered Inpatient at a **Hospital**.

Period of Insurance

means the period of cover as indicated in the **Schedule**.

Physician / Doctor

means a properly qualified medical practitioner (other than an **Insured Person** or a member of the **Insured Person's** family member, relatives, business partner, employer, employee or agent) licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his/her licensing and training.

Pre-existing Conditions

means any **Injury, Illness**, condition or symptom, including any complications which may arise:

- (a) which presented signs or symptoms of which the **Insured Person** concerned was aware or should reasonably have been aware or which originated or existed, prior to the commencement of cover for the **Insured Person** concerned under the Policy, or
- (b) which treatment, or medication, or advice, or diagnosis has been sought or received within twelve (12) months prior to the commencement of cover, or
- (c) for which you have been asked to get medical treatment or medical advice by a **Physician** within twelve (12) months prior to the commencement of cover.

Self-Employed Persons

means workers who operate their own trade or business regardless whether they employ any paid workers and are not contributing family members. Self-Employed Persons (SEPs) generally have significant autonomy over what assignments to accept and how, when and where they work.

Schedule

means the **Schedule** containing the details of the policy, benefits, endorsements (if any), **Insured Person(s)**, type of cover selected and **Period of Insurance** and this includes the Renewal Certificate issued by the **Company**. The **Schedule** is part of the Policy.

Usual Country of Residence

means the country in which the **Insured Person** is usually living at the inception of this insurance. As a condition precedent to liability, the **Company** must be informed in writing of any change in the Usual Country of Residence. A permanent change in the Usual Country of Residence is deemed to occur when the **Insured Person** lives or intends to live in another country for more than six (6) consecutive months during any **Period of Insurance**. The **Company** reserves the right to continue cover on the terms and conditions it considers appropriate to the new country of residence or to decline to continue cover under the Policy.

THE BENEFITS

The following Benefits are available. Please refer to the **Schedule** to determine whether the cover is actually provided to the **Insured Person** concerned.

SECTION 1 – DAILY HOSPITALISATION CASH BENEFIT

The **Company** will pay the Sum Insured as specified in the **Schedule** for **Hospitalisation Leave** issued by a **Physician** in Singapore for the **Hospitalisation**, including **Day Surgery**, of an **Illness** or **Injury** suffered by the **Insured Person** during the **Period of Insurance**, subject to the following:

- (a) Excess Period stated in the **Schedule**;
- (b) Annual Maximum payout up stated in the **Schedule**;
- (c) Accumulation of consecutive **Hospitalisation Leave** from different Hospitals for the same diagnosis is acceptable.

SECTION 2 – DAILY OUTPATIENT CASH BENEFIT

The **Company** will pay the Sum Insured as specified in the **Schedule** for each outpatient **Medical Certificate** issued by a **Physician** in Singapore for the **Outpatient Treatment** of an **Illness** or **Injury** suffered by the **Insured Person** during the **Period of Insurance**, subject to the following:

- (a) Excess Period stated in the **Schedule**;
- (b) Annual Maximum payout up stated in the **Schedule**;
- (c) Accumulation of consecutive outpatient medical leave from the same medical clinic for the same diagnosis is acceptable.

GENERAL CONDITIONS

(Which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

It is an important part of our contract that You observe the following General Conditions and they are, where their nature permit, condition precedents to the right to recover from Us.

1. Eligibility

Unless agreed otherwise in writing by the **Company**, any person You wish to insure under this Policy must be named as an **Insured Person** in the **Schedule** and must at the Commencement Date or his/her enrolment date under the Policy, whichever is the later date, be the following:

- (a) **Insured Person** aged at least eighteen (18) years and not more than seventy-five (75) years of age.
- (b) **Insured Person** must be a Singaporean Citizen or Permanent Resident of Singapore
- (c) **Insured Person** must declare and fulfil our definition of **Self-Employed Persons (SEPs)**

No cover is in force until confirmed by the issue of a policy or a **Schedule** or a Renewal Certificate or Endorsement by the Company with premium fully paid to the **Company**.

