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DENTIPLUS INSURANCE POLICY

Here is your DentiPlus insurance policy. Please read it now, to make sure that you have the cover you need. It is important that this policy document together with its **schedule**, and any amendments or endorsement issued from time to time are read together to avoid any misunderstanding.

HOW YOUR INSURANCE OPERATES

Your policy is a contract between us, the **company**, and you, our **insured** named in the **schedule**. The application form, declaration and any information you gave to us when applying for the policy, are the basis of this contract. The **schedule** and any endorsement made altering the terms of this policy, form part of this policy.

In consideration of you paying to us the required premium, we will provide you with insurance cover as described in the policy 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 preferably in writing to our manager who will be ready to help you with your concerns.

FREE LOOK PERIOD

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) business days after we dispatch it. The Free Look will not apply to renewals of your policy with us.

A GUIDE TO YOUR DENTIPLUS INSURANCE POLICY

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DEFINITION OF WORDS

Certain words have been defined below. These have the same meaning wherever they are used in the policy. They appear in **bold print** (e.g. **accident**).

TERM	DEFINITION
Accident	An event which happens suddenly, solely and directly caused by violent and external means and give rise to a result which the insured person did not intend or anticipate.
Benefit allowable	The maximum amount allowed under the policy for covered dental services based on reasonable and customary charges .
Clinic	A place operated by a doctor for the treatment of illness or injury and licensed by the competent authorities of the country in which treatment is provided.
Covered dental services	Dental treatment that is covered under this policy as shown in the schedule .
Commencement date	Original inception date of cover under this policy as shown in the schedule .
Contracted providers	The group of contracted dentists and dental clinics, clinics and hospitals that have agreed to provide covered dental services and adhere to our quality management programmes. It also refers to the dental services and special pricing that may be available to you when accessing care by a contracted dentist for non-covered treatments.
Contracted dentist	A dentist, dental clinic, clinic or hospital that is actively participating in a network defined by us to provide covered treatments and services to you according to your policy schedule .
Dentist	A properly qualified dentist, dental surgeon or dental practitioner (other than an insured person or a member of the insured person's immediate family) licensed by the competent 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.
Dental clinic	A modern medical or dental outpatient facility licensed under law, which provides dental care by dentists .
Dental diseases	Any illness, injury , or irregularities of teeth , tooth organs, intraoral organs, jaws, and maxillofacial bones, including the symptoms caused thereby.

TERM	DEFINITION
Dental emergency	A condition where you experience and suffer from severe pain that is not relieved by painkillers, or experience swelling or uncontrollable bleeding originating in the oral cavity requiring emergency dental service .
Dental services	The examination, diagnosis, treatment, or prevention of dental diseases , dental organ diseases, oral organ diseases, jaw and maxillofacial bone diseases, including surgical or any other procedures for the purpose of curing, restoring, and rehabilitating intraoral organs or maxillofacial bones, as well as intraoral dental services.
Dental standards	The dental basis or guidelines of an international level which give rise to an appropriate course of treatment for a patient, according to what is medically necessary and consistent with the diagnosis, healing, treatment, or others (if any).
Doctor	A properly qualified medical practitioner (other than an insured person or a member of the insured person's immediate family) qualified to practice Western medicine and surgery and 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/her licensing and training.
Due date	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.
Emergency dental service	A palliative treatment to stabilize you and relieve severe pain, reduce swelling or stop uncontrollable bleeding originating in the oral cavity .
Event(s)	An occurrence that could give rise to a claim for a benefit under your policy.
Hospital	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	Physical illness or disease, marked by a pathological deviation from the normal healthy state.
Injury	All bodily injury suffered and caused solely by an accident and not by sickness, disease or gradual physical or mental wear and tear.
Insured person	An individual 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 one (1) of the policy, and in respect of whom commencement of cover has been confirmed in writing by the company .
Medical centre	Any medical facility that provides medical services and can accommodate overnight patients and outpatient treatments, and is permitted to be registered as a medical centre in accordance with the law of that locality.

