MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01 SGX Centre 2
Singapore 068807
Tel +65 6827 7888 Fax +65 6827 7800
Co. Reg. No. 200412212G
www.msig.com.sg

PRESTIGE HEALTHCARE POLICY

Here is **Your** new 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 are read together to avoid misunderstandings.

How Your Insurance Operates

Your Prestige Healthcare Insurance Policy is a contract between **Us**, the **Company**, and **You**, our **Insured** named in the **Schedule**. The application form, declaration and any information given are the basis of this contract.

In consideration of **You** paying **Us** the required premium, **We** agree to indemnify **You** in the manner and to the extent described in the Policy and in the **Schedule**, in respect of medical or other covered expenses incurred 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. Should **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 customer service manager. He/She will be ready to help **You** with **Your** concerns.

Free Look Clause – Applicable Only If The Insured Is An Individual

If **We** are issuing this Policy to **You** for the first time, **We** will give **You** a "Free Look" period of 14 business days from the date **You** receive the Policy. If within these 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 3 days after **We** dispatch it.
- The Free Look period will not apply to short term policies with terms of less than a year. It will also not apply to renewals of **Your** Policy with **Us**.

A Guide To Your Prestige Healthcare Insurance Policy

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**, **Dependant** etc.

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

Anaesthetist
means a registered medical practitioner qualified by a degree in Western medicine and legally licensed and duly qualified to perform anaesthetics, who is licensed as an Anaesthetist by the competent Medical Authorities of the country in which treatment is provided.

Clinic
refers to a place operated by a **Doctor** for the treatment of **Illness** or **Injury** and licensed by the competent Medical Authorities of the country in which treatment is provided.

Commencement Date
means original inception date of cover under this Policy.

Company/We/Us
means **MSIG Insurance (Singapore) Pte. Ltd.**

Day Care Surgery
means an event whereby an **Insured Person** requires the use of a recovery facility for a surgery performed on a pre planned basis (but not for an overnight or **Inpatient** stay) provided by or on the order of a **Doctor** to the **Insured Person** for treatment of a covered **Illness** or **Injury** at a **Hospital** or **Clinic** duly qualified to perform such a surgery.

Dependant
means the legal spouse of the **Insured Person** and/or unmarried children who are dependent upon the **Insured Person** for support provided always that such children are aged not less than 15 (fifteen) days and not more than 18 (eighteen) years at the date of enrolment (extended to 21 (twenty-one) years old if in full time formal education). Thereafter children must pay the full adult premium rate.

Doctor
means a properly qualified medical practitioner (other than an **Insured Person** or a member of the **Insured Person's** immediate family) licensed by the Ministry of Health in Singapore or its equivalent in the country of in which treatment is provided, and who in rendering such treatment is practicing within the scope of his licensing and training.

Due Date
means the **Commencement Date** or date of renewal of cover as shown in the **Schedule** or the date on which any subsequent payment of premium falls due.

General Practitioner
means a **Doctor**, who is licensed as a General Practitioner by the competent Medical Authorities of the country in which treatment is provided, whose practice is based on a broad understanding of all illnesses and who does not restrict his/her practice to any particular field of medicine.

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 on the Application Form under the heading "Nationality".

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

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.

Inpatient
means an in-patient stay in the **Hospital** by the **Insured Person** where the treatment is being received for which room and board charges were made by the **Hospital**, and this excludes in-patient stay by the **Insured Person** under observation in a ward.

It also includes admission of any duration for the purpose of surgery and any preparation and procedure in connection with the surgery without incurring any room and board charge.

Insured/You/Your
means the policyholder named as **Insured** in the **Schedule**.

Insured Person
means an individual or covered **Dependant** who has completed or whose name is included on an Application Form for the Policy and, who meets the eligibility criteria set out in the General Condition 1 (one) of the Policy, and in respect of whom commencement of cover has been confirmed in writing by the **Company**.

International Cover
means insurance cover provided by the Policy anywhere else in the world except in the **Insured Person's Usual Country of Residence** and **Home Country**.

Miscarriage (or Abortion) due to Accident
means spontaneous loss of the baby by the **Insured Person** directly as a result of an **Accident**.

MSIG Assist
means the emergency assistance centre provided by the **Company**.

Period of Insurance
means a period of one year (unless otherwise agreed in writing by the **Company**) and shown in the **Schedule**.

Pre-Existing Conditions
means any **Injury**, **Illness**, condition or symptom:

(a) for which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable prior to the commencement of cover for the **Insured Person** concerned, or

(b) which presented signs or symptoms of which the **Insured Person** concerned was aware or should reasonably have been aware, or

(c) which originated or existed based on medically accepted pathological development of the **Injury** or **Illness**,

prior to the commencement of cover for the **Insured Person** concerned.

Psychiatric Treatment
means treatment by a **Psychiatrist** for a condition certified by the **Psychiatrist** to be a medically recognised mental **Illness**.

Psychiatrist
means a **Doctor** who has experience in the diagnosis and treatment of mental illnesses and holds a recognised degree in psychiatry or other equivalent qualification.

Reasonable and Customary Charges
means charges for medical care which shall be considered by the **Company** or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or **Illness** or **Injury**. Any scales of charges which may be agreed from time to time between the **Company** and **Hospitals** and **Doctors** shall also be indicative of such **Reasonable and Customary Charges**.

Registered Chinese Physician or Acupuncturist
means any person (other than an **Insured Person** or a member of the **Insured Person's** immediate family) engaging in the practice of traditional Chinese medicine or acupuncture, who is duly licensed or registered to do so according to the laws and regulations applicable in the geographical area of his/her practice.

Registered Chiropractor
means any person (other than an **Insured Person** or a member of the **Insured Person's** immediate family) qualified to practice chiropractic medicine, who is duly licensed or registered to do so according to the laws and regulations applicable in the geographical area of his/her practice.

