

Hospital Cash^{Plus} Insurance

Note: If the client is using the services of an insurance advisor, please complete Sections 1 and/or 2 before proceeding with the Application Form (found on page 3).

Confidential Fact Find for	By Your Insurance Advisor
Client's Name:	Advisor's Name:

SECTION 1: "KNOW YOUR CLIENT" FORM

Important Notice to Clients

For Agents Your insurance advisor is a representative with MSIG Insurance (Singapore) Pte. Ltd. and can advise you on the products of: 1) MSIG Insurance (Singapore) Pte. Ltd. 2) _____ 3) _____	For Insurance Brokers/Financial Advisors Your insurance advisor is a broker with _____ As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he/she sources the products.
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Standard Statement Applicable to all advisors
 Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.
 A policy purchased without the proper completion of a "Know Your Client" Form may not be appropriate to your needs.

Application Type

Client's Choice is: (Please tick ☒ in the appropriate box)

1. ☐ I/We wish to disclose all information required for in this Form.
 (Please complete Sections 1 & 2 and sign both sections at the place indicated with an 'X')

2. ☐ I/We wish to receive product advice only.
 (Please complete Sections 1 & 2, except for Section 2, Part 1(a) & (b), and sign both sections at the place indicated with an 'X')

3. ☐ I/We do not wish to receive any advice from my/our advisor.
 (Please complete Section 1 and sign at the place indicated with an 'X')

I/We acknowledge that the insurance advisor has provided me/us with a copy of the completed "Know Your Client" Form.

Advisor's Declaration:
 I/We declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products, and shall not be used for any other purposes.

X _____

Signature of Applicant (for and on behalf of all persons to be insured)
 Date (dd/mm/yy):

Signature of Advisor
 Date (dd/mm/yy):

SECTION 2: OUR ADVICE AND REASONS

Part 1(a) – Personal Priorities (Please tick ☒ in the appropriate box)

Your Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for Hospitalisation Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Outpatient Medical Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Major Illness (eg. cancer, kidney dialysis, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Dental Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Old Age Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover for Loss of Income due to Illness or Sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 1(b) – Hospital/Surgical/Medical Expenses (Please tick ☒ in the appropriate box)

1. Which type of hospital do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Private	<input type="checkbox"/> Public
2. What type of hospital ward do you or your family members prefer in the event of hospitalisation?	<input type="checkbox"/> Single <input type="checkbox"/> 4 Bedded	<input type="checkbox"/> 2 Bedded <input type="checkbox"/> 6 Bedded
3. Do you have an existing hospitalisation insurance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have an existing Hospital Cash income plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is your existing policy an Individual policy or Group Employee Benefits policy?	<input type="checkbox"/> Individual	<input type="checkbox"/> Group

Part 2 – Advisor's Analysis and Recommendations

Total Health Insurance Budget: S\$ _____ per year

Advisor's Recommendations	Reasons for Recommendation	Remarks
Hospital/Surgical/Medical Expenses • Hospital Cash ^{Plus} Insurance		Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If this product is intended to replace any existing health insurance policy, advisor should state the reasons for recommending a replacement.

Part 3 – Acknowledgement (Please tick ☒ in the appropriate box)**Client's Declaration:**

I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and

☐ I/We **agree** with the proposed recommendation(s) ☐ I/We **do not agree** with the proposed recommendation(s)Comments (necessary if in **disagreement** with recommendation): _____

If I/We should decide to switch from one health insurance product to another health insurance product, I/We understand that:

1. I/We may not be insurable at standard terms
2. I/We may have to pay a different premium
3. Terms and conditions may defer

Statement by Advisor:

The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since completing that form, please notify your advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client" Form.

X _____

Signature of Applicant (for and on behalf of all persons to be insured)
Date (dd/mm/yy):

Signature of Advisor
Date (dd/mm/yy):

For Office Use Only – Internal
To be completed by a qualified staff of the Insurer or Principal Firm of the Advisor

I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know your Client" Form; and

☐ I/We **agree** with the proposed recommendation(s). ☐ I/We **do not agree** with the proposed recommendation(s).**Comments** (necessary if in disagreement with recommendation)**Remedial Action**

Signature

Name

Position

Date (dd/mm/yy)

Hospital Cash^{Plus} Insurance Application Form

The Insurance Act: In this Application Form, you are required to disclose fully and faithfully all the facts you know or ought to know in respect of the risk that is being proposed; otherwise, the Policy issued hereunder may be void.

Please ☒ tick where appropriate.