TERM	DEFINITION
Medically necessary	<p>Dental services which are subject to the following conditions:</p> <ul style="list-style-type: none"> a) such services must be consistent with the diagnosis and treatment according to the symptoms of the injury or illness in a treated person b) there is a clear dental indication in accordance with dental standards c) such services are not solely for the convenience of the treated person or their family or the dental service provider; and d) such services are dental treatments in accordance with the standard of care for patients, as appropriate to, and necessary for, the symptoms of the injury or illness in the treated person
Nominated account	The account selected by the insured as the account to be debited or charged with the premiums due on this policy.
Oral cavity	The organs between, and including, those adjacent to lips and uvula, where the digestive system begins.
Out-of-contract	Dental services received from a dentist that does not participate or belong to our contracted providers .
Palliative treatment	A treatment usually performed pursuant to or in connection with or as a result of a dental emergency or accidental injury that attempts to temporarily relieve(s) and/or ease(s) pain, swelling, and/or uncontrollable bleeding in order to allow you to seek a definitive treatment plan at a later date with your regular dentist.
Period of Insurance	A period of twelve (12) consecutive months starting from the commencement date of this policy and each consecutive period of 12 months for which this policy remains in force.
Pre-existing condition	Any dental service that you should have received or condition you have been advised or would have reasonably known requires treatment by a dentist during the twelve (12) months prior to the commencement date .
Preventive dental services	An oral examination, prophylaxis (teeth cleaning) and fluoride application.
Prophylaxis/cleaning	The professional cleaning by a dentist of filmy deposit on tooth surfaces and underneath the gum by removing gross plaque and calculus from teeth .
Reasonable and customary charges	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 region as determined by us. To determine if a charge is reasonable and customary, the nature and severity of the treatment will be considered by us.
Schedule	The schedule containing the details of the policy, benefits, endorsements (if any), insured person(s) , type of cover selected and commencement date of insurance. The schedule is part of the policy.
Teeth	The intraoral organs of which the roots are connected to the jaws, and the bodies of the teeth which perform the functions of biting, tearing, and chewing food, and facilitating clear and correct pronunciation.
Treatment	Any dental procedure or service which is carried out or personally controlled by a dentist , including procedures provided by a hygienist (as allowed by local law) but subject always to the exclusions and limitations contained in the Policy and these policy terms and conditions.
Usual country of residence	Singapore.



TERM	DEFINITION
Waiting period	The period of time from the commencement date of your policy for and in respect of which no benefits are payable.
We, us, our, the company	MSIG Insurance (Singapore) Pte. Ltd.
You, your, insured	The policyholder named as insured in the schedule

THE BENEFITS

The maximum total amount we will pay under your policy is the **benefit allowable** as shown on your policy **schedule**.

SECTION 1 – EMERGENCY DENTAL SERVICES BENEFITS

If you suffer a **dental emergency** requiring **emergency dental services** we will pay the **reasonable and customary charges** incurred for **emergency dental services** up to the **benefit allowable** during any one (1) **Period of Insurance** shown on your policy **schedule** current at the time of the **dental emergency**;

We will not pay for expenses incurred:

- a) where a **dentist** has not certified the **emergency dental service** as necessary; or
- b) as a result of a **pre-existing condition**

SECTION 2 – PREVENTIVE DENTAL BENEFITS

We will pay the **reasonable and customary charges** incurred by you for **medically necessary preventive dental services** up to the **benefit allowable** provided by a **dentist** for one (1) visit only during any one (1) **Period of Insurance**.

We will not pay for costs incurred:

- a) during the ninety (90) days **waiting period**; or
- b) as a result of a **pre-existing condition**

SECTION 3 – DENTAL RADIOLOGY BENEFITS

We will pay the **reasonable and customary charges** incurred by you up to the **benefit allowable** for dental radiology services for:

- a) up to two (2) bitewing intraoral x-ray during the **Period of Insurance**; or
- b) one (1) posterior/anterior or lateral skull, and facial bone survey x-ray during the **Period of Insurance**; or
- c) one (1) panoramic x-ray during the **Period of Insurance**

We will not pay for costs incurred:

- a) during the ninety (90) days **waiting period**; or
- b) as a result of a **pre-existing condition**



SECTION 4 – CONSERVATIVE BENEFITS (FILLINGS)

We will pay the **reasonable and customary charges** incurred by you up to the **benefit allowable** for **medically necessary** conservative treatments for:

- a) amalgam, permanent
- b) composite/resin, permanent
- c) glass ionomer fillings

We will not pay for costs incurred:

- a) during the ninety (90) days **waiting period**; or
- b) as a result of a **pre-existing condition**.