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.

Serious Medical Condition
means, for the purpose of interpreting Overseas Emergency Medical Evacuation and Repatriation cover, a condition which in the opinion of the **Company** or its authorised representatives constitutes a serious or life threatening medical emergency requiring immediate evacuation to obtain urgent remedial treatment in order to avoid death or serious impairment to an **Insured Person's** immediate or long term health prospects. The seriousness of the medical condition will be judged within the context of the **Insured Person's** geographical location and the local availability of appropriate medical care or facilities.

Specialist
means a **Doctor**, who is licensed as a **Specialist** by the competent Medical Authorities of the country in which treatment is provided, whose practice is based on special expertise in a selected medical specialty to treat the type of **Injury** or **Illness** for which a claim may be made, which is relevant to the treatment provided to the **Insured Person**.

Usual Country of Residence
means the country in which the **Insured Person** is usually living at the **Commencement Date** of his/her cover under the Policy and which is declared on the Application Form, and which is stated in the **Schedule**.

In this Policy, where the context admits, words imputing the masculine gender shall include the feminine gender and words imputing the singular number shall include the plural number and vice versa.

SECTION I – COVER

Cover

The policy will pay up to the Limits and Sub-Limits stated in the **Schedule** for medical or other covered expenses as defined and necessitated as a direct result of the **Insured Person** suffering **Injury**, **Illness**, death or any other covered eventuality during the **Period of Insurance**.

If compensation is claimed for the simultaneous treatment of separate or unconnected medical conditions, the expenses for treatment of each respective condition shall be regarded as a separate claim for the purpose of the Policy. When compensation is claimed for medical treatment and the **Insured Person** subsequently claims for a new course of treatment which is unconnected with the former treatment, the subsequent claim will be regarded as a new claim. The Policy Deductible or Co-insurance, if any, shall be applied to each separate or new claim in this context.

Benefits are payable either to the **Insured** or **Insured Person** or to the providers of covered medical, transportation or other services, whose official receipt shall be a valid discharge of the **Company's** liability to pay in respect thereof. Only the usual **Reasonable and Customary Charges** in the geographical area where covered treatment or services are provided will be paid.

Additionally, the **Company** may reduce any payable claim to reflect what would have been reasonably incurred, based on the professional opinion of our appointed **Doctor**.

Satisfactory proof of claim must be submitted in all cases, and the **Company** may appoint independent administrators to settle claims on its behalf.

SECTION II – LIMITS OF LIABILITY

The **Company's** liability is limited in amount to the Limits and Sub-Limits indicated in the **Schedule** as applying to each item or type of cover provided. The Overall Maximum Annual Limit stated in the **Schedule** is the maximum amount recoverable under the Policy as a whole by an **Insured Person** during any one **Period of Insurance**.

SECTION III – DEDUCTIBLE AND CO-INSURANCE

A Deductible is the amount the **Insured** or **Insured Person** must contribute towards the cost of each claim or course of treatment. For the avoidance of any doubt, for a same course of treatment that extends to a new **Period of Insurance**, a new Deductible shall be applied.

Co-insurance means the proportion of covered medical expenses claims which the **Insured** or **Insured Person** must pay.

The amount of any Deductible or Co-insurance and the items of cover to which they apply are stated in the **Schedule**. The order in which they shall be applied to covered claims is Deductible amounts first and Co-insurance amounts second.

An Annual Aggregate Deductible is the accumulative total amount of medical expenses (including covered claims resulting from **Day Care Surgery**) incurred by an **Insured Person** during any one **Period of Insurance** in excess of which amount the Policy will indemnify or compensate the **Insured** or **Insured Person** for medical expenses (including covered claims resulting from **Day Care Surgery**) covered by the Policy.

In order to claim indemnity or compensation, the **Insured Person** must be able to substantiate that expenses have been incurred and that such expenses would have been covered by the Policy had it not been for the application of the Annual Aggregate Deductible.

The Annual Aggregate Deductible option is not applicable if **You** are applying for Maternity Benefit.

Unless otherwise advised by the **Company**, the Annual Aggregate Deductible is not applicable to the following benefits:

- Overseas Emergency Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation;
- Compassionate Travel;
- **Miscarriage (or Abortion) due to Accident**;
- Outpatient Services; and
- Maternity Benefit.

SECTION IV – AVAILABLE BENEFITS

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

1. **Hospital and Related Services**

(i) **Hospital Treatment and Services**
All medically necessary treatment and services provided by or on the order of a **Doctor** to the **Insured Person** when admitted for treatment of a covered **Illness** or **Injury** as a registered **Inpatient** to a **Hospital**.

Cover includes:

- **Hospital** accommodation (up to the cost of a standard class single bed air conditioned room and extended wherever necessary to include additional accommodation charges for one adult family member sharing the **Hospital** room of an insured child patient who is aged not more than 18 (eighteen) years old),
- meal charges, nursing care, diagnostic, laboratory or other medically necessary facilities and services, operating theatre charges,
- **Doctor's**/Surgeon's/**Anaesthetist's** or Physiotherapist's fees, **Specialist** consultations and visits,
- Intensive Care Unit or High Dependency Unit (HDU) or Coronary Care Unit (CCU) charges,
- All drugs, dressings or medications prescribed by the treating **Doctor** for in-hospital use,
- Chemotherapy, Radiotherapy, Immunotherapy and Kidney Dialysis treatment at a **Hospital** irrespective of whether such treatment is received as a registered **Inpatient** or as an outpatient,
- Cost of operations for Organ Transplantation (which is limited to the transplantation of kidney, heart, liver, lung or bone marrow only) but excluding the costs of acquisition of the organ or expenses incurred by the donor.

No other type of benefit insured by the Policy provides cover in connection with Organ Transplantation.

