
HOSPITAL CASHPLUS INSURANCE POLICY

Here is your Hospital Cash*Plus* insurance policy. Please examine it together with the **schedule**, to make sure that you have the cover 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 this policy, the **schedule**, and any amendments or endorsements issued from time to time are read together to avoid any misunderstanding.

HOW YOUR INSURANCE OPERATES

Your 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 us directly. We are ready to help you with your concerns.

FREE LOOK CLAUSE

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 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:

- a) You are assumed to have received the policy within three (3) days after we despatch it.
- b) The Free Look 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 THE POLICY

		Page
Definition of words	An explanation of words used in this policy, which have special meanings	2
Cover for dependants	Conditions of cover for dependants	5
Pro-rata benefits	Benefits payable if period of insurance is less than one (1) year	5
The benefits		5
Section 1	Daily hospitalisation cash benefits	5
Section 2	Overseas daily hospitalisation cash benefits	6
Section 3	Intensive care unit (ICU) daily hospitalisation cash benefits	6
	Aggregate limit for Sections 1 to 3 (The benefits)	6
Section 4	Recuperation cash benefit	7
Section 5	Emergency outpatient reimbursement benefit as a result of an accident	7
Section 6	Overseas emergency evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation	7
Section 7	Accidental death or permanent and total disablement benefit	8
General conditions	Your rights and our rights under the policy	9
Claim conditions	What you should do if you need to make a claim	14
General exceptions	Those events we do not insure under the policy as a whole	15
Claims and emergency assistance procedures		18
Payment before cover warranty		18
Premium payment warranty		19
Useful procedures	Making a claim and your feedback channels	19

DEFINITION OF WORDS

(Applicable 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.

TERM	DEFINITION
Accident	A sudden event which gives rise to a result not intended or anticipated by the insured or insured person .
Clinic	A place licensed by the competent authorities of the country in which treatment is provided and run by a physician for treatment of an injury .
Commencement date	Original inception date of cover under this policy as shown in the schedule .

TERM	DEFINITION
Dependant	The legal spouse of the insured person and/or unmarried legal child of the insured person who is dependant upon the insured person for support provided always that such child is aged not less than 15 (fifteen) days and below 18 (eighteen) years at the commencement date or his/her enrolment date under the policy, whichever is the later date. Thereafter children must pay the full adult premium rate.
Disability	Injury or illness including all disabilities or complications arising from the same cause. Consecutive confinements for the same cause will be counted as one disability unless two consecutive confinements are separated by ninety (90) days.
Home Country	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". When dependants of an insured person are enrolled in the policy, the home country of the dependants will be deemed to be the same home country as declared for that insured person in the application form.
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 in-patients under the constant supervision of a physician . 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.
Hospitalisation	The insured person's confinement in a hospital for a continuous uninterrupted period of at least twenty-four (24) hours on the advice of and under the regular care and attendance of a physician for which the hospital makes a charge for room and board. The first day of hospitalisation starts at the time of admission to the hospital and each subsequent day of hospitalisation starts twenty-four (24) hours after the start of the previous day of hospitalisation. The day of discharge is considered as a day of hospitalisation if the time of discharge of the insured person from hospital is more than twelve (12) hours from the later of: a) the time of admission to hospital; or b) the end of the previous day of confinement.
Illness	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 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 .

TERM	DEFINITION
Intensive Care Unit	<p>An accommodation or part of a hospital, other than a post- operative recovery room, which in addition to providing room and board:</p> <ul style="list-style-type: none"> a) is established by the hospital for a formal intensive care programme; b) is exclusively reserved for critically ill patients requiring constant audio-visual observation prescribed by a physician and performed by a physician or by a specifically trained registered graduate nurse; and c) provides all necessary life-saving equipment, drug and supplies in the immediate vicinity on a stand-by basis. <p>High Dependency Unit (HDU) or Coronary Care Unit (CCU) is not considered as Intensive Care Unit.</p>
MSIG Assist	The emergency assistance centre provided by the company .
Period of Insurance	A period of one year (unless otherwise agreed in writing by the company) and shown in the schedule .
Physician	A properly qualified medical practitioner (other than an insured person or a member of the insured person's immediate family) licensed by the competent medical authorities of the country in which treatment is provided, and who in rendering such treatment is practicing within the scope of his/her licensing and training.
Pre-existing conditions	<p>Any injury, illness, condition or symptom:</p> <ul style="list-style-type: none"> 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 which originated or existed prior to the commencement of cover for the insured person concerned under the policy.
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 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 .
Schedule	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.

