
PA PRIMEPLUS (SERIES II) INSURANCE POLICY

This is your PA PrimePlus (Series II) insurance policy document. It is important that you read this policy document together with the **schedule** and any amendment or endorsement issued to make sure that you have the protection you need and to avoid any misunderstanding.

If there are any changes that may affect the insurance provided, please let us know immediately.

HOW YOUR INSURANCE OPERATES

Your policy is a contract between us and the **insured person(s)** 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 return for your payment of the premium, we will provide the **insured person(s)** 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 want to provide you with a high standard of service and to meet any claims covered by this policy honestly, fairly and promptly. If you have any reason to believe that we have not done so, please contact your agent or broker. 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 14 business days from the date you receive the policy. If within these 14 business 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:

1. You are assumed to have received the policy within three days after we dispatch it.
2. The Free Look will not apply to renewals of your policy with us.

A GUIDE TO THE POLICY

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ELIGIBILITY

The **insured person** must meet all these conditions for this insurance cover to be valid.

1. Prior to application for this insurance, the **insured person** has not been declined, refused renewal or terminated for any life, health or personal accident policy.
2. The **insured person** must meet the following entry age (at the start of the **period of insurance**) and at renewal.
 - a) For Adult: aged 18 years to 65 years, renewable up to 75 years.
 - b) For **Child**: aged one month to 21 years, renewable up to 21 years. An unlimited number of **children** can be insured under free child cover when the **main insured person** and spouse are insured under the same policy.
3. Throughout the **period of insurance**, the **insured person** must be
 - a) Singaporean, permanent resident or foreigner holding valid employment, work permit or long-term pass issued by the Singapore government and the usual country of residence is Singapore.
 - b) Employed only in an occupation that is professional, managerial or administrative and which does not involve manual work, the use of tool or machinery, operation of vehicle as a primary job function or exposure to hazards or high-risk environment. This insurance cover will continue to cover the **insured person** should they become unemployed during the **period of insurance**.
4. To be eligible for the Platinum plan, the **main insured person** must have a minimum annual assessable income of S\$180,000, based on the latest notice of assessment to be submitted at or within 14 days from the point of application.

DEFINITION OF WORDS

Certain words have been defined below. These have the same meaning wherever they are used in the policy or the **schedule** in both singular and plural forms. They appear in bold print (e.g. **insured person, injury**).

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.
Act of terrorism	An act, including using force or violence, of any person or group of people, whether acting alone or on behalf of or in connection with any organisation, committed for political, religious or ideological purposes including the intention to influence any government or to put the civilian population in fear for those purposes.
Child, children	A person named as the insured person in the schedule who is the legal child of the main insured person aged between one month to 21 years old. Children can be insured at no charge if both the main insured person and the spouse are covered under this policy.
Commencement date	Original start date of cover under the first policy of this insurance cover. There must not be any break in cover between the first policy and the current policy.
Doctor	A legally registered medical practitioner qualified to practise western medicine and surgery in line with the laws of the country in which the practice is granted. The doctor must not be an insured person , an insured person's family member, travel companion, a business partner, an employee or employer of an insured person , or a person related to an insured person in any way.
Injury	Bodily injury caused solely and directly by an accident that occurs during the period of insurance and not by sickness, disease, physical impairment or medical condition.

TERM	DEFINITION
Insured person	Insured person(s) named in the schedule who meets the eligibility conditions.
Period of insurance	The period shown in the schedule , and any further period for which you agree to pay, and we agree to accept premium.
Pre-existing medical condition	Any injury , illness, condition or symptom which existed before the commencement date of the policy for the insured person concerned: 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) , period of insurance and selected plan type.
Spouse	Insured person who is the legal spouse of the main insured person .
Sum insured	The sum insured is the most we will pay for the relevant section as specified in the benefit summary, based on the selected plan type stated in the schedule .
Usual country of residence	The country in which the insured person is ordinarily residing. For the purpose of this policy, the usual country of residence is Singapore.
We, us, our, the company	MSIG Insurance (Singapore) Pte. Ltd.
You, your, insured, main insured person	The policy owner who is named as Insured in the schedule .

THE BENEFITS

We will cover the **insured person** based on the benefits described, determined by the **sum insured** and selected plan type stated in the **schedule**.

SECTION 1 – ACCIDENTAL DEATH / PERMANENT DISABILITY

We will pay the benefit amount described in the Compensation Table, up to the **sum insured**, if the **insured person** suffers **injury** resulting in death or permanent disability, as certified by a **doctor**, which happens within 12 months from the **accident** date.