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ Gender ☐ Male ☐ Female
 (*delete if not applicable) (Name as shown on NRIC/FIN/Passport. Please underline surname.)

Residential Address _____ Postal Code _____

If your mailing address above is different from the existing record with MSIG (if any), would you like to update all your existing policies with the new ☐ Yes ☐ No mailing address?

NRIC/FIN No. _____ Date of Birth _____ Nationality _____ Occupation _____
 (dd/mm/yy)

Marital Status ☐ Single ☐ Married ☐ Others Race ☐ Chinese ☐ Malay ☐ Indian ☐ Others _____
 (please specify)

Tel _____ (Home) _____ (HP) Email _____

(B) Person(s) to be Insured

Name	Date of Birth (dd/mm/yy)	NRIC/FIN No.	Nationality	Occupation	Usual Country of Residence	Premium S\$
Applicant	as stated above					
Spouse						
Child						
Child						
Child						

(C) Plan to be Insured

Choice of Plan ☐ Silver Plan ☐ Gold Plan ☐ Platinum Plan

(D) Premium Payment

Please charge to my Visa/MasterCard Credit Card* no - - -

Name of Bank _____ Name on Credit Card _____ Card Expiry Date /
 m m y y y y

*Note: Credit card payment is acceptable for personal application only

This credit card ☐ belongs to the Insured ☐ belongs to someone other than the Insured

Please state relationship to Insured _____

Signature of Cardholder

Date (dd/mm/yy)

(E) Preference For Receiving Updates *(Please mark one box)*

- ☐ Yes, I agree to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.
- ☐ No, I do not wish to receive updates from MSIG on insurance products and promotions via SMS and/or phone calls.

(F) Declaration

1. I/We apply for Hospital Cash*Plus* Insurance Policy underwritten by MSIG Insurance (Singapore) Pte. Ltd. ('MSIG').
2. I/We agree that the policy will be entered in the register of Singapore policies.
3. I/We hereby declare that to the best of my/our knowledge and belief the statements and answers given in this Application Form are true, complete and that I/we have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of this Application by MSIG. I/We understand that any misstatement of fact, whether by commission or omission may be grounds for MSIG in its absolute and sole discretion to decline to pay any benefit under the policy which may otherwise have been payable. I/We agree that this Application, together with any additional statements signed by me/us which shall be deemed to be part of this declaration, shall be the basis of the contract of the insurance.
4. I/We also declare that all persons proposed for insurance ("Insured Persons") are in good health and free from physical disabilities, defect or infirmity. I/We am/are unaware of the existence of any medical condition or disease foreseeable requiring my/their hospitalisation in the future, and understand that the Policy benefits will not apply to 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 Persons concerned under the Policy, or (b) which presented signs or symptoms of which the Insured Persons concerned were aware or should reasonably have been aware or which originated or existed, prior to the commencement of cover for the Insured Persons concerned under the Policy regardless whether I/we have declared or undeclared. In the event of claims, I/we authorise any Doctor who has attended to the Insured Persons to release any information to MSIG which it may require, and I /we will cooperate fully with MSIG and furnish such additional medical evidence as required in support of my/our claim. I/We agree to accept the insurance as specified in my/our Policy.
5. I/We agree to accept the terms, conditions and exceptions of the insurance as specified in my/our policy. I/We also agree that MSIG reserves the right to alter the Policy as it reasonably considers appropriate with 30 days advance notice to me/Us.
6. I/We understand this Application will be subject to the approval and acceptance by MSIG and the premium fully paid and received by MSIG before cover can be effected, and additional premium may be charged or special terms and conditions imposed depending on MSIG underwriting assessment of my/our Application.
7. I/We am/are aware that I/we can seek advice from a qualified advisor before I/we sign this Application Form. Should I/we choose not to, I/we take the sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
8. I/We understand that certain personal accident benefit of the insurance will only be payable upon an accident occurring.
9. I/We confirm that I/we have received, read and understood, or have been explained to my/our satisfaction on the contents of Your Guide to Health Insurance and Product Summary.
10. I understand and accept that my personal particulars will be collected, used and disclosed by MSIG in accordance with the Personal Data Protection Act 2012 and MSIG's Privacy & Cookies Policy, for the provision of all services related to, and protection under, this insurance policy, including for proper servicing, underwriting and claims administration. MSIG may also send me marketing mailers by post or emails. MSIG may disclose my personal particulars to its business partners and third party service providers for these purposes. Where there are more than one individual insured persons, I confirm they have consented to MSIG's collection, use and disclosure of their personal particulars. Please refer to the full MSIG's Privacy & Cookies Policy for more information.