SECTION 5 – EXTRACTION BENEFITS (NON-SURGICAL)

We will pay the **reasonable and customary charges** incurred by you up to the **benefit allowable** for **medically necessary** dental extractions limited to:

- a) simple extraction e.g., erupted tooth or exposed root
- b) complicated extraction e.g., tooth or root, partially bony

We will not pay for costs incurred:

- a) during the ninety (90) days **waiting period**; or
- b) as a result of a **pre-existing condition**

SECTION 6 – ENDODONTIC BENEFITS (ROOT CANAL TREATMENT)

We will pay the **reasonable and customary charges** incurred by you up to the **benefit allowable** for **medically necessary** endodontic treatment limited to:

- a) root canal
- b) therapeutic pulpotomy (excluding final restoration)

We will not pay for costs incurred:

- a) during the ninety (90) days **waiting period**; or
- b) as a result of a **pre-existing condition**

GENERAL CONDITIONS

(Applicable to the whole policy and to be observed by the **insured** under the policy)

It is an important part of our contract that you observe the following general conditions:

1. Eligibility

Unless we agree in writing otherwise, the person to be insured under this policy must be named as an **insured person** in the **schedule** and must at the **commencement date** of the policy be aged between eighteen (18) years old and below sixty (60) years old with his/her **usual country of residence** as Singapore.

2. Usual country of residence

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. 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.

3. 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 source in respect of the same **injury** or **illness**.

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.

4. Co-operation

As a condition precedent to the **company's** liability, 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.

5. Automatic renewal of coverage and premium payment

Unless the **insured** or the **company** exercises the right to cancel the policy or the policy is terminated, the policy will be renewed automatically from year to year so long as premium is paid when due.

Subject to the **company's** agreement in writing, premium can be paid on a monthly basis or an annual basis.

a) If premium is paid monthly

- i) The first monthly premium is payable on the **commencement date** and subsequent monthly premiums are due on the same date on each succeeding month.
- ii) Each payment must be paid by direct debit instruction or charged to your **nominated account**.



iii) We are immediately entitled to the balance of the annual premium payable for the entire **Period of Insurance** if a claim arises in respect of that **Period of Insurance**. We reserve the right to deduct the balance of the annual premium from any claim amount due.

b) If premium is paid annually

i) The first annual premium is payable on the **commencement date** and subsequent premiums due on the same date on each succeeding year.

ii) Each payment must be paid by direct debit instruction or charged to your **nominated account** or by cheque.

c) Changes in the frequency of premium payments to or from monthly or annual payments cannot be made unless the **company**, on receipt of a request to do so by the **insured**, allow otherwise.

6. Alterations

a) At each renewal of this policy, we have the right to vary the premium payable and all other terms, conditions and exceptions of the policy. We will notify you of any such change at least thirty (30) days from the renewal date. 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 that 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 that could influence the **company** in its assessment of your application.

7. Difference in Opinions

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

8. Cancellation

Either the **insured** or the **company** may cancel this policy by giving the other party thirty (30) days' notice in writing sent to the last known address. Refunds of premium in respect of a **Period of Insurance** will be made as follows:

a) If the **insured** cancels the policy, the **company** will make a refund of premium that the **insured** has paid on pro-rated basis from the date of cancellation provided no claim has arisen in relation to that **Period of Insurance** and the amount refundable is more than S\$10.00.

b) If the **company** cancels the policy, the **company** will make a pro-rata refund of the premium paid.

9. Termination

a) The entire policy will terminate and all **insured persons'** cover under it will cease immediately upon:

i) non payment of premium by the **due date** as described in the Payment Before Cover Warranty of this policy; or

ii) the cancellation of this policy as described in General Condition 8



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 first occurs:

- i) when the **insured person's usual country of residence** ceases to be Singapore;
- ii) where the **insured person** is you, on the expiry of the **Period of Insurance** in which you attain your 70th birthday;
- iii) where the **insured person** is your legal spouse, on the expiry of the **Period of Insurance** in which your legal spouse attains his/her 70th birthday.

