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ESSENTIAL HOSPITAL INCOME INSURANCE POLICY

Here is your Essential Hospital Income insurance policy. Please read it to make sure that you have the cover you need.

It is important that this policy document together with its **schedule**, and any amendments or endorsement issued from time to time are read together to avoid any misunderstanding.

HOW YOUR INSURANCE OPERATES

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

In consideration of you paying to us the required premium, we will provide you with the insurance cover as described in the policy during the **Period of Insurance** or any subsequent period for which you pay and we accept the required premium.

OUR PROMISE OF SERVICE

We wish to provide you with a high standard of service and to meet any claims covered by this policy honestly, fairly and promptly. 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 fourteen (14) days you tell us that you do not want the policy, we will cancel it from its start date and refund in full the premium you have paid so long as no claim has arisen. Please note you are assumed to have received the policy within three (3) business days after we dispatch it. The Free Look will not apply to renewals of your policy with us.

A GUIDE TO THE POLICY

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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. They appear in **bold print** (e.g. **insured person**).

| TERM | DEFINITION |
|--------------------------|--|
| Accident | An event which happens suddenly, solely and directly caused by violent and external means and give rise to a result which the insured person did not intend or anticipate. |
| Clinic | A place operated by a physician for the treatment of illness or injury and licensed by the competent medical authorities of the country in which treatment is provided. |
| Commencement date | Original inception date of cover under this policy as shown in the schedule . |
| Day surgery | An event whereby an insured person requires the use of a recovery facility for a surgery performed on a pre-planned basis (but not for an overnight or inpatient stay) provided by or on the order of a physician to the insured person for treatment of a covered illness or injury at a hospital or clinic duly qualified to perform such a surgery. |

| TERM | DEFINITION |
|----------------------------------|---|
| Disability | An 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. |
| 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 persons as in-patients under the constant supervision of a physician . These exclude nursing, rest homes or convalescent homes, institutions for treatment of substance abuse, mental institutions or geriatric wards and places for drug addicts or alcoholics or for any similar purpose. |
| Hospitalisation | The insured person's confinement in a hospital for a continuous uninterrupted period of at least twenty four (24) hours upon the advice of and under the regular care and attendance of a physician for which the hospital makes a charge for room and board. |
| Illness | A physical illness or disease, marked by a pathological deviation from the normal healthy state. |
| Injury | Bodily injury suffered anywhere in the world caused solely by accident and not by sickness, disease or gradual physical or mental wear and tear. |
| Insured person | A person described as such in the schedule who meets the eligibility criteria set out in General Condition 3 of the policy. |
| Intensive Care Unit (ICU) | An accommodation or part of a hospital , other than a post-operative recovery room, which in addition to providing room and board: <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. |
| Nominated account | The account selected by the insured as the account to be debited or charged with the premiums due on this policy. |
| Physician | A qualified medical practitioner other than you or your relative, or a person related to the insured person in any way, who is licensed by the medical authorities of the country in which treatment is provided to practise western medicine and surgery, and who in rendering such treatment is practising within the scope of his or her licensing and training. |
| Policy year | A period of twelve (12) consecutive months starting from the commencement date of this policy and each consecutive period of twelve (12) months for which this policy remains in force. |
| Pre-existing conditions | Any injury, illness, condition or symptom which existed before the commencement date of the policy for the insured person concerned: <ul style="list-style-type: none"> a) for which treatment or medication or advice or diagnosis has been sought or received or was foreseeable; or b) which before the commencement date of the policy presented signs or symptoms of which the insured person was aware or should reasonably have been aware. |
| Schedule | The schedule containing details of the insured person(s) , type of cover selected and the period of insurance. The schedule forms part of the policy. |

| TERM | DEFINITION |
|-----------------------------------|---|
| Usual country of residence | The country in which the insured person is usually living. For the purpose of this policy, the usual country of residence is Singapore. |
| Waiting period | The period of time specified in the Policy from the Commencement Date of the Policy during which a claim arising from any cause other than Injury is not covered. |
| We, us, our, the company | MSIG Insurance (Singapore) Pte. Ltd. |
| You, your, insured | The policyholder named as insured in the schedule . |

THE BENEFITS

SECTION 1 - DAILY HOSPITALISATION CASH BENEFIT

The **company** will pay the daily hospitalisation cash benefit as specified in the **schedule** for each full day the **insured person** is confined in a **hospital** for the treatment of an **illness** or **injury** on the recommendation of a **physician**.

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 in respect of which the **company** will pay under Section 1 and 2 in aggregate for any one **disability** is three hundred and sixty-five (365) days.