The costs of non-medically necessary goods or services including such items as telephone, television and newspapers are not covered.

In the event that an **Insured Person** is warded in a non-standard room, (whether voluntarily or otherwise), **We** shall pay only up to the charges incurred for a standard class single bed air conditioned room.

(ii) **Day Care Surgery**
The cover provided by the Hospital Treatment and Services benefit extends to include **Day Care Surgery**.

Day Care Surgery cover excludes all non surgical procedures and related treatment and is subject otherwise to the terms, conditions, exclusions, Limits and Sub-Limits stated in the Policy and the **Schedule**.

For the avoidance of any doubt, if the Annual Aggregate Deductible is stated in the **Schedule**, the Annual Aggregate Deductible is applicable to any admitted claim on **Day Care Surgery**.

(iii) **Inpatient Psychiatric Treatment**
The medically necessary **Psychiatric Treatment** commencing after 24 (twenty-four) consecutive months from the commencement of cover of the **Insured Person**, or the date of reinstatement of his/her cover by the **Company**, whichever is later, for that **Insured Person**, up to a maximum of 30 (thirty) days, ordered by a **Psychiatrist**, on the **Insured Person** being admitted as a registered **Inpatient** at a recognised mental institution.

(iv) **Home Nursing following Hospitalisation**
Following discharge from **Hospital**, the full time or part time services of a State registered or Government licensed Nurse in the **Insured Person's** home when prescribed by a **Doctor** for the continued treatment for the covered **Illness** or **Injury** for which the Insured Person was hospitalised, and only when such services are essential for medical as distinct from domestic reasons. Cover is limited to a maximum period of 26 (twenty-six) weeks in any one **Period of Insurance**.

(v) **Casualty Ward Accident Service**s
The **Company** will reimburse for the medical treatment provided to the **Insured Person** as an outpatient at a **Hospital** or **Clinic** for a covered **Injury** following an **Accident** for which the **Insured Person** had obtained medical attention within 24 (twenty-four) hours of the **Accident**.

Eligible medical expenses incurred thereafter for follow up treatment of the specific medical condition will be reimbursed up to 30 (thirty) days from the date of the **Accident**.

For the avoidance of any doubt, the benefit under this Section IV – 1(v) is not payable in the event of an **Illness**.

(vi) **Casualty Ward Emergency Services**

The **Company** will reimburse for an unexpected medical emergency arising from a covered **Illness** requiring immediate medical attention to the **Insured Person** as an outpatient at a **Hospital**.

Cover for Casualty Ward Emergency Services is subjected to the Deductible stated in the **Schedule**.

(vii) **Dental Cover following an Accident**

Dental treatment required to restore or replace sound natural teeth lost or damaged in an **Accident** and for which treatment is provided within 14 (fourteen) days following such **Accident**.

For the avoidance of any doubt, the benefit under this Section IV – 1(vii) is not payable in the event of an **Illness**.

(viii) **Local Ambulance Services**

The medically necessary transportation of the **Insured Person** by road vehicle to a local **Hospital** provided that the **Insured Person** is warded as an **Inpatient** for treatment of a covered **Illness** or **Injury**.

(ix) **Outpatient Alternative Treatment**

Outpatient treatment by a Physiotherapist, **Registered Chiropractor**, **Registered Chinese Physician** and/or **Acupuncturist** are covered up to the following Limits for any and all covered **Injury** or **Illness** during any one **Period of Insurance**:

Limit of Benefit Payable per **Insured Person** per **Period of Insurance**	
Platinum Plan	Up to S$2,000
Deluxe Plan	Up to S$1,000
Elite Plan	Up to S$750

(x) **Artificial Limbs**

The Company will reimburse all costs associated with fitting an artificial body part prescribed by the treating **Doctor** as medically necessary due to a covered **Injury** or **Illness**. For the avoidance of doubt, this benefit pays for the cost of the artificial limb, its maintenance, consultations and necessary medical or surgical procedures.

Limit of Benefit Payable per **Insured Person** per **Period of Insurance**	
Platinum Plan	Up to S$1,500
Deluxe Plan	Up to S$1,000
Elite Plan	Up to S$500

(xi) **Mobility Aids**

The Company will reimburse the cost of purchasing or renting of mobility aids which are prescribed by the treating **Doctor** as medically necessary to help with the **Insured Person's** mobility due to a covered **Injury** or **Illness**.

Mobility Aids are defined as crutches, canes, walkers, wheelchairs, non-motorised knee scooters and orthopaedic braces/supports.

Limit of Benefit Payable per **Insured Person** per **Period of Insurance**	
Platinum Plan	Up to S$500
Deluxe Plan	Up to S$400
Elite Plan	Up to S$300

(xii) **Pre-Hospital Specialist Consultation and Diagnostic Services**

Consultation by a **Specialist**, and laboratory, X-ray or other medically necessary diagnostic procedures ordered by a **Doctor**, for the treatment of a covered **Illness** or **Injury** and which within 120 (one hundred and twenty) days (or 180 (one hundred and eighty) days if so specified in the **Schedule**) of being carried out, result in the **Insured Person** being admitted as a registered **Inpatient** to a **Hospital** for the treatment of the same **Illness** or **Injury**.

(xiii) **Post-Hospital Follow-up Treatment**

The medically necessary follow up treatment ordered by a **Doctor** to be rendered for up to 120 (one hundred and twenty) days (or 180 (one hundred and eighty) days if so specified in the **Schedule**) from the **Insured Person's** discharge from **Hospital**. Cover is restricted to follow up treatment of a covered **Illness** or **Injury** for which the **Insured Person** received in-hospital treatment covered by the Policy.