Signature of Applicant
(for and on behalf of all persons to be insured)

Date (dd/mm/yy)

IMPORTANT NOTE

This document is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the Policy and will be sent to You upon acceptance of Your application by MSIG Insurance (Singapore) Pte. Ltd.

Insurance Intermediary Information (Not applicable to Direct Marketing)

Name of Advisor: _____ Account Number (if applicable): _____

Email Address: _____

Contact Number: _____ (HP) _____ (O) _____ (Fax)

Product Summary for Hospital Cash^{Plus} Insurance

Presented to: _____ Signature of Applicant: _____
 (Name of Applicant)

Name & Signature of Insurance Advisor: _____ Date: _____
 (dd/mm/yy)

(Note: The above section is not applicable to Direct Marketing.)

PRODUCT INFORMATION

This is a hospital cash plan that pays out certain benefits if the Insured Person is Hospitalised, with Accidental Death or Permanent and Total Disablement benefit and other benefits. With the exception of Benefits 5 and 6, this Policy pays on top of any other insurance policies that the Insured and/or Insured Persons may have. If an Insured Person is covered under more than one of this Hospital Cash^{Plus} Insurance Policy, we will pay under one such policy only.

SUMMARY OF BENEFITS		Sum Insured		
		Silver Plan	Gold Plan	Platinum Plan
1	Daily Hospitalisation Cash Benefit We will pay the Sum Insured 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 We will pay for any one Disability is up to 500 days.	\$100 per day	\$200 per day	\$300 per day
2	Overseas Daily Hospitalisation Cash Benefit We will pay the Sum Insured for each full day of Hospitalisation the Insured Person is confined in a Hospital outside Singapore and/or outside 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 treatment of an Illness or Injury. We will not pay under this Section for elective treatment or non-emergency treatment outside of Singapore and/or his/her Home Country. The maximum period We will pay for any one Disability is up to 250 days.	\$200 per day	\$400 per day	\$600 per day
3	Intensive Care Unit (ICU) Daily Hospitalisation Cash Benefit We will pay the Sum Insured if the Insured Person is confined in the Intensive Care Unit of the Hospital. The maximum period We will pay for any one Disability is up to 60 days.	\$200 per day	\$400 per day	\$600 per day
	Aggregate Limits for Sections 1 to 3 (The Benefits) The maximum aggregate amount which We will pay under Sections 1 to 3 in total for any Disability per Insured Person, regardless of the number of times the Policy is renewed.	Up to \$75,000	Up to \$150,000	Up to \$225,000
4	Recuperation Cash Benefit We will pay the Sum Insured in one lump sum payment on the Insured Person's discharge from Hospital following Hospitalisation for a period of 7 consecutive days or more for treatment of any Illness or Injury suffered by the Insured Person during the Period of Insurance. The Sum Insured is the maximum amount We will pay for any one Period of Insurance.	Not Covered	\$500	\$1,000
5	Emergency Outpatient Reimbursement Benefit as a result of an Accident We will reimburse up to the Sum Insured 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 24 hours of the Accident. Eligible expenses incurred thereafter for follow up treatment of the specific medical condition will be reimbursed up to 30 days from the date of the Accident. The Sum Insured is the maximum amount We will pay for any one Period of Insurance.	Not Covered	Up to \$500	Up to \$1,000
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, We will provide the following cover, up to the maximum limits specified under Sum Insured: <ul style="list-style-type: none"> (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 medical advisers and Us 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 medical advisers or Us 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 We are aware at the relevant time.	Not Covered	Maximum Limit payable per Insured Person	
			Up to \$100,000	Up to \$200,000
			Maximum Limit for all Insured Persons, subject to per Insured Person's Limit	
			Up to \$150,000	Up to \$300,000

7	Accidental Death Benefit or Permanent and Total Disablement We will pay the Compensation in one lump sum payment, for death or disablement (the Results) as described below, if the Insured Person suffers Injury which is the sole cause of the death or such disablement, during the Period of Insurance.		Not Covered	\$30,000	\$50,000
	Results	Compensation			
	A. Death or	The Sum Insured			
	B. Permanent and Total Disablement specified below and certified by a Physician:	A percentage of the Sum Insured. The percentage payable is shown below against each Result:			
	(i) Permanent and Total disablement from engaging in or attending to employment or occupation of any and every kind,	100%			
	(ii) Permanent and Total loss of all sight in one or both eyes,	100%			
	(iii) Total loss by physical severance or Permanent and Total loss of use of	100%			
	(a) one or two limbs,	100%			
	(b) one or two hands,	100%			
	(c) arm above the elbow,	100%			
	(d) arm at or below the elbow,	100%			
	(e) leg above the knee	100%			
	(f) leg at or below the knee	100%			