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

SECTION 2 - ICU DAILY HOSPITALISATION CASH BENEFIT

The daily hospitalisation cash benefit will be doubled in case the **insured person** is confined in an **Intensive Care Unit (ICU)** of a **hospital**, up to a maximum period of thirty (30) days for any one **disability**.

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 - DAY SURGERY CASH BENEFIT

The **company** will pay the day surgery cash benefit as specified in the **schedule** for each medically necessary surgical procedure, provided such surgical procedure is carried out in a hospital or **clinic** for treatment of an **illness** or **injury** suffered by the insured person and such surgical procedure must be provided by or ordered by a **physician**.

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.

This benefit will not be paid more than ten (10) occasions for any one **disability**, regardless of the number of times the policy is renewed.



SECTION 4 - GET WELL CASH BENEFIT

The **company** will pay the get well cash benefit as specified in the **schedule** for each full day the **insured person** is issued a medical certificate and advised by a **physician** to rest at home, on the **insured person's** discharge from **hospital** following **hospitalisation** or **day surgery**, up to a maximum of five (5) days for any one **disability**.

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

EXTENSIONS

The following extensions apply to this policy and are subject otherwise to the terms, conditions and exceptions of this policy.

1. Reservist training

This policy is extended to cover **injury** sustained by the **insured person** while undergoing training during peace time as a operationally-ready National Serviceman (NSman) in the Navy, Army, Air Force, Fire Brigade or Vigilante Corps, provided that we will not be liable to pay any compensation if the **insured person** was taking part in or was present at any military, navy or air force operation during actual warfare or any insurrection or any expedition or operation of a war-like character either as a combatant or non-combatant when the **injury** was sustained.

2. Sedentary work – military personnel, law enforcement officer, fire fighter, civil defence officer, security guard/officer

This policy is extended to cover **injury** sustained by the **insured person** who is employed as a military personnel, law enforcement officer, fire fighter, civil defence officer or security guard/officer who solely does sedentary desk-bound duties, that is, strictly clerical or administrative work.

3. Off-duty cover

This policy is extended to cover **injury** sustained by the **insured person** who is employed in any of the occupations listed in General Exception 3(a) to 3(h) provided that the **insured person** is off-duty at the time of the **injury** and the **injury** does not arise in the course of employment or any activity related to the **insured person's** employment.

4. Terrorism extension

Notwithstanding Clause 18(b) of the General Exceptions, this policy is extended to cover the **insured person(s)** for **injury** sustained through act(s) of terrorism provided that there is no liability on the part of the **company** when such act(s) of terrorism involve the use of biological, chemical agents or nuclear devices.

The maximum liability of the **company** for all **insured persons** under this extension shall not exceed the limit of S\$2,000,000 per event during the **policy year**, subject to the limits, sub-limits and overall maximum annual limits specified in this policy.

Where the **insured person** is insured under more than one policy with the **company** covering acts of terrorism, our maximum liability for any and all claims arising directly or indirectly from any act of terrorism will be limited to only one policy (with the highest limit on acts of terrorism).

GENERAL EXCEPTIONS

We will not pay any sum under this policy in connection with:

1. **Pre-existing conditions**, as defined in the policy.
2. **Hospitalisation** or **day surgery** for treatment of any **illness** commencing within a **waiting period** of thirty (30) days from the **commencement date** 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. **Injury** to any **insured person** who is employed:
 - a) as a military personnel, law enforcement officer, fire fighter, civil defence officer, security guard/officer; or
 - b) as a professional sportsperson; or
 - c) in any off-shore occupations such as ship crew, diver, oil-rigger and fisherman; or
 - d) as a shipyard crew; or
 - e) as air crew or working on board aircraft; or
 - f) as construction workers, demolition workers, quarry workers; or
 - g) as workers engaged in maintenance, cleaning, roofing or repair activities involving scaffolding, gondolas or climbing necessitating the use of guides or ropes; or
 - h) in any occupation dealing with explosives, poisonous or hazardous gases or substances except in the circumstances set out under the Extensions of this Policy.
4. Unreasonable failure to seek or follow medical advice.
5. **Injury** or **illness** arising from pregnancy, child birth, miscarriage or abortion.
6. Mental illness, psychiatric disorders; self-inflicted injury, suicide; any sexually transmitted diseases, infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS); alcohol or solvent abuse or the taking of drugs except under the direction of a registered medical practitioner.
7. Routine medical examinations or check-ups, routine eye or ear examinations, routine physical or any other examinations not incident to the treatment or diagnosis of an **injury**, sickness or disease, vaccinations, medical certificates, and examinations for employment or travel; treatment related to elective cosmetic surgery of beautification; or treatment for obesity, weight reduction or weight gain, sleep apnea.
8. All dental treatment or oral surgery related to teeth, except in the event of accidental Injury to sound and natural teeth.
9. Rest cures and services or treatment in any homes, spa, hydro-clinic, sanatorium or long term care facility that is not a **hospital** as defined.
10. Tests or treatment related to infertility, contraception, sterilisation, impotence, sexual dysfunction, birth defects, congenital illnesses, hereditary conditions or any abortion performed due to psychological or social reasons and consequences thereof.