2. **Increased International Cover**

The Hospital and Related Services Limit shown in the **Schedule** may be increased automatically (up to an amount stated in the **Schedule**) while the **Insured Person** is travelling or is located outside the **Usual Country of Residence** and **Home Country**, but excluding treatment of non-urgent or chronic conditions, elective overseas treatment or treatment that can reasonably wait until return to the **Usual Country of Residence**.

In the event that the **Insured Person** suffers a long term disability which is medically certified to be a duration in excess of 3 (three) months, the **Company** reserves the right to transport the **Insured Person** to the **Usual Country of Residence** or **Home Country**, provided that he or she is medically fit for transport.

Increased International Cover is not applicable to the **Insured Person** when he/she is in his/her **Usual Country of Residence** or **Home Country**.

3. **Overseas Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation (This benefit is applicable outside the Insured Person's Usual Country of Residence and Home Country)**

   If an **Insured Person** travels outside the **Usual Country of Residence** or **Home Country** but excluding war zones and countries where the prevailing political or civil conditions render evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation impossible or reasonably impracticable, the **Company** will provide the following cover, up to the maximum Limits specified in the **Schedule**:

   (i) **Overseas Emergency Medical Evacuation**
   The medically necessary expense of air and/or surface transportation, medical care immediately before and during transportation, communications and all usual ancillary charges incurred in moving an **Insured Person** with a **Serious Medical Condition** due to a covered **Illness** or **Injury** to the nearest **Hospital** where appropriate medical care is available, and not necessarily to the **Usual Country of Residence** or **Home Country**. The Policy will not pay to evacuate an **Insured Person** from the **Usual Country of Residence** or **Home Country** to a foreign destination.

   (ii) **Repatriation**
   The medically necessary expense incurred in moving an **Insured Person** with a **Serious Medical Condition** due to a covered **Illness** or **Injury** to the **Usual Country of Residence**, following an Overseas Emergency Medical Evacuation at a place outside the **Usual Country of Residence** or **Home Country**. The **Company** will also pay reasonable transportation costs for one other person to travel or remain with the **Insured Person** during repatriation when this is considered necessary for medical reasons.

   (iii) **Repatriation or Local Burial of Mortal Remains or Local Cremation**
   The expense of preparation and air transportation of the mortal remains of an **Insured Person** from the place of death to the **Usual Country of Residence** or **Home Country**, who dies outside the **Usual Country of Residence** or **Home Country** due to a covered **Illness** or **Injury**.

   Within the stipulated Policy limit for this benefit, cover includes the cost of a single, economy class airfare for one family member accompanying the body back to the **Usual Country of Residence** or **Home Country**.

   (iv) **Joining Relative**
   The expense, up to the cost of one economy class return airfare and all ancillary charges including accommodation up to a maximum of 30 (thirty) days, for a family member to join an **Insured Person** who becomes seriously ill while travelling alone outside the **Usual Country of Residence** or **Home Country** and who has been or will be hospitalised with the **Company's** prior approval for a period in excess of 7 (seven) days.

   (v) **Return of Minor Children**
   The expense, up to the cost of economy class one way airfare and usual ancillary charges, to return minor children to the nearer of the **Usual Country of Residence** or **Home Country** if left unattended as a result of the accompanying adult **Insured Person's Injury**, **Illness**, death, hospitalisation or medical evacuation covered by the Policy.

   (vi) **Dispatch of Medicines**
   The expense incurred by or on the order of the **Company** or its medical advisers to replace essential medical commodities for an Insured Person travelling outside the **Usual Country of Residence** and **Home Country** in circumstances where such commodities have been lost or stolen and no suitable replacements or substitutes are available locally.

   Any portion of an **Insured Person's** travel ticket which is unused following the provision of services is to be surrendered to the **Company**.

   The **Company** and its medical advisers reserve the absolute right to decide if the **Insured Person's** medical condition is sufficiently serious to warrant Emergency Medical Evacuation and/or Repatriation. The **Company** or its medical advisers shall also decide the place to which the **Insured Person** shall be evacuated or repatriated and the means by which the evacuation or repatriation should be carried out, having regard to all the facts and circumstances of which the **Company** is aware at the relevant time.

   MSIG Assist must be contacted to obtain advance approval for any evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation and to make the necessary transportation arrangements. Failure to do so will invalidate a claim for such costs.

   Overseas Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation are arranged by the **Company's** appointed service provider(s) to assist the **Insured Person** outside the **Usual Country of Residence** or **Home Country** for covered **Illness** or **Injury** or death suffered by the **Insured Person** as set out above.

   The **Insured Person** and persons acting on behalf of the **Insured Person** will be required to always identify themselves by their full names, personal identification information and Policy number.

The services provided are rendered on a worldwide basis. However, the service provider will not be able to provide services to **Insured Persons** located in areas which are war zones or which represents war risks or political or civil conditions such as to make such services impossible or reasonably impracticable.

Where the **Company** appoints a service provider, the **Company** cannot be held responsible for failure to provide services or for delays caused by strike or conditions beyond its control including, but not limited to, flight conditions or where local laws or regulatory agencies prohibit the service provider from rendering such services.

You and all **Insured Persons** accept that the service provider and the professionals and other persons to whom the **Insured Person** is referred by the service provider are responsible for their own acts as independent contractors and are not employees, agents or servants of the **Company**. The **Company** is not responsible for any act or failure to act on the part of the service provider and these professional or other persons such as, and not limited to, **Doctors**, **Hospitals** and **Clinics**.

4. **Compassionate Grant**

We pay the benefit amount in the event that the **Insured Person** dies from:

(i) a covered **Injury**, or

(ii) a covered **Illness** as a registered **Inpatient** during the treatment for such **Illness** at the **Hospital** or within 90 (ninety) days after discharge from the **Hospital**, in the **Insured Person's Usual Country of Residence**.