Compensation Limits for Section 7 in the respect of any one Insured Person:

- 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(s) under Section 7, whether arising from the same or different Accident(s).
- Compensation will not be payable for:
 - (i) Result A where compensation for Result B is payable in the circumstances.
 - (ii) more than 100% of the Sum Insured for Result A or Result B (whichever is the higher) in the total for any or all of Results for any one Insured Person.
 - (iii) Result B until 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 1 year.
- The limits of compensation specified in Section 7 will apply regardless of the number of times the Policy is renewed.

Note:

- 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.
- 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.
- 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.

ANNUAL PREMIUM per Insured Person (inclusive of GST)

Age Band	Silver Plan	Gold Plan	Platinum Plan
15 days to 17	\$176.23	\$295.42	\$471.65
18 - 30	\$212.91	\$353.49	\$564.36
31 - 40	\$251.62	\$419.70	\$671.32
41 - 50	\$344.32	\$574.54	\$921.92
51 - 65 (Renewals only)	\$486.93	\$812.92	\$1,297.81
66 - 70 (Renewals only)	\$535.83	\$894.41	\$1,427.19
Enjoy discount of 10% off annual premium when you sign up with your legal spouse or child at the same time. All persons to be insured in a family must be insured under the same plan.			
Premium rates will increase according to age and are not guaranteed. Age refers to age last birthday.			

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 25% off the next renewal premium.

KEY PRODUCT PROVISIONS

The following are some key provisions found in the Policy contract. This is only a brief summary and You are advised to refer to the actual terms & conditions in the Policy contract.

SOME DEFINITIONS

- "Accident" means a sudden external event which gives rise to a result not intended or anticipated by the Insured or Insured Person.
- "Hospitalisation" means the Insured Person's confinement in a Hospital for a continuous uninterrupted period of at least 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 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 12 hours from the later of:
 - the time of admission to hospital; or
 - the end of the previous day of confinement.
- "Disability" means 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 90 days.
- "Illness" means physical illness or disease, marked by a pathological deviation from the normal healthy state.
- "Injury" means all bodily injury suffered and caused solely by an Accident and not by sickness, disease or gradual physical or mental wear and tear.

- "Insured"/ "You"/ "Your" means the policyholder named as Insured in the Schedule.
- "Insured Person" means an individual or covered Dependant who has completed or whose name is included on an Application Form for the Policy and, who meets the eligibility criteria, and in respect of whom commencement of cover has been confirmed in writing by Us.
- "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 under the Policy, 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.
- "Serious Medical Condition" means for the purpose of interpreting Emergency Medical Evacuation and Repatriation cover a condition which in the opinion of Us 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.

PRO RATA BENEFITS

If the Period of Insurance stated on the current Schedule is less than 1 year, the benefits payable under this Policy shall be pro-rated accordingly.

ELIGIBILITY

- Unless agreed otherwise in writing by Us, 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 of the Policy be the following:
 - (i) Insured Person aged at least 18 years and below 51 years old, and
 - (ii) Insured Person's Dependant (legal spouse) aged at least 18 years and below 51 years old, and
 - (iii) Insured Person's Dependant (unmarried legal child) aged at least 15 days old after the date of normal healthy birth or 15 days after discharged in a normal healthy condition from the Hospital where birth took place, whichever is later, and below 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 Us with premium fully paid to Us.

EXCLUSIONS

There are certain conditions under which no benefits will be payable. These are stated as General Exceptions in the Policy contract. The following is a list of the exceptions for this Policy. You are advised to read the Policy contract for full details of the exceptions.