11. **Hospital** confinement as the donor of organ or tissue transplant.
12. Treatment related to epidemic disasters as announced by the medical authorities of the country experiencing the epidemic.
13. **Hospital** in-patient treatment for conditions in respect of which the **insured person** can be properly treated as an outpatient.
14. Rock climbing, mountaineering, caving, pot-holing, skydiving, parachuting, hang-gliding, para-sailing, bungee jumping, ballooning; all diving unless the **insured 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 is 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;
15. **Injury** or **illness** arising from the **insured person** taking part in any flying activity other than as a paying passenger in a commercially licensed passenger carrying aircraft.
16. **Hospitalisation** or **day surgery** outside Singapore for non-emergency treatment.
17. Death, **disability**, loss, damage, liability or expense directly or indirectly caused by or contributed to by or arising from:
 - a) ionising radiation 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 of 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
18. 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 18(a) or 18(b) above.

If we say that any claim is not covered by this insurance by reason of any of these general exceptions, then you have the burden of proving that the claim is covered.

GENERAL CONDITIONS

The conditions that appear in the policy or in any endorsement are part of the contract and must be complied with.

1. Co-operation

As a condition precedent to the **company's** liability, the **insured** or the **insured person** or his/her representatives shall cooperate fully with the **company** and its medical advisers and will fully and faithfully disclose all material facts and matters which the **insured** or **insured person** knows or ought to know and will upon request execute any document to empower the **company** to obtain relevant information, at the **insured's** or **insured person's** expense, from any **physician** or **hospital** or other source.

2. Reasonable precautions and material changes

The **insured** or the **insured person** must take all reasonable precautions to prevent and minimise any loss or **injury** and the **company** must be informed immediately in writing of any material information or change of circumstances which may increase the possibility 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.

3. Eligibility

Unless we agree in writing otherwise, 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:

- a) Yourself aged between eighteen (18) years and below sixty (60) years old, or
 - b) Your legal spouse aged between eighteen (18) years and below sixty (60) years old,
- and with your/his/her **usual country of residence** as Singapore.

4. Due observance

As a condition precedent to our liability, the **insured person** has to observe, fulfil and comply with the terms of this policy and in any endorsement, and the statements and answers given by the **insured** in the proposal must be true.

5. Usual country of residence

As a condition precedent to liability, the **company** must be informed in writing of any change in the **usual country of residence**. A permanent change in the **usual country of residence** is deemed to occur when the **insured person** lives or intends to live in another country for more than six (6) consecutive months. The **company** reserves the right to continue cover on the terms and conditions it considers appropriate to the new country of residence or to decline to continue cover under the policy.



6. Automatic renewal of coverage and premium payment

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

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

a) If premium is paid monthly:

- i) The first monthly premium is payable on the **commencement date** and subsequent monthly premiums are due on the same date on each succeeding month.
- ii) Each payment must be paid by direct debit instruction or charged to your **nominated account**.
- iii) We are immediately entitled to the balance of the annual premium payable for the entire **policy year** if a claim arises in respect of that **policy year**. We reserve the right to deduct the balance of the annual premium from any claim amount due.

b) If premium is paid annually:

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

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

7. Premium changes

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

The **company** can change the premium payable, as described in General Condition 8.

8. Alterations

- a) At each renewal of this policy, we have the right to vary the premium payable and all other terms, conditions and exceptions of the policy. We will notify you of any such change at least thirty (30) days before the renewal date. Your continued payment of premium after we give such notice will mean that you accept the change.
- b) If the date of birth of the **insured person** has been incorrectly stated, the benefits will be amended by us having regard to the true date of birth. If the true date of birth is such that, had it been known to Us at the time of the policy was proposed for, we would not have issued the policy, then we may cancel the policy and no benefits will be payable.

9. Misrepresentation

Any other 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. A material fact is any information that could influence the company in its assessment of the proposal.