Amount payable per **Insured Person**	
Platinum Plan	S$8,000
Deluxe Plan	S$5,000
Elite Plan	S$3,000

SECTION V – ADDITIONAL BENEFITS

(A) **Emergency Medical Advice and Travel Assistance**

(i) **Emergency Medical Advice**
In emergencies, the **Insured Person** may telephone **MSIG Assist** for medical advice and evaluation from the attending coordinating **Doctor** in order to locate suitable medical services anywhere in the world or to provide referral to medical practitioners, **Specialists** or **Hospitals** for personal assessment and/or treatment as medically appropriate, it being understood and agreed that such telephone conversations cannot establish a diagnosis and shall be considered as advice only. **MSIG Assist** will facilitate necessary **Hospital** admissions by confirming the extent of insurance cover, monitoring procedures and issuing appropriate guarantees in accordance with the Payment Guarantees condition hereunder.

(ii) **International Travel Assistance Services**
When the **Insured Person** is travelling or intends to travel outside the **Home Country** or **Usual Country of Residence**, **MSIG Assist** can provide the following administrative assistance and services:

- visa, immunisation, vaccination, special medication and weather information services prior to departure,
- retrieval and redirection of lost luggage,
- replacement and delivery of essential lost travel documents such as passport and travel tickets,
- emergency message transmission and interpreting service.

It is understood and agreed that the **Insured Person** shall be responsible for all third party fees or charges in the delivery of these services.

(B) **Compassionate Travel (This benefit is provided only if it is included in the Schedule and it is not subject to the Overall Maximum Annual Limit)**

We pay for the cost of an economy class return airfare from the **Usual Country of Residence** for the **Insured Person** to attend the funeral of a close family member (defined as immediate father or mother or brother or sister or child, up to the attained age of 75). Limited to one return journey per **Insured Person**, regardless of the number of times the Policy is renewed with **Us**.

(C) **Miscarriage (or Abortion) due to Accident (This benefit is not subject to the Overall Maximum Annual Limit)**

We pay the amount stated in the **Schedule** in the event that the **Insured Person** suffers a **Miscarriage (or Abortion) due to Accident**.

The following are excluded in this Policy: Complete Abortion, Incomplete Abortion, Induced Abortion, Inevitable Abortion, Infected Abortion, Missed Abortion, Septic Abortion, Spontaneous Abortion, Therapeutic Abortion and Threatened Abortion.

(D) **Outpatient Services (This benefit is provided only if it is included in the Schedule and it is not subject to the Overall Maximum Annual Limit)**

Medically necessary treatment for a covered **Illness** or **Injury** provided to an **Insured Person** who is not a registered **Inpatient** at a **Hospital** and defined as:

(i) **General Outpatient Services**
Outpatient Services provided by or on the order of a **Doctor** who is licensed as a **General Practitioner**.

(ii) **Specialist Outpatient Services**
Outpatient Services provided by or on the order of a **Doctor** who is licensed as a **Specialist** or Consultant and to whom the **Insured Person** has been referred by a **General Practitioner**. No benefit shall be payable if the **Insured Person** is not referred by a **General Practitioner**.

(iii) **Outpatient Laboratory and X-ray Services**
Laboratory, testing, radiographic and nuclear medicine procedures used to diagnose or treat medical conditions. Such services must be provided by or on the order of a **Doctor**.

(iv) **Outpatient Prescription Drugs**
Drugs and medications, the sale and use of which is legally restricted to the order of a **Doctor**, and prescribed for use by the **Insured Person** as an Outpatient.

Cover for Outpatient Services is subjected to the Limits, Sub-Limits, Deductible, Co-insurance and/or maximum number of **Doctor's** visits (if any) stated in the **Schedule**. Cover for Outpatient Services does not include expenses recoverable under any other type of Benefit insured by the Policy.

For the avoidance of any doubt, **Day Care Surgery** is not part of Outpatient Services.

SECTION VI – OPTIONAL BENEFIT

Maternity Benefit (This benefit is provided only if it is included in the Schedule and it is not subject to the Overall Maximum Annual Limit)

Ante-natal, childbirth and post natal treatment for the mother but only up to the Sub-Limit stated in the **Schedule** for Normal or Complicated Delivery. If an **Insured Person** has a past history of Complications, as defined below, prior to the commencement of her cover for the Maternity Benefit, the Maternity Benefit shall be limited to the amount stated in the **Schedule** for Normal Delivery.

In the event that covered Complications arise, this Sub-Limit is increased to the amount stated in the **Schedule** for Complicated Delivery.

In this case covered Complications are defined as:

(i) charges for surgery and related medical care for caesarean section when a **Doctor** has certified in writing that a natural delivery will endanger the life of the mother and/or child(ren),

(ii) charges for surgery and related medical care for the treatment of extra uterine pregnancy or complications requiring intra abdominal surgery after necessary termination of pregnancy for medical reasons,

(iii) charges for other necessary care which is provided during hospitalisation for pernicious vomiting in pregnancy, toxemia with convulsions or spontaneous abortion (miscarriage).

No other charges for complications of pregnancy are covered under the Complicated Delivery Benefit.

Operations upon unborn foetuses are not covered. No other type of Benefit insured by the Policy (including but not limited to Overseas Emergency Medical Evacuation) covers expenses incurred in connection with maternity or childbirth.

No benefit shall be payable under this Maternity Benefit for **Miscarriage (or Abortion) due to Accident**.

Notwithstanding Clause 11 (Termination of Cover) and 14 (Cancellation) of the General Conditions, the **Company** reserves the right to retain 100% of the Maternity Benefit annual premium.

Waiting Period for Maternity Benefits
When the Maternity Benefit is in force and unless otherwise stated in the **Schedule** it will apply only to pregnancies which begins at least 365 (three hundred and sixty-five) days after the mother's first enrolment as an **Insured Person** with the Maternity Benefit in force and provided also that the Maternity Benefit is in force at the date of birth and has remained continuously in force from such first enrolment.