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 a benefit hereunder, then the policy shall be cancelled immediately and all benefits and premium are forfeited.

11. Payment of Benefits

You may not be covered under more than one (1) DentiPlus insurance policy with the **company**. If you are covered under more than one (1) such policies, we will consider that person to be covered under the policy which provides the highest benefits. Where the benefits under any additional policy are identical, we will consider that person to be insured under the policy first issued. All policies not recognised by us shall be cancelled. We will refund, without interest, any duplicated premium.

12. 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.

13. 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** official address stated in the policy.

14. 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.

15. Legal personal representatives

The terms, exceptions and conditions of this policy also apply to the legal personal representatives of the **insured**, and **insured persons**.

16. 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.

17. Arbitration

All disputes or differences under this policy shall be referred to Arbitration in accordance with the Arbitration Act 2001 or any statutory re-enactment thereof. The making of an award by an Arbitrator or Arbitrators as herein before specified shall be a condition precedent to any right of action against the **company**.

18. Commencement of arbitration or court action

If we offer an amount in settlement or disclaim liability for any claim hereunder and such claim is not within twelve (12) calendar months from the date of such offer or disclaimer referred to arbitration under the provisions contained in this policy or made subject to a pending court action, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy

19. 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.

20. Governing law

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

21. 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 to enforce any of its terms. **Insured persons** (other than the **insured**) are not parties to this policy contract.

GENERAL EXCLUSIONS

Your policy will not apply to any **event** arising directly or indirectly out of:

- 1. an injury caused by a suicide, attempted suicide, self-inflicted injury, or attempted self-inflicted injury, whether by oneself or with the assistance of someone else, and while sane or insane.
- 2. a **treatment** that is in a trial stage, or a **treatment** using any material, instrument, device, or medical supply that is in a trial stage or any **treatment** not recognized as dental practice by the Ministry of Health or in the case where **treatment** is provided or administered outside Singapore, or any competent foreign authority.
- 3. any **dental services** solely for cosmetic and/or aesthetics purposes.
- 4. injury caused by the action of you whilst under the influence of alcohol, addictive drugs, or harmful narcotics to the extent of being unable to control one's mind.



The term “under the influence of alcohol” refers to a blood alcohol level of 150 mg per 100ml of blood or more, according to the results of a blood test.

5. any dental **treatment** for a tooth that is not present or missing in your mouth prior to the commencement of the policy (if it is found that the tooth at the exact intraoral position is absent because it has been lost or extracted, but there is a **treatment** for that tooth).
6. dental **treatment** for any condition which is considered to be a **pre-existing condition**.
7. medications that need to be taken post treatment.
8. a **treatment** in any **hospital, medical centre, clinic** or **dental clinic** that is not advised by a **dentist**.
9. expenses for toothbrushes, toothpaste, dental floss, mouthwash, and other consumables for intraoral hygiene.
10. a request for **treatment** or dental surgery which is not advised by a **dentist**, including any **dental services** not necessary for a **treatment**.
11. **dental services** not necessitated by a pathological condition or deemed not **medically necessary**.
12. an injury arising whilst you are engaged in a brawl or fight, or taking part in inciting a brawl or fight.
13. an injury arising whilst you are committing an indictable felony, or are being arrested or avoiding arrest.
14. an **injury** arising whilst you are embarking on or disembarking from, or travelling in, an aircraft not registered for carrying passengers and operated as a commercial aircraft.
15. an **injury** arising whilst you are piloting or acting as a crew member in any aircraft.
16. an **injury** arising whilst you serve as a soldier, policeman/policewoman, or a volunteer, and engages in war or crime suppression.
17. a congenital condition, development problem, heredity disease, cancer or AIDS. AIDS means Acquired Immune Deficiency Syndrome which is caused by the AIDS virus infection, including opportunistic infections, Malignant Neoplasm, or any infection or **illness** that reveals an HIV (Human Immune Deficiency Virus) positive blood test. Opportunistic infections shall include, but are not limited to, Pneumocystic Carinii Pneumonia, Organism or Chronic Enteritis, Disseminated Viral and/or Fungi Infection. Malignant Neoplasm shall include, but not limited to, Kaposi’s Sarcoma, Central Nervous System Lymphoma, and/or any severe disease which is presently known as Acquired Immune Deficiency Syndrome, or which cause sudden death, **illness**, or disability to infected persons. AIDS includes the HIV, Encephalopathy Dementia, and viral epidemics.
18. war, invasion, acts of foreign enemies, warlike operations (whether declared or not), civil war, uprising, insurrection, riots, strikes, civil commotion, revolution, coup, proclamations of martial law, or any **events** or causes which determine the proclamation or maintenance of martial law.
19. radiation or radioactivity from any nuclear fuel or nuclear refuse arising from the combustion of nuclear fuel or any process of self-sustaining nuclear fission/fusion, radioactive explosion, or any nuclear component or harmful substance that may cause an explosion in a nuclear process.