10. Difference in opinions

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

11. Cancellation

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

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

12. Termination

- a) The entire policy will terminate and all **insured persons'** cover under it will cease immediately upon:
 - i) non-payment of premium by the due date as described in the payment before cover warranty of this policy; or
 - ii) the cancellation of this policy as described in General Condition 11.
- b) Unless we have agreed otherwise in writing, the cover of an **insured person** under this policy will terminate immediately in any of the following circumstances, whichever first occurs:
 - i) when the **insured person's usual country of residence** ceases to be Singapore.
 - ii) where the **insured person** is you, on the expiry of the **policy year** in which you attain your seventieth (70th) birthday.
 - iii) where the **insured person** is your lawful spouse, on the expiry of the **policy year** in which he/she attains his/her seventieth (70th) birthday or when he/she ceases to be your lawful spouse.

13. Continuity of benefits after cancellation

In the event of cancellation or non-renewal of the policy, covered benefits shall continue to be payable in respect of any valid claim as long as it has been reported to the **company** prior to such cancellation or non-renewal and provided that the **insured person** is not residing or seeking covered treatment outside Singapore. In the event that an **insured person** becomes resident or seeks covered treatment outside Singapore, no such continuity of covered benefits shall apply.

14. 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 person(s)** or anyone acting on their behalf to obtain benefit under this policy, then the policy will be cancelled immediately and all benefit and premium forfeited.

15. Arbitration

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

- b) If there is any dispute as to the liability and/or amount to be paid under this policy, such dispute shall be determined by arbitration in accordance with the statutory provisions on arbitration effective then. It is hereby expressly stated that an arbitration award has to be obtained prior to any other right of action or suit upon this policy.

If the dispute is not referred to arbitration within twelve (12) months from the date of disclaimer of liability or rejection to the offer made, then such claim shall be deemed to have been abandoned and not recoverable.

16. Time limit of commencement of action or suit

If an action or suit is not commenced within twelve (12) months after the arbitration award is made under General Condition 15(b) of this policy, the **company** shall not be liable for such claim, which is deemed to have been abandoned and not recoverable against the **company**.

17. No trust

The **company** will not recognise nor 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 shall in all cases effectively discharge our liability.

18. Legal personal representatives

The terms, exceptions and conditions of this policy, so far as applicable and with necessary modifications, shall apply to the legal personal representatives of the **insured** or the **insured person**.

19. Duplication of cover

No **insured person** shall be covered under more than one (1) Essential Hospital Income 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.

20. 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.

21. Governing Law

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

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

A person who is not a party to this policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms. **Insured persons** (other than the **insured**) are not parties to this policy contract.

CLAIMS CONDITIONS

The payment of claims under this policy depends upon observance of its terms and conditions by you, and so far as they apply, by the insured person or any other claimant.

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.

2. Proof of claim

The following must be provided to the **company** all supplied at your expense:

- a) completed claim form within fifteen (15) days after you notify us of a claim;
- b) information, evidence or supporting documents including receipts, death certificates, medical certificates or medical reports which We may require;
- c) the **insured's** or **insured person's** 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 medical history or records in respect of the **insured person** concerned;
- d) such other information that the **company** may reasonably require;
- e) if on the balance of medical fact or probability it is appropriate for the **company** to decline a claim by virtue of the **pre-existing conditions** exclusion, the **insured person** concerned shall have the right and the obligation to produce such medical evidence as the **company** may reasonably require to enable the **company** to reconsider the claim under the policy.

3. Examinations

The **company** is entitled to require:

- a) medical examinations of and/or tests on the **Insured Person** carried out by a medical examiner appointed by the **Company** at the **Company's** expense at such intervals as the **Company** may reasonably decide; and
- b) a post-mortem examination, where this is not forbidden by law.

PAYMENT BEFORE COVER WARRANTY

1. The premium due must be paid to the **company** on or before the **commencement date** or the renewal date of the coverage. Payment shall be deemed to have been effected to the company when one of the following acts takes place:
 - a) A credit or debit card transaction for the premium is approved by the issuing bank;
 - b) A payment through an electronic medium including the internet is approved by the relevant party;
 - c) A credit in favour of the **company** is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid and actually received in full by the **company** on or before the relevant **commencement date** or the renewal date, then the cover under the policy shall not attach and no benefits whatsoever shall be payable by the **company** in respect of that cover. Any payment received after the relevant due date shall be of no effect whatsoever as cover has not attached.
3. As provided in the policy's "Free Look" provision, if the **insured** decides to cancel the cover during the "Free Look" period, 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. The "Free Look" period does not apply to renewals of the policy.

SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under applicable national laws, United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

USEFUL PROCEDURES

1. Making a claim

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

2. Your feedback channels

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



POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact MSIG or visit 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.