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** the maximum age for first enrolment in the Policy is 64 (sixty four) years and cover shall cease at the first **Due Date** following the 80th (eightieth) birthday of the **Insured Person**.

   Children shall be eligible for insurance 15 (fifteen) days after the date of normal healthy birth or 15 (fifteen) days after discharged in a normal healthy condition from the **Hospital** where birth took place, whichever is later, and not more than 18 (eighteen) years at the date of enrolment, and extended to 21 (twenty-one) years old if in full time formal education. Thereafter children must pay the full adult premium rate.

   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** and where the **Insured** is an Individual, with premium fully paid to the **Company**.

2. **Co-ordination of Benefits**

   The Policy will not provide compensation other than on a proportionate basis if the **Insured Person** has any other insurance in force or is entitled to indemnity from any other source in respect of the same **Injury**, **Illness**, death or expense.

   The **Company** has full rights of subrogation and may take proceedings in **Your** name and/or the **Insured Person's** name, but at the **Company's** expense, to recover for the **Company's** benefit the amount of any payment made under the Policy and/or to secure an indemnity from a third party.

3. **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** or **Insured Person's** expense, from any **Doctor** or **Hospital** or other source.

4. **Usual Country of Residence**

   As a condition precedent to the **Company's** liability, the **Company** must be informed in writing of any permanent change in an **Insured Person's Usual Country of Residence**, which shall be deemed to mean the **Insured Person** living or intending to live in another country for a period in excess of 90 (ninety) consecutive days. The **Company** reserves the right to decide whether it wants to continue cover, and will impose terms and conditions it considers appropriate to the new **Usual Country of Residence** or to decline to continue cover under the Policy.

5. **Local Treatment**

   Unless agreed in writing by the **Company** prior to the inception of the Policy and the appropriate additional premium having been paid by the Insured, premium rates under the Policy have been charged on the basis of medical treatment costs prevailing in the **Insured Person's Usual Country of Residence**.

   It is understood and agreed that the **Insured Person** shall, wherever possible, obtain covered treatment in the **Usual Country of Residence** except for emergency treatment in respect of **Accident** or acute **Illness** occurring during short period business or holiday travel not exceeding 90 (ninety) days per trip outside the **Usual Country of Residence** and which require immediate medical attention.

   In the event of emergency treatment in respect of **Accident** or acute **Illness** occurring outside the **Usual Country of Residence** and which requires immediate medical attention, the covered treatment costs will be met up to an amount not exceeding the **Reasonable and Customary Charges** for medical treatment of a standard and type usually available and customarily provided for the medical condition concerned in that country subject to transportation costs being excluded.

   The **Company** will give due consideration to requests for covered treatment to be received elsewhere subject to the **Company** giving its prior approval in writing before such treatment is undertaken.

6. **Conditions Precedent (Applicable if the Insured is a business or commercial establishment)**

   The validity of this Policy is subject to the conditions precedent that:

   (i) for the risk insured, the named **Insured** has never had any insurance terminated in the last 12 (twelve) months due solely or in part to a breach of any premium payment condition; or

(ii) if the named **Insured** has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last 12 (twelve) months:

(a) the named **Insured** has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy;

(b) a copy of the written confirmation from the previous insurer to this effect is first provided by the named **Insured** to the **Company** before cover incepts.

7. **Difference in Opinions**

In the event of any difference in opinions between our **Doctor** and **Your Doctor**, our **Doctor's** opinion shall prevail.

8. **Reasonable Precautions and Material Changes**

The **Insured Person** shall take all reasonable precautions to prevent and minimise any **Accident**, **Illness**, **Injury**, death or expense and the **Company** must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, sporting activity or otherwise 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.

9. **Alterations**

(i) 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 30 (thirty) 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.

(ii) 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.

10. **Commencement and Renewal**

The Period of Insurance is stated in the Schedule.

The Policy may be renewed thereafter by mutual agreement. The required premium must be paid to the **Company** in accordance with the Payment Before Cover Warranty or Premium Payment Warranty as the case may be. The Policy may be terminated with effect from any **Due Date** by either party giving 30 (thirty) days notice in writing of intention not to renew the insurance. The renewal premium required by the **Company** may be increased or varied at the **Company's** discretion. Premium will increase upon entering each higher premium rating age band and may also be adjusted annually for inflation and loss experience respectively.

11. **Termination of Cover**

(a) The entire Policy will terminate and cover for all **Insured Persons** 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 this Policy as described in General Condition 14.

(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) 23:59 Standard Singapore Time on the 90th (ninetieth) day when the **Insured Person** remains outside his/her **Usual Country of Residence** for a period in excess of 90 (ninety) consecutive days,

(ii) on the expiry of the **Period of Insurance** in which the **Insured Person** has attained 80 (eighty) years old; or

(iii) at the time of death of the **Insured Person**;

In respect of 11(b) (i), the **Company** will refund premium to the Insured from the 91st (ninety-first) day to the expiry of this Policy, on a pro-rated basis provided the **Company** had not incurred or paid claim for the **Insured Person**. In the event of any claim admitted by the **Company**, the **Company** reserves the right to retain 100% of the annual premium for the whole Policy.

12. **Termination Upon Return to USA or Canada**

In respect only of **Insured Persons** who are citizens of the United States of America (USA) or Canada and who return to either USA or Canada, insurance under the Policy shall terminate automatically from the date of their return to the USA or Canada unless the **Company** shall agree to the contrary in writing and such additional premium as may be required by the **Company** has been paid.