The following are terms and description for disability conditions.

1. 'Total and permanent disability' refers to disability has continued for 12 months from the **accident** date and will in all probability continue for the remainder of the **insured person's** lifetime which results in the **insured person** being unable to engage in employment or occupation of any kind or where there is no employment or occupation, from attending to their usual duties.
2. 'Total and permanent' refers to loss that is permanent and beyond cure by any medical treatment.
3. 'Loss of' limb, finger or toe refers to loss of use or by physical severance.
4. 'Loss of speech' refers to total and permanent loss of speech with complete inability to produce sounds associated with speech due to extensive impairments affecting either the physical ability to produce speech sounds or the cognitive ability to communicate due to damage in the brain's speech centres.
5. 'Loss of hearing' refers to total and permanent loss of hearing with near-complete or total inability to hear, even with amplification or assistive devices.

Compensation Table

Injury resulting in death or permanent disability as described	Benefit amount payable is calculated by multiplying the specific percentage by the sum insured
1. Death	100%
2. Total permanent disability	100%
3. Total and permanent loss of sight	
a) Loss of all sight in both eyes	100%
b) Loss of sight of both eyes except perception of light	100%
c) Loss of all sight of one eye	100%
d) Loss of sight of one eye except perception of light	50%
4. Total and permanent loss of limb	
a) Loss of any two limbs at or above elbow or knee	100%
b) Loss of any two limbs below elbow or knee	100%
c) Loss of any one limb at or above elbow or knee	100%
d) Loss of any one limb below elbow or knee	100%
5. Total and permanent loss of finger or metacarpals	
a) Loss of thumb and four fingers of one hand	85%
b) Loss of four fingers of one hand	55%
c) Loss of thumb (two phalanges)	30%
d) Loss of thumb (one phalanx)	15%
e) Loss of index finger (three phalanges)	20%
f) Loss of index finger (two phalanges)	15%
g) Loss of index finger (one phalanx)	10%
h) Loss of middle finger (three phalanges)	15%
i) Loss of middle finger (two phalanges)	10%
j) Loss of middle finger (one phalanx)	5%
k) Loss of ring finger (three phalanges)	10%
l) Loss of ring finger (two phalanges)	7%
m) Loss of ring finger (one phalanx)	5%
n) Loss of little finger (three phalanges)	10%
o) Loss of little finger (two phalanges)	7%
p) Loss of little finger (one phalanx)	5%
q) Loss of metacarpals (first or second)	3%
r) Loss of metacarpals (third, fourth or fifth)	2%
6. Total and permanent loss of toe	
a) Loss of all toes of one foot	25%
b) Loss of great toe (two phalanges)	10%
c) Loss of great toe (one phalanx)	5%
d) Loss of any other toe	5%
7. Total and permanent loss of speech and/or hearing	
a) Loss of speech and hearing	100%
b) Loss of speech	75%
c) Loss of hearing in two ears	75%
d) Loss of hearing in one ear	30%
8. Shortening of leg by at least 5cm	10%
9. Any permanent disablement not specified above other than loss of sense of taste or smell for which no compensation is payable.	We will assess and apply a percentage consistent with the above scale at our sole and absolute discretion



Conditions applicable

1. The most we will pay per **insured person** per lifetime is 100% of the **sum insured**. If there is any claim, the **sum insured** will be reduced for the relevant **insured person**. The **sum insured** does not reset at renewal.
2. The policy limit is the most we will pay during the **period of insurance**, regardless of the number of **insured persons**. Any claim will reduce the policy limit, which will continue to apply for the rest of the **period of insurance**. The policy limit will reset to 100% at every renewal. The policy limit is not applicable to Section 3.
3. For total and permanent disability, we will pay the benefit amount after a waiting period of 12 months from the **accident** date. We will waive the waiting period if we are reasonably satisfied that the **insured person's** disability is total and permanent.
4. If claim is payable for the higher percentage of an affected body part (e.g. 100% for loss of left arm below elbow) under the Compensation Table, we will not pay for any other related body part(s) with a lower percentage (e.g. 30% loss of thumb on the left hand).