TERM	DEFINITION
Serious medical condition	For the purpose of interpreting 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.
Usual country of residence	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 . This shall be Singapore.
We, us, our, the company	MSIG Insurance (Singapore) Pte. Ltd.
You, your, insured	The policyholder named as insured in the schedule .

COVER FOR DEPENDANTS

(Unmarried legal child of the insured person)

Where an **insured person** and his/her **dependants** (legal spouse and unmarried legal child) are insured under this policy, and the **insured person** and his/her legal spouse are insured under different cover plans, the cover of the **dependant** (unmarried legal child of the **insured person**) shall be on the lower cover plan. If the cover plans of the **insured person** and his/her legal spouse are the same, the cover of the **dependant** (unmarried legal child of the **insured person**) shall be on the same cover plan.

PRO-RATA BENEFITS

If the **Period of Insurance** stated on the current **schedule** is less than one (1) year, the benefits payable under this policy shall be pro-rated accordingly.

THE BENEFITS

The following benefits are available. Please refer to the **schedule** to determine whether the cover is actually provided to the **insured person** concerned.

The following benefits are available. Please refer to the **schedule** to determine the cover actually provided to the **insured person** concerned.

SECTION 1 – DAILY HOSPITALISATION CASH BENEFIT

The **company** will pay the sum insured as specified in the **schedule** for each full day of **hospitalisation** the **insured person** is confined in a **hospital** on the recommendation of a **physician** for the treatment of an **illness** or **injury** suffered by the **insured person** during the **Period of Insurance**.

The maximum period in respect of which the **company** will pay under Section 1 for any one **disability** is up to five hundred (500) days.



Compensation will not be payable under Section 1 for any period of time where compensation for Section 2 or 3 is payable in the circumstances.

The maximum period specified above will apply in respect of a **disability**, regardless of the number of times the policy is renewed.

SECTION 2 – OVERSEAS DAILY HOSPITALISATION CASH BENEFIT

The **company** will pay the sum insured as specified in the **schedule** for each full day of **hospitalisation** the **insured person** is confined in a **hospital** outside of Singapore and/or outside of his/her **home country** if he/she is travelling abroad other than for medical treatment and has to be confined in a **hospital** as a consequence of a medical emergency for the treatment of an **illness** or **injury** suffered by the **insured person** during the **Period of Insurance**.

This benefit will not be payable for elective treatment or non-emergency treatment outside of Singapore and/or **home country**.

The maximum period in respect of which the **company** will pay under Section 2 for any one **disability** is up to two hundred and fifty (250) days.

Compensation will not be payable under Section 2 for any period of time where compensation for Section 1 or 3 is payable in the circumstances.

The maximum period specified above will apply in respect of a **disability**, regardless of the number of times the policy is renewed.

SECTION 3 – INTENSIVE CARE UNIT (ICU) DAILY HOSPITALISATION CASH BENEFIT

The sum insured for the daily hospitalisation cash benefit under Section 1 will be doubled in case the **insured person** is confined in the Intensive Care Unit (ICU) of the **hospital** on the recommendation of a **physician** for the treatment of an **illness** or **injury** suffered by the **insured person** during the **Period of Insurance**.

The maximum period in respect of which the **company** will pay under Section 3 for any one disability is up to sixty (60) days.

Compensation will not be payable under Section 3 for any period of time where compensation for Section 1 or 2 is payable in the circumstances.

The maximum period specified above will apply in respect of a **disability**, regardless of the number of times the policy is renewed.