CLAIMS CONDITIONS

1. Procedure for making a claim

1.1 In order to claim for benefits hereunder, you must comply with the following:

- i) You must notify us of your intent to access Sections 2 – 6, where applicable as well as schedule an appointment with a **contracted dentist, dental clinic, clinic or hospital** before each **dental service** is rendered; If you do not contact us and obtain our consent before your **treatment** we will be unable to directly reimburse the **contracted providers**.
- ii) You may exercise your claim for benefits at your dental centre of choice; however, you must notify us of your intent to access benefits before **dental services** and **treatments** are rendered;
- iii) if we require any additional evidence, as necessary, you or your representative must submit it to us at your own expense.

1.2 In the case of **out-of-contract** dental care the following evidence must be submitted within thirty (30) days from the date of a **treatment** at a **hospital, medical centre, clinic or dental clinic**.

- a) A claim form as prescribed by us and completed by you and your **dentist**
- b) An original paid receipt showing the expenses, or an invoice cover sheet together with a paid receipt; and
- c) Other necessary documents as required by us to support consideration of the claim

1.3 Failure to submit the evidence within the prescribed time shall be without prejudice to the right of claim, if it can be proven that such failure is justified and the said evidence is submitted as soon as is practical.

1.4 In the case of **contracted providers** dental care, the **contracted dentist** shall coordinate all claims procedures directly with us. You must sign the claim or treatment plan at the **contracted dentist's** location (including **dental clinic, clinic and hospital**) after **treatment** and pay the **contracted providers** any co-insurance or amount due for any non-covered services. In the case of **out-of-contract** dental care, you must authorise your **dentist** to disclose to us any relevant information regarding their treatment and/or condition as it relates to the claim process.

2. Dental examination

2.1 We shall, at our own expense, have the right to examine any record of the **treatment** and diagnosis of your dental condition, to the extent necessary for this insurance.

2.2 If you fail to allow Us to examine your record of the treatment and diagnosis to support our consideration of benefit payment, we may refuse to provide coverage to you.

3. Payment of benefits

3.1 In the case of **contracted providers** claims, We will pay the **contracted dentist** directly for the **covered dental services** provided in accordance with the **benefit allowable** of this policy.

3.2 In the case of **out-of-contract** claims, We will pay **reasonable and customary charges** for the **covered dental services** to you within thirty (30) days from the date on which correct and complete evidence of expenses is received by us.



3.3 In the event of **dental emergency** treatment during the ninety (90) days **waiting period**, all claims for **covered dental services** will be on reimbursement basis up to the **benefit allowable** as shown on your policy **schedule**.

After the ninety (90) days **waiting period**, clauses 3.1 and 3.2 above will apply.

3.4 In the event that there are reasonable grounds for suspecting that a claim for benefits under the policy is not made in accordance with your policy **schedule**, we may extend the payment period as necessary, but no more than ninety (90) days from the date of its receipt of complete evidence of expenses.

PAYMENT BEFORE COVER WARRANTY

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 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 the 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.

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.

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.

**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.