The **Insured Person** must notify the **Company** of such return or intention to return no later than 30 (thirty) days after such return, and the **Company** will cancel the Policy and refund premium to the **Insured** from the date of return to the expiry of this Policy, on a pro-rated basis, provided the **Company** had not incurred or paid claim for the **Insured Person**.

In the event of any claim admitted by the **Company**, the **Company** reserves the right to retain 100% of the annual premium for that **Insured Person**.

13. **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.

14. **Cancellation**

The Insured or the **Company** may cancel this Policy by giving the other party 30 (thirty) 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 & 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** reserves the right to retain 100% of the annual premium for the whole Policy.

15. **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 (Right of Third Parties) Act (Cap 53B) to enforce any of its terms.

16. **Change of Plan**

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

17. **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.

18. **No Trust**

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

19. **Legal Personal Representatives**

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

20. **Legal Proceedings**

No action in law or equity shall be brought to recover under the Policy until after the expiration of 60 (sixty) 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.

21. **Arbitration**

(i) Any difference of medical opinion in connection with the results of any **Injury**, **Illness**, 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.

(ii) Where **We** have accepted a claim but the amount to be paid is in dispute, the matter shall be referred to arbitration in Singapore and Singapore law will apply. The arbitration shall be heard by a single arbitrator to be agreed by the parties within 14 (fourteen) days from the commencement of arbitration. In default of agreement, the arbitrator shall be appointed in accordance with and subject to the provisions of the Arbitration Act (Cap 10) or any statutory re enactment thereof. Arbitration proceedings shall be conducted in accordance with the Arbitration Rules of the Singapore International Arbitration Centre. 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**.

22. **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 12 (twelve) calendar months from the date of such an offer or disclaimer referred to arbitration as required under General Condition 21 or been made subject to pending court action, the claim shall be deemed to be abandoned and the **Company** shall have no liability in respect of it.

23. **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

24. **Governing Law**

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

CLAIMS 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**

(a) The **Insured Person** must inform the **Company** within 30 (thirty) days from the date of incurred claim in the event of any claim or potential claim under the Policy.

(b) The **Insured Person** must inform **MSIG Assist** before covered treatment is undertaken as an **Inpatient** at a **Hospital** (except in cases of **Accident** or acute medical emergency), giving full details of the proposed treatment and the names and addresses of the **Doctor** and **Hospital** concerned. The **Company** reserves the right to refuse payment of any claim which is being submitted and where the **Company** has not been informed.

(c) In cases of **Accident** or acute medical emergency, written notification together with supporting medical information must be submitted to the **Company** as soon as possible.

(d) For Overseas Emergency Evacuation and Repatriation, immediate notification of any circumstances that may require Emergency Medical Evacuation, Repatriation and/or Repatriation or Local Burial of Mortal Remains or Local Cremation must be given to **MSIG Assist** and its approval obtained prior to transportation.

Observance of these Notification of Claim conditions shall be a condition precedent to the **Company's** liability under the Policy.

2. **Payment Guarantees**

   Upon receipt of adequate prior notification of claim for **Inpatient** treatment at a **Hospital** and/or Overseas Emergency Medical Evacuation services, **MSIG Assist** will confirm the extent of insurance benefits, monitor claims procedures, issue (wherever possible) appropriate Payment Guarantees and/or arrange direct settlement to the **Hospitals**, **Doctors** or other service providers subject always to Policy terms and conditions.

   No such Payment Guarantees or direct settlements can be made if the **MSIG Assist** is not contacted in advance with all relevant details as stated above.

   Covered Outpatient Services and Maternity Benefit are not subject to Payment Guarantees and will be settled on a reimbursement basis.

3. **Proof of Claim**

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

   (a) completed Claim Form within 15 (fifteen) 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.

   Incomplete Claim Forms will not be accepted for processing of claims and payment. Originals of all relevant documents and bills must be submitted with the completed Claim Forms. Photocopies are not acceptable.

   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.

4. **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.

5. **Currency Exchange Rates**

   The **Company** will pay all admissible claims in Singapore currency. Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the exchange rate as stipulated by the **Company**. The **Company** shall not bear any bank charges or credit charges.

GENERAL EXCEPTIONS

(Which apply to the whole Policy)

The following tests, investigations, 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**.

   For the avoidance of any doubt, the **Pre-Existing Conditions** Exclusion, including any treatment and complication arising from the **Pre-Existing Conditions**, shall always apply unless specifically waived or limited by the **Company** in writing in the **Schedule** or official endorsement thereto.

2. **Psychiatric Treatment** as an outpatient; or **Inpatient Psychiatric Treatment** commencing within 24 (twenty-four) months from the commencement of cover of the **Insured Person** concerned, or the date of reinstatement of his/her cover by the **Company**, whichever is later, under the Policy, or after the 24 (twenty-four) months period which are follow up medical treatment(s), consultations(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 24 (twenty-four) months period, and consequences or complications related to such conditions.

3. Routine medical examinations or check-ups, routine eye or ear examinations of any form where there is no objective indication of impairment of normal health or any treatment or investigation of a preventive nature, or any treatment which is not medically necessary, vaccinations, cosmetic surgery or plastic surgery, treatment for obesity, weight reduction (including liposuction) and weight improvement programmes, breast reduction or enlargement (regardless whether it is medically necessary or not), treatment for all forms of acne, 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.

4. Infertility, contraception, sterilisation (or its reversal), 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. Hospitalisation for treatment of any **Illness** commencing within 30 (thirty) days from the commencement of cover of the **Insured Person** concerned under the Policy, or after the 30 (thirty) days period which were follow-up medical treatments(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 30 (thirty) days period, and consequences or complications related to such conditions.

6. Birth defects, congenital **Illness**, hereditary conditions, pregnancy or childbirth or miscarriage/abortion except as defined under the **Miscarriage (Abortion) due to Accident** and Maternity Benefit when the latter Benefit is stated in the **Schedule** as being covered by the Policy.