2. Risk Classification of Insured Persons

Class 1 – Persons working indoor/in office, non-manual and usually administrative work.

Class 2 – Persons working outdoor and/or non-hazardous manual work (including, but not limited to Grab/Taxi drivers, food delivery and hawkers)

Class 3 – Persons using motorcycle as a daily mode of transport (rider or pillion rider) or any person engaging in delivery work by bicycle

Class 4 – Persons engaged in delivery work by motorcycle

3. Duplication of Cover

No **Insured Person** shall be covered under more than one (1) of this Policies with the **Company**. If any **Insured Person** is covered under more than one such policy, the **Company** will consider the **Insured Person** covered under the policy with the highest benefits only and the cover of the **Insured Person** under such other policy(ies) will be cancelled. Where the benefits of the additional policy(ies) are identical, We will consider that **Insured Person** to be insured under the policy first issued only and the cover of the **Insured Person** under such other policy(ies) will be cancelled. We will refund, without interest, any duplicated premium.

4. Co-operation

As a condition precedent to the **Company's** liability, the **Insured**, the **Insured Person** or his/her representatives shall co-operate fully with the **Company** and its medical advisers and will fully and faithfully disclose all material facts and matters which the **Insured** and/or **Insured Person** knows or ought to know and will upon request execute any document to empower the **Company** to obtain relevant information, at the **Insured's** or **Insured Person's** expense, from any doctor or **Hospital** or other source.

5. Reasonable Precautions and Risk Class Changes

The Insured Person shall take all reasonable precautions to prevent and minimize any **Accident, Illness, Injury**, death or expense and the **Company** must be informed immediately in writing of any material information or change of circumstances relating to job occupation in which may increase the possibility or likely quantum of a claim under the Policy. The **Company** reserves the right to continue cover on terms and conditions it considers appropriate to such changes in material information or circumstances or to decline to continue cover under the Policy.

6. Alterations

- (a) The **Company** reserves the right to alter the Policy as the **Company** reasonably considers appropriate and the **Company** will inform the **Insured** with a written notice at least thirty (30) days in advance of any such alteration. For avoidance of doubt, the **Company** may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after We give such notice will mean You accept the change.
- (b) If the date of birth of the Insured Person has been incorrectly stated, the benefits will be amended by Us having regard to the true date of birth. If the true date of birth is such that, had it been known to Us at the time of the Policy was proposed for, We would not have issued the Policy, then We may cancel the Policy and no benefits will be payable.
- (c) Any misrepresentation of or failure to disclose material facts by the **Insured** or **Insured Person** will entitle the **Company** to alter, amend or cancel the Policy having regard to the true facts and all benefits under the Policy shall be forfeited. A material fact is any information which could influence the **Company** in its assessment of Your application.

7. Automatic Renewal of Coverage and Premium Payment

Unless the Insured or the **Company** exercises the right to cancel the Policy, the Policy will be renewed automatically so long as premium is paid when due.

8. Premium Changes

- (a) premium will change at renewal if the Insured Person enters a higher premium rating age band; and
- (b) premium rates are not guaranteed

9. Termination of Cover

- (a) The entire Policy will terminate and all **Insured Persons'** cover under it will cease immediately upon:
 - (i) non-payment of premium as described in the Payment Before Cover Warranty or Premium Payment Warranty of this Policy; or
 - (ii) cancellation of the entire portfolio as described in General Condition 11.
 - (iii) cancellation of this Policy as described in General Condition 12.
- (b) Unless We have agreed otherwise in writing, the cover of an **Insured Person** under this Policy will terminate immediately in any of the following circumstances, whichever occurs first:
 - (i) when the **Insured Person** ceases to be a Singapore citizen or Singapore Permanent Resident; or
 - (ii) on the expiry of the **Period of Insurance** in which the **Insured Person** has attained seventy-six (76) years old; or
 - (iii) at the time of death of the **Insured Person**.

In the event of any claim admitted by the **Company**, the **Company** will retain 100% of the premium for the whole Policy.