Aggregate limit for Sections 1 to 3 (The benefits)

The maximum aggregate amount which the **company** will pay under Sections 1 to 3 in total for any one **disability** per **insured person**, regardless the number of times is renewed, is as follows:

Platinum Plan	Up to S\$225,000
Gold Plan	Up to S\$150,000
Silver Plan	Up to S\$75,000

SECTION 4 – RECUPERATION CASH BENEFIT

The **company** will pay the sum insured as specified in the **schedule** in one lump sum payment, on the **insured person's** discharge from **hospital** following hospitalisation for a period of seven (7) consecutive days or more for treatment of any **illness** or **injury** suffered by the **insured person** during the **Period of Insurance**.

The maximum amount that the **company** will pay for any one **Period of Insurance** is the sum insured as specified in the **schedule**.

SECTION 5 – EMERGENCY OUTPATIENT REIMBURSEMENT BENEFIT AS A RESULT OF AN ACCIDENT

The **company** will reimburse up to the sum insured as specified in the **schedule** for the medical treatment provided to the **insured person** as an outpatient at a **hospital** or **clinic** following an **accident** which the **insured person** obtained medical attention within twenty-four (24) hours of the **accident**. Eligible expenses incurred thereafter for follow up treatment of the specific medical condition will be reimbursed up to thirty (30) days from the date of the **accident**.

The maximum amount that the **company** will pay for any one **Period of Insurance** is up to the sum insured as specified in the **schedule**.

For the avoidance of any doubt, Section 5 is not payable in the event of an **illness**.

SECTION 6 – OVERSEAS EMERGENCY MEDICAL EVACUATION, REPATRIATION AND/OR REPATRIATION OR LOCAL BURIAL OF MORTAL REMAINS OR LOCAL CREMATION

If an **insured person** travels outside the **usual country of residence** or **home country** but excluding war zones and countries where the prevailing war risks or 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 under the limit of benefit payable below:

i) 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 **injury** or **illness** 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 **injury** or **illness** to the **usual country of residence**, following an emergency medical evacuation at a place outside the **usual country of residence** or **home country**.

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** (whose death is due to **illness** or **injury**) from the place of death to the **usual country of residence** or **home country**, or the preparation and local burial or local cremation of the mortal remains of an **insured person** who dies outside the **usual country of residence** or **home country** due to **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**.



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 and the means by which the evacuation should be carried out, having regard to all the assessed facts and circumstances of which the **company** is aware at the relevant time.

Limit of benefit payable

Platinum Plan	We will pay up to S\$200,000 for each insured person , and the maximum that we will pay is S\$300,000, subject to per insured person's limit, for any one Period of Insurance regardless of the number of insured persons covered under the policy.
Gold Plan	We will pay up to S\$100,000 for each insured person , and the maximum that we will pay is S\$150,000, subject to per insured person's limit, for any one Period of Insurance regardless of the number of insured persons covered under the policy.
Silver Plan	Not covered.

MSIG Assist appointed by the **company** 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 and **MSIG Assist** are arranged through company's service provider(s) to assist the **insured person** outside the **usual country of residence** and/ or **home country** for any **serious medical condition** due to **injury** or **illness** or death suffered by the **insured person** due to **illness** or **injury**.

The **insured person** and persons acting on behalf of the **insured person** will be required to always identify themselves to the Service Provider by their full names, personal identification information and policy number.

The services provided by the Service Provider are rendered on a worldwide basis in accordance with the geographical scope under this section. However, the Service Provider shall not be required to provide such services to **insured persons** located in areas which represent war zones or war risks or political or civil conditions such as to make such services impossible or reasonably impracticable.

The **company** and/or the Service Provider 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 professionals or other persons such as, and not limited to, **physicians, hospitals and clinics**.

Any portion of an **insured person's** travel ticket which is unused following the provision of services is to be surrendered to the **company**.

SECTION 7 – ACCIDENTAL DEATH BENEFIT OR PERMANENT AND TOTAL DISABLEMENT

The **company** will pay the compensation in one lump sum payment, for death or disablement (the Results) as described in the table below, if the **insured person** suffers **injury** which is the sole cause of the death or such disablement, during the **Period of Insurance**.