SECTION 2 – ADVENTUROUS ACTIVITIES COVER

Notwithstanding General Exclusion 8, we will pay up to 50% of the **sums insured** of this policy if the **insured person** suffers accidental death or **injury** as a result of taking part in or practising for the following activities for leisure and non-competitive purpose, with a licensed operator and provided the **insured person** follows all safety and health instructions, guidelines or regulations:

1. zip-lining, zip-riding, bungee jumping, parasailing, tandem sky diving, tandem paragliding, tandem hang gliding;
2. sightseeing on hot-air balloon, helicopter, airplane;
3. canoeing or white-water rafting with a qualified guide and up to Grade 3 (of International Scale of River Difficulty);
4. jet skiing, helmet diving;
5. scuba diving, up to the qualified depth of the **insured person's** diving certification, and at all times accompanied by a qualified dive instructor or dive master and does not exceed depth of 30 meters;
6. ice skating, tobogganing, sledging; snow tube sliding, dog sledding, snow rafting; skiing or snowboarding, snowmobiling provided these activities are not done in off piste, ungroomed, unpatrolled areas or places not recommended for beginner to intermediate users;
7. up to 3,000m above sea level for hiking, trekking or mountaineering; or
8. marathon (up to 42.195km).

What is not covered

Please see the section on exclusions.

Optional Cover

SECTION 3 – MEDICAL EXPENSES FOR INJURY

(Please refer to the **schedule** to see if cover is selected)

We will reimburse medical, alternative treatment and dental expenses due to **injury** suffered by an **insured person**, up to the **sum insured**, which are incurred within 12 months from the **accident** date.

For this section,

1. 'medical expenses' refers to expenses incurred by the **insured person** for ambulance fees and treatment of injury which are deemed medically necessary and prescribed by a doctor and can include doctor's consultation, x-rays and other medical diagnostic procedures, surgery, medical implants, nursing, hospitalisation, physiotherapy, medication and medical supplies. Medical report expenses are covered up to \$100.
2. 'alternative treatment' refers to treatment by practitioners who are legally licensed and qualified to practise in line with the laws which apply in the country in which the practise is granted such as acupuncturist, bonesetter, chiropractor or traditional Chinese medicine practitioner. The practitioners must not be an **insured person**, an **insured person's** family member, a business partner, an employee or employer of an **insured person**, or a person related to an **insured person** in any way.
3. 'dental expenses' refers to expenses incurred for dental treatment to restore sound and natural teeth deemed medically necessary and prescribed by a dentist.

What is not covered

In addition to the general exclusion, we do not pay any benefit under this section:

1. for loss of or damage to dental implants or fillings due to injury.
2. for injury to teeth caused by eating or biting.

EXTENSIONS

We will cover **insured person(s)** with these additional benefits subject to the terms, conditions and exclusions of this policy.

1. Assault, hijack, murder, strike, riot and civil commotion

We will pay the benefits for **injury** due to assault, hijack, murder, strike, riot and civil commotion, provided that such event did not arise as a result of or in connection with the **insured person's** own participation or provocation of any such act or if such act could reasonably have been avoided by the **insured person**.

2. Disappearance

We shall presume death to have been suffered by the **insured person** if he or she is missing for 12 consecutive months, and sufficient evidence is provided that leads us to the conclusion that death was due to an **injury**. However, if at any time after payment of compensation under this policy for such death the **insured person** is found to be living, such compensation shall be refunded to us.

3. Drowning and suffocation by gas, poisonous fumes or smoke

We will pay the benefits for **injury** due to suffocation by gas, poisonous fumes, smoke or drowning, provided that such **injury** does not arise as a result of the **insured person's** wilful and intentional act and that such event could not be reasonably avoided by the **insured person**.

4. Exposure

We will pay the benefits for death or permanent disability if the **insured person** suffers an **injury** and then, in consequence of that **injury** suffers death or disability due to exposure to the natural elements.

5. Miscarriage due to an accident

We will pay benefits for **injury** if the **insured person** suffers miscarriage or stillbirth caused solely and directly by an **accident** and not attributed by any natural causes and/or sickness related to pregnancy or childbirth.

6. Motorcycling

We will pay benefits for **injury** suffered by the **insured person** due to motorcycling (whether as rider or pillion) provided at the time of the **accident**, the **insured person** has a valid and recognised driving license for the relevant motorcycle, is wearing a safety helmet, and not engaging in or practicing for any race, competition, reliability test, speed or duration testing.