10. In the Event of Fraud

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the **Insured**, the **Insured Person** or anyone acting on their behalf to obtain benefit hereunder, then the Policy shall be cancelled immediately and all benefit and premium forfeited.

11. Portfolio Withdrawal

The **Company** reserves the right to cancel the portfolio as a whole if the **Company** decides to discontinue underwriting this product and the **Company** will inform the **Insured** with a written notice of at least thirty (30) days in advance before the cancellation.

12. Cancellation

The **Insured** or the **Company** may cancel this Policy by giving other party thirty (30) days' written notice sent to the last known address.

In the event of the cover provided by this Policy being cancelled by the **Insured**, the **Company** shall retain a premium, subject to a minimum of S\$50 plus the applicable Goods and Services Taxes, and in accordance with the following scale for the time this Policy has been in force:

For 1 month	– 20% of the annual premium
For 2 months	– 30% of the annual premium
For 3 months	– 40% of the annual premium
For 4 months	– 50% of the annual premium
For 5 months	– 60% of the annual premium
For 6 months	– 70% of the annual premium
For 7 months	– 80% of the annual premium
For 8 months	– 90% of the annual premium
In excess of 8 months	– 100% of the annual premium

If the **Company** cancels the Policy, the **Company** will make a pro-rata refund of the premium paid.

In the event of a claim, the **Company** will retain 100% of the annual premium for the whole Policy.

No premium refunds will be provided for cancelling weekly or monthly policy.

13. Exclusion of Rights under the Contracts (Rights of Third Parties) Act

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act to enforce any of its terms.

14. Change of Plan

Any request for change of plan must be in writing not more than thirty (30) days before the renewal of this Policy. The change, subject always to **Company's** written approval, shall be effective when this Policy is renewed.

15. Acceptance of Instructions

Any instruction, request or notice will not be accepted by the **Company** until such documents, information and consents as the **Company** may reasonably require are received at the **Company's** office address stated in the Policy.

16. No Trust

The **Company** will not recognise or be affected by any notice of trust, charge or assignment relating to this Policy and the **Insured's** receipt or that of the **Insured's** legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.

17. Legal Personal Representatives

The terms, exceptions and conditions of this Policy also apply to the legal personal representatives of the **Insured** and **Insured Persons**.

18. Legal Proceedings

No action in law or equity shall be brought to recover under the Policy until after the expiration of sixty (60) days from the date proof of claim has been furnished in accordance with the Policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any such conflict or dispute save where the circumstances are governed by the Arbitration clause of the Policy.

19. Arbitration

(a) Any difference of medical opinion in connection with the results of any **Accident, Illness, Injury**, death or expense will be settled between two medical experts appointed respectively in writing by the two parties to the dispute. Any difference of opinion between the two medical experts shall be referred to an umpire, who shall have been appointed in writing by the two medical experts at the outset and the umpire's decision shall be conclusive.

(b) Where We have accepted a claim but the amount to be paid is in dispute, the matter shall be referred to an independent arbitrator acceptable to the parties involved. Where any dispute is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the **Company**.

20. Commencement of Arbitration or Court Action

If the **Company** offers an amount in settlement or disclaims liability altogether for a claim, and such a claim is not within twelve (12) calendar months from the date of such an offer or disclaimer referred to arbitration as required under General Condition 19 or been made subject to pending court action under General Condition 18, the claim shall be deemed to be abandoned and the **Company** shall have no liability in respect of it.

21. Consent

It is hereby declared that as a condition precedent to the liability of the **Company**, the **Insured** and the **Insured Person** have agreed that any personal information in relation to the **Insured Person** provided by or on behalf of the **Insured Person** to the **Company** may be held, used and disclosed to enable the **Company** or individuals/ organisations associated with the **Company** or any independent third party (within or outside of Singapore) to:

(a) process and assess the **Insured's** application or any matter arising from the Policy and any other application for insurance cover and/or

(b) provide all services related to the Policy.

22. Governing Law

This **Policy** is to be construed according to the laws of Singapore.