For the avoidance of doubt, this Section 7 does not pay any benefit for death or disablement caused by **illness**.

Results	Compensation
A. Death	The sum insured for death specified in the schedule
B. Permanent and total disablement specified below and certified by a physician:	A percentage of the sum insured specified in the schedule . The percentage payable is shown below against each Result:
<ul style="list-style-type: none"> i) Permanent and total disablement from engaging in or attending to employment or occupation of any and every kind, ii) Permanent and Total loss of all sight in one or both eyes, iii) Total loss by physical severance or Permanent and Total loss of use of <ul style="list-style-type: none"> a) one or two limbs, b) one or two hands, c) arm above the elbow, d) arm at or below the elbow, e) leg above the knee, f) leg at or below the knee. 	<ul style="list-style-type: none"> 100% 100% 100%

Compensation limits in respect of any one **insured person**:

1. A valid claim made for Result A or for Result B, will, with effect from the date of the **accident** resulting in such claim, discharge us from liability for any further claim under Section 7, whether arising from the same or different **accident(s)**.
2. Compensation will not be payable for:
 - a) Result A where compensation for Result B is payable in the circumstances.
 - b) more than 100% of the sum insured for Result A or Result B (whichever is the higher) in the aggregate for any or all of Results for any one **insured person**.
 - c) Result B until one (1) year after the happening of the **injury**. If we are reasonably satisfied that the disablement is permanent and total, we may partly or wholly waive this waiting period of one (1) year.
3. The limits of compensation specified in Section 7 will apply regardless of the number of times the policy is renewed.

GENERAL CONDITIONS

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

It is an important part of our contract that you observe the following general conditions and they are, where their nature permit, condition precedents to the right to recover from us:

1. Eligibility

Unless agreed otherwise in writing by the **company**, any person you wish to insure under this policy must be named as an **insured person** in the **schedule** and must at the commencement date or his/her enrolment date under the policy, whichever is the later date, be the following:

- a) **Insured person** aged at least eighteen (18) years and below fifty- one (51) years old,
- b) **Insured person's dependant** (legal spouse) aged at least eighteen (18) years and below fifty-one (51) years old,

- c) **Insured person's dependant** (unmarried legal child) aged at least fifteen (15) days old after the date of normal healthy birth or fifteen (15) days after discharge in a normal healthy condition from the **hospital** where birth took place, whichever is later, and below eighteen (18) years old, who is dependent upon the **insured person** for support

with his/her **usual country of residence** as Singapore.

No cover is in force until confirmed by the issue of a policy or a **schedule** or a renewal certificate or endorsement by the **company** with premium fully paid to the **company**.

2. Duplication of cover

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

3. Co-ordination of benefits (applicable only to emergency outpatient reimbursement benefit as a result of an accident and overseas emergency evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation)

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 **accident, 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 or compensation 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**, 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. 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.

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:

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

- i) 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;
- ii) 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. No Claim Discount

For each consecutive **Period of Insurance** that you keep this policy in force and stay claim(s)-free, we will offer a twenty-five percent (25%) off the next renewal premium.

8. Difference in opinions

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

9. 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.

10. Alterations

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.

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.

11. Commencement and renewal

The **Period of Insurance** is stated in the **schedule**.

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.

12. 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 ninetieth (90th) day when the **insured person** remains outside his/her **usual country of residence** for a period in excess of ninety (90) consecutive days, or
 - ii) on the expiry of the **Period of Insurance** in which the **insured person** has attained seventy-one (71) years old; or
 - iii) at the time of death of the **insured person**

In respect of 12(b) (i), the **company** will refund premium to the Insured from the ninety-first (91st) 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** concerned.

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.

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 thirty (30) days' written notice sent to the last known address.

In the event of the cover provided by this policy being cancelled by the insured, the **company** shall retain a premium, subject to a minimum of S\$50 plus the applicable Goods & 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 2001 to enforce any of its terms.

16. 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.