7. Reservist Training

We will pay benefits for **injury** suffered by the **insured person** during peacetime training or duties as a operationally ready national serviceman in the Singapore Armed Forces, Singapore Police Force or Singapore Civil Defence Force, provided that we will not be liable to pay any compensation if the **insured person** was taking part in or was present at any operation during law enforcement, emergency response, disaster management, any insurrection, expedition, actual warfare or war-like character either as a combatant or non-combatant when the **injury** was sustained.

8. Terrorism

We will pay benefits for **injury** suffered by the **insured person** due to **act of terrorism**, provided the **act of terrorism** does not involve the use of biological, chemical agents or nuclear devices.

GENERAL EXCLUSIONS

(which apply to the whole policy)

We will not be legally responsible for any claims directly or indirectly caused by, or in connection with, or arising from the following.

1. **Injury** caused directly or indirectly by:

- a) physical defect, disability or impairment;
- b) mental illness or brain disorder.

2. Any sickness, disease or **pre-existing medical condition**.

3. Suicide or attempted suicide, intentional self-inflicted **injury** or any act which could reasonably be considered as exposure to danger (unless carried out in an attempt to save human life).

4. Malicious, criminal or unlawful acts committed the **insured person** or person acting on the **insured person's** behalf.

5. Childbirth, miscarriage, abortion, menopause or any pregnancy related conditions unless covered under extensions – Miscarriage due to an accident.

6. The **insured person** being under the influence of drugs unless taken as prescribed by a **doctor**.

7. The **insured person** being under the influence of alcohol or substance abuse.

8. The **insured person** taking part in the following activities, except to the extent covered under section 2 – Adventurous activities cover at 50% of **sums insured**:

- a) flying or other aerial activities except travelling as a fare-paying passenger in a properly licensed, regular scheduled commercial aircraft operating between licensed commercial airports;
- b) canoeing or white-water rafting;
- c) high diving or jumping, free diving, underwater activities involving artificial breathing apparatus;
- d) bungee jumping, skydiving, paragliding, hang gliding;
- e) skiing or snowboarding, snowmobiling;
- f) hunting, potholing, mountaineering that normally involves using ropes, rock climbing unless harnessed and done on man-made walls;
- g) speed or time trials or competitions; or
- h) extreme sports which involve speed, height, danger, a high level of physical exertion, highly specialised gear or special stunts.

9. Injury to any insured person with the following occupations or occupation activities:

- a) any occupation other than those described in the eligible condition of the policy;
- b) any occupation in military, naval, air force, law enforcement, fire-fighting, civil defence or as armed security guard;
- c) as professional sportspersons, entertainers, motor vehicle racers;
- d) work onboard sea vessel or any offshore occupation such as diver, rig workers, fisherman or ship crew;
- e) work onboard aircraft or as air crew;
- f) shipyard worker, construction workers, demolition worker, quarry worker, work underground or in tunnels;
- g) work at height over 30 feet or work involving the use of scaffolding, gondolas, climbing that requires the use of guides or ropes; or
- h) any occupation dealing with explosives, poisonous or hazardous gases or substances.

10. War and terrorism exclusion

This insurance will not cover death, disability, loss, damage, destruction, any legal liabilities, cost or expense including consequential loss of whatever nature, directly or indirectly caused by, resulting from or in connection with any of the following, no matter whether there is any other cause or event contributing at the same time or in any other sequence to the loss.

- a) War, invasion, act of foreign enemy or warlike operations (whether declared or not), riot, civil war, revolution, civil commotion assuming the proportions of or amounting to any uprising, military or usurped power or any similar event.
- b) Any act of terrorism including but not limited to:
 - i) the use or threat of force or violence; or
 - ii) harm or damage to life or to property (or the threat of harm or damage) including, but not limited to, nuclear radiation or contamination by chemical or biological agents,

by any person or group committed for political, religious, ideological or similar purposes, with the intention of putting 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 your claim is not covered as a result of this exclusion, you will need to prove to us otherwise to pay the claim.

11. Radioactive contamination, chemical, biological, biochemical and electromagnetic weapons exclusion

This clause will override anything in this insurance which says differently.

We will not 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 from burning nuclear fuel;
- b) the radioactive, toxic, explosive or other dangerous properties of any nuclear installation, reactor or other nuclear machinery;
- c) any weapon or device using atomic or nuclear fission or fusion or other similar reaction or radioactive force or matter; or
- d) the radioactive, toxic, explosive or other dangerous properties of any radioactive matter. This exclusion does not apply to radioactive isotopes, other than nuclear fuel, when these isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes;
- e) any chemical, biological, biochemical, or electromagnetic weapon.