CLAIM CONDITIONS

(Which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

We will act in good faith in all our dealings with You. Equally, the payment of claims is dependent on due observation of the followings:

1. Notification of Claim

You must give written notice to Us of any event giving rise or likely to give rise to a claim under this Policy as soon as possible but in any case within seven (7) days of the happening of such an event. The **Company** shall not be liable for the claim in the event that We are not notified within seven (7) days of the happening of such an event.

2. Proof of Claim

The following must be provided to the **Company**:

- (a) completed Claim Form within fifteen (15) days after You notify Us of a claim;
- (b) information, evidence or supporting document including receipts, **Medical Certificates** or medical reports which We may require to be supplied at Your expense;
- (c) the **Insured Person** or his/her legal personal representative's written consent to allow the **Company** to receive the results of any medical examinations and/or tests and/or the **Insured Person's** medical history or records;
- (d) such other information that the **Company** may reasonably require.

If on the balance of medical fact or probability it is appropriate for the **Company** to decline a claim by virtue of any of the exclusions (including the **Pre-Existing Conditions** Exclusion) under the Policy, the **Insured Person** shall have the right and obligation to produce such medical evidence as the **Company** may reasonably require to enable it to reconsider a claim under the Policy.

3. Examinations

The **Company** shall have the right and opportunity through its medical representatives to examine the **Insured Person** whenever and as often as it may reasonably require within the duration of any claim. In addition, the **Company** shall have the right to require a post mortem examination, where this is not forbidden by law.

GENERAL EXCEPTIONS

(Which apply to the whole Policy and to be observed by the **Insured** and all persons insured under the Policy)

The following treatments, items, conditions, activities and their related or consequential expenses are excluded from the Policy and the **Company** shall not be liable for:

1. **Pre-Existing Conditions** as defined, including any treatment and complication arising from the **Pre-existing Conditions**.
2. **Hospitalisation** or **Day Surgery**, or **Outpatient Treatment** of any **Illness** within five (5) days from the commencement date of cover of the **Insured Person** concerned under the Policy, or after the five (5) days period which were follow-up medical treatment(s), consultation(s) or further investigation(s) of the **Insured Person** for the same condition for which he/she received medical treatment or consultation or investigation during that five (5) days period, and consequences or complications related to such conditions.
3. Routine medical examinations or check-ups, routine eye or ear examinations where there is no objective indication of impairment of normal health or any treatment or investigation of a preventive nature, vaccinations, cosmetic surgery or plastic surgery, treatment for obesity, weight reduction (including liposuction) and weight improvement programmes, rest cures and services or treatment in any home, spa hydro-clinic, sanatorium or long term care facility that is not a **Hospital** as defined, or any treatment which is not medically necessary.
4. Tests or treatment related to infertility, contraception, sterilisation (or its reversal), varicocele, impotence or erectile dysfunction, sexual dysfunction, treatment relating to sex change, sexually transmitted diseases and any treatment or test in connection with Human Immunodeficiency Virus (HIV), including Acquired Immune Deficiency Syndrome (AIDS) or any HIV/AIDS related conditions or diseases.
5. Birth defects, congenital disorder.
6. Pregnancy or childbirth or miscarriage/abortion.
7. Circumcision operations unless medically necessary.
8. All types of Sleep Disorders including Sleep Apnoea unless this leads to treatment through surgery.
9. All claims directly or indirectly related to cornea, bone marrow, muscular, skeletal or human organ or tissue or other transplant incurred as a donor to a recipient.
10. Treatment of mental **Illness**, psychiatric disorders, self-inflicted injury, misuse or over dosage or excessive use of drugs/medicine, treatment for alcoholism, or abuse of alcohol or drug abuse or drug addiction, suicide or attempted suicide.
11. All treatments outside of Singapore.
12. Refractive defects of the eye, such as nearsightedness and astigmatism.
13. All dental treatment or treatment for aesthetic purpose.