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 **insured's** receipt or that of the **insured's** legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.

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 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.

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 an independent arbitrator acceptable to the parties involved. Where any dispute is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the **company**.

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 twelve (12) 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.

CLAIM CONDITIONS

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

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

1. Notification of claim

You must give written notice to us of any event giving rise or likely to give rise to a claim under this policy as soon as possible but in any case within thirty (30) days of the happening of such an event. The **company** shall not be liable for the claim in the event that we are not notified within thirty (30) days of the happening of such an event.

For overseas emergency evacuation and repatriation, immediate notification of any circumstances that 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 together with the claims and emergency assistance procedures at the end of the policy shall be a condition precedent to the **company's** liability under the policy.

2. Proof of claim

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

- a) completed claim form within fifteen (15) days after you notify us of a claim;
- b) information, evidence or supporting document including receipts, medical certificates or medical reports which we may require to be supplied at your expense;
- c) the **insured person** or his/her legal personal representative's written consent to allow the **company** to receive the results of any medical examinations and/or tests and/or the **insured person's** medical history or records;
- d) such other information that the **company** may reasonably require.

If on the balance of medical fact or probability it is appropriate for the **company** to decline a claim by virtue of any of the exclusions (including the **pre-existing conditions** exclusion) under the policy, the **insured person** shall have the right and obligation to produce such medical evidence as the **company** may reasonably require, to enable it to reconsider a claim under the policy.

3. Examinations

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

4. 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

(Applicable to the whole policy and to be observed by the **insured** and all persons insured under the 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**.
2. **Hospitalisation** for treatment of any **illness** commencing within thirty (30) days from the commencement of cover of the **insured person** concerned under the policy, or after the thirty (30) days period which were follow-up medical treatment(s), consultation(s) or further investigation(s) of the **insured person** for the same condition for which he/she received medical treatment or consultation or investigation during that thirty (30) days 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, or any treatment which is not medically necessary.
4. Tests or treatment related to infertility, contraception, sterilisation (or its reversal), varicocele, impotence or erectile dysfunction, sexual dysfunction, treatment relating to sex change, sexually transmitted diseases and any treatment or test in connection with Human Immunodeficiency Virus (HIV), including Acquired Immune Deficiency Syndrome (AIDS) or any HIV/AIDS related conditions or diseases.
5. Birth defects, congenital **illness**.
6. Pregnancy or childbirth or miscarriage/abortion.
7. Circumcision operations unless medically necessary.
8. All types of Sleep Disorders including Sleep Apnoea.

9. Behavioral or developmental delay and/or learning disabilities.
10. Prosthesis, corrective devices and medical appliances which are not surgically required, or any other that is not scientifically recognised by Western European or North American standards.
11. All costs relating to cornea, bone marrow, muscular, skeletal or human organ or tissue or other transplant electively or non-electively from a donor to a recipient and all expenses directly or indirectly related to organ transplantation.
12. Treatment of mental **illness**, psychiatric disorders, self-inflicted injury, misuse or over dosage or excessive use of drugs/medicine, treatment for alcoholism, or abuse of alcohol or drug abuse or drug addiction, suicide or attempted suicide.
13. Elective overseas treatment for non-emergency or chronic medical conditions.
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.
17. Treatment provided to an **insured person** by the **insured** or **insured person** or a family member of the **insured** or **insured person**, or self treatment by the **insured person**, including the dispensation of medication and/or any medical tests/procedures carried out.
18. Benefit under this policy is not payable for any **insured person** who is employed in any of the following occupation:
 - a) as a full time military personnel, law enforcement, civil defence officer, security officer, navy, fire fighters, or
 - b) as professional sportspersons, entertainers, motor vehicle or motor biker racers, or
 - c) in any off-shore occupations such as diver, rig workers, fisherman, ship crew, or
 - d) as shipyard crew; work on board sea vessels, or
 - e) as air crew; work on board aircraft, or
 - f) as construction workers, work at heights above thirty (30) feet or work underground in tunnels, demolition and quarry workers, or
 - g) as workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding or gondolas, or
 - h) in any occupation dealing with explosives, poisonous or hazardous gases or substances.
19. Daily hospitalisation cash benefit or overseas daily hospitalisation cash benefit or Intensive Care Unit (ICU) daily hospitalisation cash benefit for conditions which can be properly treated as an outpatient.
20. All overseas emergency medical evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation costs not approved in advance by the **company** or **MSIG Assist**.
21. Cost of medical reports unless agreed by the **company**.