- Pre-Existing Conditions.
- Hospitalisation for treatment of any Illness commencing within 30 days from the commencement of cover of the Insured Person concerned under the Policy, or after the 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 30 days period, and consequences or complications related to such conditions.
- Test 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.
- Pregnancy or child birth or miscarriage/abortion; birth defects, congenital illness; circumcision operations unless medically necessary; all types of sleep disorders including sleep apnoea; behavioural or developmental delay and/or learning disabilities in children; routine medical examinations or check-ups, vaccinations, cosmetic surgery or plastic surgery, treatment for obesity, weight reduction and weight improvement programmes, rest cures and services or treatment in any home, spa hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined, or any treatment which is not medically necessary.
- Prosthesis, corrective devices and medical appliances which are not surgically required, or any other that is not scientifically recognized by Western European or North American standards.
- 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.
- 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.
- Elective overseas treatment for non-emergency or chronic medical conditions.
- Refractive defects of the eye, such as nearsightedness and astigmatism; spectacles, monocles or contact lenses, lasik, hearing aids; all dental treatment or oral surgery related to teeth.
- 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.
- Rock climbing, Caving, Pot-holing, Mountaineering, Skydiving, Parachuting, Hang-gliding, Para-sailing, 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.
- Any Flying Activity or Air Travel other than as a fare-paying passenger in a commercially licensed passenger carrying aircraft.
- 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.
- 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.
- 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.
- War, invasion, act of foreign enemies, hostilities or warlike operations, civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power.
- Act of terrorism including nuclear radiation and/or contamination by chemical and/or biological agents.
- 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 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.
- 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.
- 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.
- Costs of medical reports unless agreed by the Company.

CANCELLATION

The Insured or Us may cancel this Policy by giving the other party 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, We 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 We cancel the Policy, We will make a pro-rata refund of the premium paid.

In the event of a claim, We reserve the right to retain 100% of the annual premium for the whole Policy.

TERMINATION OF COVER

(a) The entire Policy will terminate and all Insured Persons' cover under it will cease immediately upon:

- (i) non-payment of premium as described in the Payment Before Cover Warranty or Premium Payment Warranty of this Policy; or
- (ii) cancellation of this Policy as described above.

(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 day when the Insured Person remains outside his/her Usual Country of Residence for a period in excess of 90 consecutive days, or
- (ii) on the expiry of the Period of Insurance in which the Insured Person has attained 71 years old; or
- (iii) at the time of death of the Insured Person.

In respect of (b)(i), We will refund premium to the Insured from the 91st day to the expiry of this Policy, on a pro-rated basis provided We had not incurred or paid claim for the Insured Person concerned.

In the event of any claim admitted by Us, We reserve the right to retain 100% of the annual premium for the whole Policy.

CLAIMS CONDITIONS

There are stipulated time limits, procedures and submission of documents required to comply for claim submission.

- (a) We require written notice as soon as possible and in any event, within 30 days after the occurrence of any event which may give rise to a claim under this Policy.
- (b) A claim form is obtainable from us upon request and we will require all necessary supporting documents covering the nature and extent of loss after the occurrence of the event giving rise to a claim.
- (c) Costs related to obtaining the necessary certificates, receipts, information and evidence required for assessing the claim, are to be borne by the policyholder, and given to us in the form we require.

ALTERATIONS

- (a) We reserve the right to alter the Policy as We reasonably consider appropriate and We will inform the Insured with a written notice at least 30 days in advance of any such alteration. For avoidance of doubt, We may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after We give such notice will mean You accept the change.
- (b) Any misrepresentation of or failure to disclose material facts by the Insured or Insured Person will entitle Us 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 Us in its assessment of Your application.

CO-OPERATION

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

REASONABLE PRECAUTIONS AND MATERIAL CHANGE

You shall take all reasonable precautions to prevent and minimise any Accident, Illness, Injury, death or expense and We 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. We reserve 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.

FREE LOOK CLAUSE

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.

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 name of Scheme member) or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTES

This is only product information provided by Us. You should seek advice from a qualified financial advisor if in doubt. Buying health insurance products that are not suitable for You may impact Your ability to finance Your future healthcare needs. Benefits 5 & 7 are subject to the occurrence of an Accident. You should consider carefully if You are intending to switch personal accident policies, as this might be detrimental to Your current and/or future needs. This Product Summary is not a contract of insurance. Full details of the terms, conditions and exceptions of this insurance are provided in the Policy and will be sent to You upon acceptance of Your application by MSIG Insurance (Singapore) Pte. Ltd.

This Policy is not a Medisave-approved policy and You may not use Medisave to pay the premium for this Policy.

This is a short-term accident and health policy and the insurer is not required to renew this Policy. The insurer may terminate this Policy by giving You 30 days notice in writing.

If You have any existing medical condition at the policy renewal date, You may not be covered under the renewed Policy for such a medical condition. If such a medical condition is covered under the renewed policy, You may need to pay additional premiums.

The total distribution-related cost of this product is between 15% and 35% of the insurance premium.