14. Treatment provided to an **Insured Person** by the **Insured Person** or a family member of the **Insured Person**, relatives, business partner, employer, employee or agent or self-treatment by the **Insured Person**, including the dispensation of medication and/or any medical tests/procedures carried out.
15. Benefit under this Policy is not payable for any **Insured Person** who is taking part or engage in the following:
- (a) naval, military, air force, police force, fire service department or any armed forces operation or any armed occupation, except for national servicemen and reservists undergoing peacetime military training and exercises; or
 - (b) mining, logging, sawmilling, wood working, underground works, explosive making or handling or custodians or blasters, gas manufacturing or while on duty as a ship crew or fisherman; or
 - (c) any kind of speed contest or racing (other than on foot), engagement in sport as an occupation and/or in a professional capacity and/or where the Insured Person would or could earn income or remuneration from engaging in such sport ; or
 - (d) driving or riding on a motor race track; or
 - (e) any flying or other aerial activities other than as a fare-paying passenger in a commercially licensed passenger carrying aircraft but not as a member of the aircrew and airline personnel while flying in the course of occupation; or
 - (f) in maintenance, cleaning, roofing or repair activities involving scaffolding or gondola
16. **Insured Person** committing any unlawful acts or willful exposure to unnecessary danger (such as jaywalking or speeding).
17. Cost of medical reports unless agreed by the **Company**.
18. Rock climbing, Caving, Potholing, Mountaineering, Skydiving, Parachuting, Hang-gliding, Parasailing, Bungee Jumping, all diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, or any other type of competitive sports other than those in which the Insured Person participates purely as an amateur;
19. Costs arising out of any litigation or dispute between the **Insured Person** and any medical person or establishment from whom treatment has been sought or given, or any other costs not specifically related to the payment of the claim under the Policy.
20. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause
- In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from
- (a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
 - (b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
 - (c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
 - (d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
 - (e) any chemical, biological, bio-chemical or electromagnetic weapon.
21. War and Terrorism Exclusion
- Notwithstanding any provision to the contrary within this Policy or any endorsement thereto it is agreed that this insurance excludes:
- death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
- (a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, or
 - (b) any act of terrorism including but not limited to
 - (i) the use or threat of force, violence and/or
 - (ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,

by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or

(c) any action taken in controlling, preventing, suppressing or in any way relating to (a) or (b) above.

If the **Company** says that any claim is not covered by this insurance by reason of any of these General Exceptions, then the **Insured** has the burden of proving that the claim is covered.

PAYMENT BEFORE COVER WARRANTY

1. The premium due must be paid to the **Company** (or the intermediary through whom this Policy or Bond was effected) on or before the inception date ("the inception date") or the renewal date of the coverage. Payment shall be deemed to have been effected to the **Company** or the intermediary when one of the following acts takes place:
 - (a) Cash or honoured cheque for the premium is handed over to the **Company** or the intermediary;
 - (b) A credit or debit card transaction for the premium is approved by the issuing bank;
 - (c) A payment through an electronic medium including the internet is approved by the relevant party;
 - (d) A credit in favour of the **Company** or the intermediary is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid to the **Company** (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the **Company**. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
3. In respect of insurance coverage with Free Look provision, the Insured may return the original policy document to the **Company** or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the **Company** provided that no claim has been made under the insurance and the cover shall be treated as if never put in place. Free Look provision does not apply to Bond.

PREMIUM PAYMENT WARRANTY

(Applicable if the **Insured** is a business or commercial establishment)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the **Period of Insurance** is sixty (60) days or more, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within sixty (60) days of the inception date of the coverage under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:-
 - (a) the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said sixty (60) day period;
 - (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60)-day period; and
 - (c) the **Company** shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$50 plus the applicable Goods & Services Taxes.
3. If the **Period of Insurance** is less than sixty (60) days, any premium due must be paid and actually received in full by the **Company** (or the intermediary through whom this Policy was effected) within the **Period of Insurance**.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC) Coverage for Your policy is automatic and no further action is required from You. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact MSIG or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

IMPORTANT – The Insured is requested to read this Policy. If any error or misdescription be found, the Policy should be returned to the issuing office for correction