22. 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;
23. Any flying activity or air travel other than as a fare paying passenger in a commercially licensed passenger carrying aircraft.
24. 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.
25. 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 charges** in the absence of such legislation or any action for compensation under this policy brought in any jurisdiction outside Singapore.
26. 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:

27. Institute radioactive contamination, chemical, biological, biochemical and electromagnetic weapons exclusion clause.

In no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from

- a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
- b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
- c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
- d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
- e) any chemical, biological, bio chemical, or electromagnetic weapon.

28. War and terrorism exclusion

Notwithstanding any provision to the contrary within this policy or any endorsement thereto it is agreed that this insurance excludes:

death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss;



- a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- b) any act of terrorism including but not limited to
 - i) the use or threat of force, violence and/or
 - ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents,

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

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

If the **company** says that any 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**.

CLAIMS AND OVERSEAS EMERGENCY ASSISTANCE PROCEDURES

1. Any circumstance that may require overseas emergency medical evacuation, repatriation and/or repatriation or local burial of mortal remains or local cremation must be notified immediately to **MSIG Assist** to obtain its advance approval and to make transportation arrangements.
2. Inform the **company** immediately in writing in the event of any other claim or potential claim under the policy.
3. A fully completed claim form, completed by the **insured person** and the treating **physician**, must be submitted to the **company** and all necessary supporting medical information.

Use a new claim form for each separate claim or course of treatment.

4. Provide us all reports, certificates and information required by us which shall be furnished at **insured** or **insured person's** expense and shall be in such form as we shall prescribe.
5. **MSIG Assist**
Hotline No.: +65 6323 8388

For all other claims or problems, please contact your insurance intermediary or the company.

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 or bond was effected) on or before the inception date ("the inception date") or the renewal date of the coverage. Payment shall be deemed to have been effected to the **company** or the intermediary when one of the following acts takes place:
 - a) Cash or honoured cheque for the premium is handed over to the **company** or the intermediary;
 - b) A credit or debit card transaction for the premium is approved by the issuing bank;

- c) A payment through an electronic medium including the internet is approved by the relevant party;
 - d) A credit in favour of the **company** or the intermediary is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid to the **company** (or the intermediary through whom this policy or bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the **company**. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
 3. In respect of insurance coverage with Free Look provision, the insured may return the original policy document to the **company** or intermediary within the Free Look period if the insured decides to cancel the cover during the Free Look period. In such an event, the insured will receive a full refund of the premium paid to the **company** provided that no claim has been made under the insurance and the cover shall be treated as if never put in place. Free Look provision does not apply to Bond.

PREMIUM PAYMENT WARRANTY

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

1. Notwithstanding anything herein contained but subject to Clause 2 hereof, it is hereby agreed and declared that if the **Period of Insurance** is sixty (60) days or more, any premium due must be paid and actually received in full by the **company** (or the intermediary through whom this Policy was effected) within sixty (60) days of the inception date of the coverage under the policy, renewal certificate or cover note.
2. In the event that any premium due is not paid and actually received in full by the **company** (or the intermediary through whom this policy was effected) within the sixty (60) day period referred to above, then:
 - a) the cover under the policy, renewal certificate or cover note is automatically terminated immediately after the expiry of the said sixty (60)-day period;
 - b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - c) the **company** shall be entitled to a pro rata time on risk premium subject to a minimum of S\$25 plus the applicable Goods & Services Taxes.
3. If the **Period of Insurance** is less than sixty (60) days, any premium due must be paid and actually received in full by the **company** (or the intermediary through whom this policy was effected) within the **Period of Insurance**.

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.