7. Circumcision operations unless medically necessary.

8. All types of Sleep Disorders including Sleep Apnoea unless this leads to treatment through surgery.

9. Behavioral or Developmental Delay and/or learning disabilities.

10. Prosthesis, corrective devices and medical appliances which are not surgically required (except as defined under the Artificial Limbs and Mobility Aids Benefit), or any other that is not scientifically recognised by Western European or North American Standards.

11. All costs relating to cornea, muscular, skeletal or human organ or tissue or other transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation.

12. Psychological, emotional or mental problems or conditions, 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.

13. Elective overseas treatment for non-emergency or chronic medical conditions where covered treatment can reasonably be postponed until the **Insured Person** returns to the **Usual Country of Residence**.

14. Refractive defects of the eye, such as nearsightedness and astigmatism.

15. Spectacles, monocles or contact lenses, lasik, hearing aids.

16. All dental treatment or oral surgery related to teeth (unless within the terms of the **Accident** Dental Benefit).

17. Use of Stem Cell Transplants; Cryopreservation; implantation or re implantation of living cells or living tissue, whether authologous or provided by a donor.

18. Experimental or pioneering medical and surgical technique not commonly available and have been elected by the **Insured Person** to be received in lieu of treatment usually and customarily provided for the medical condition concerned.

19. Second Opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such Second Opinions are obtained unless considered by the **Company's** medical advisers to be reasonable and necessary having regard to the medical facts and circumstances or the cost of treatment by a **Doctor** which is not relevant to the treatment provided to the **Insured Person**.

20. Costs of treatment rendered and drugs or medicine prescribed by a **Doctor** or **Specialist** which are not related to the treatment provided to the **Insured Person** in respect of a condition that is covered under this Policy.

21. Continuance of fees from a referring **Doctor** after the date on which an **Insured Person** has been referred to another **Doctor** or **Specialist**.

22. **Injury** or **Illness** while serving as a full time member of a police or military unit and treatment resulting from participation in war, riot, civil commotion or any illegal act including resistance to lawful arrest or resultant imprisonment.

23. Outpatient Services except as defined under the Outpatient Services Benefit and/or psychiatric disorders except as defined under the **Psychiatric Treatment** Benefit, and then only to the extent such Benefits are stated in the **Schedule** as being covered by the Policy.

24. **Hospital Inpatient** treatment for conditions which can be properly treated as an outpatient.

25. Travel costs in respect of trips made specifically for the purpose of obtaining medical treatment unless in the course of an approved Overseas Emergency Medical Evacuation, and all Overseas Emergency Medical Evacuation costs not approved in advance by the **Company** or **MSIG Assist**.

26. Hotel or non-hospital accommodation costs except as provided for in the Policy; cost of medical reports unless agreed by the **Company**.

27. Rock climbing, Caving, Pot holing, Mountaineering, Skydiving, Parachuting, Hang-gliding, Paragliding, 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, racing of any kind other than on foot, or any other type of competitive sports other than those in which the **Insured Person** participates purely as an amateur; and all professional or inherently dangerous sports unless declared to and accepted by the **Company** in writing prior to the event giving rise to a claim.

28. Any Flying Activity or Air Travel other than as a fare paying passenger in a commercially licensed passenger carrying aircraft.

29. Costs or treatment after an annual renewal date (**Due Date**) arising from **Injury**, **Illness** or death occurring during the previous **Period of Insurance**.

30. Costs or benefits payable under the Work Injury Compensation Act or similar or subsequent Act or legislation, or corresponding insurance cover relating to occupational death, **Injury**, **Illness** or disease.

31. Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered **Reasonable and Customary** in the absence of such legislation or any action for compensation under this Policy brought in any jurisdiction outside Singapore.

32. Any treatment or expense in respect of persons less than 15 (fifteen) days old or more than 80 (eighty) years old at the date of the onset of the event giving rise to a claim, unless agreed otherwise by the **Company** prior to the inception of the Policy.

33. 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 medical expense covered by the Policy.

Additionally, the following apply:

34. Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause.

    This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith;

    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.

35. War and Terrorism Exclusion.

    The insurance by this policy 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 loss, damage, cost or expense is not covered by this insurance by reason of any of these General Exceptions, then the burden of proving the contrary shall be upon the **Insured** and/or the **Insured Person**.

TERRORISM EXTENSION

Notwithstanding Clause 35 of the General Exceptions (War and Terrorism Exclusion), this Policy is extended to cover the **Insured Person** for **Injury** sustained through act(s) of terrorism provided that there is no liability on the part of the **Company** when such act(s) of terrorism involve the use of biological, chemical agents or nuclear devices.

The maximum liability of the **Company** for all **Insured Persons** under this extension shall not exceed S$5,000,000 per event during the **Period of Insurance**, subject to the Limits, Sub-Limits and Overall Maximum Annual Limit specified in this Policy.

Subject otherwise to the terms, conditions and exclusion of this Policy.

PAYMENT BEFORE COVER WARRANTY – APPLICABLE IF THE INSURED IS AN INDIVIDUAL

1. The premium due must be paid to the **Company** (or the intermediary through whom this Policy 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 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.

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 60 (sixty) 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 60 (sixty) 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 60 (sixty) 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 60 (sixty) day period;

   (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60 (sixty) day period; and

   (c) the **Company** shall be entitled to a pro rata time on risk premium subject to a minimum of S$25 plus the applicable Goods & Services Taxes.

3. If the **Period of Insurance** is less than 60 (sixty) 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**.

SANCTION LIMITATION AND EXCLUSION CLAUSE

The **Company** shall not be deemed to provide cover and the **Company** shall not 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 sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

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 Your insurer 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.

This page is intentionally left blank.

This page is intentionally left blank.