12. COVID-19 and pandemics exclusion

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

Notwithstanding any provision to the contrary, this policy excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following –including any fear or threat thereof, whether actual or perceived –:

- a) Coronavirus (COVID-19) including any mutation or variation thereof; or
- b) Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.

13. Sanction limitation and exclusion clause

We shall not be liable in respect of 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 us 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.

GENERAL CONDITIONS

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

1. Keeping to the conditions

We will only pay claims under this policy if all **insured persons** keep to all conditions of this policy and the statements and answers in the application are truthful.

2. Reasonable precautions

The **insured person** shall take all reasonable precautions to prevent and minimise any **injury** or loss insured under this policy.

3. Disclosure and misrepresentation

The **insured person** or his/her representatives shall co-operate fully with the us, our appointed medical advisers, and will fully and faithfully disclose all material facts and matters which the **insured person** knows or ought to know.

Any other misrepresentation of or failure to disclose material facts by the **insured person** will entitle us to alter, amend or cancel the policy having regard to the true facts. A material fact is any information that could influence our assessment of the proposal.

4. Incorrect date of birth

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.

5. Policy changes by us

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 30 days before the renewal date. Your continued payment of premium after we give such notice will mean that you accept the change.

6. Change in usual country of residence

You must inform us in writing of any change in the **usual country of residence** of any **insured person**. A change in the **usual country of residence** is deemed to occur when the **insured person** lives outside Singapore for more than 182 consecutive days. We reserve the right to continue cover with additional conditions and/or premium or to decline to continue cover under the policy.

If you do not notify us of the change in the **usual country of residence**, cover will automatically cease from the 183rd day from the date which the **insured person** has departed from Singapore. Cover will resume when the **insured person** returns to Singapore.

7. Changes in coverage and insured person

Changes to plan type, addition and deletion of spouse is allowed only at renewal. These changes are subject to eligibility and policy terms and conditions. Newly added **insured person** is deemed to have read and agreed with the declaration and the policy terms and conditions.



8. Same cover

If an **insured person** is insured under more than one PA Prime*Plus* (Series II) policy, we will only pay the highest benefit from one of the policies.

9. Automatic renewal of coverage

The policy will be renewed automatically so long as premium is paid when due, unless you or we exercise the right to cancel the policy.

10. Premium Payment

Premiums can be paid on annual or monthly basis.

a) 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 of each succeeding year.
- ii) Each payment must be paid by direct debit instruction or charged to your nominated account.

b) 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.

'Nominated account' refers to the credit card account selected by the main insured person as the account to be debited or charged with the premiums due on this policy.

11. Cancellation

a) If the policy is paid annually:

- i) we may cancel the policy at any time by giving you seven days' notice in writing to your last-known address. We will provide a pro-rate refund based on the remaining **period of insurance** provided there is no claims on the policy; and
- ii) you may cancel the policy at any time by giving us seven days' written notice as long as you have not made a claim under the policy. We will provide a refund based on the following percentage of your premium, provided we keep \$50 of the annual premium.

Period policy is in force	% of premium we will refund
Up to 1 month	80%
Up to 2 months	70%
Up to 3 months	60%
Up to 4 months	50%

Up to 5 months	40%
Up to 6 months	30%
Up to 7 months	20%
Up to 8 months	10%
Above 8 months	No refund allowed

b) If the policy is paid monthly:

- i) we may cancel the policy at any time by giving you seven days' notice in writing to your last-known address with no refund; and
- ii) you may cancel the policy at any time by giving us seven days' written notice as long as you have not made a claim under the policy, and you will be covered until the end of the monthly period for the last payment collected.

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.
 - iii) where the **main insured person** on the expiry of the **period of insurance** exceeds the eligible age as described under Eligibility section.
 - iv) when the **main insured person** passes away due to any cause not covered by this policy. If **spouse** and **children** are insured under this policy, the coverage for **spouse** and **children** will remain valid for the remaining **period of insurance**.
 - v) termination of cover for the **main insured person**.
 - vi) the policy limit is fully paid.
- b) The insurance 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 as described under General Condition 6;
 - ii) where an **insured person** on the expiry of the **period of insurance** exceeds the eligible age as described under Eligibility section.
 - iii) when an **insured person** has claimed 50% or higher of the **sum insured** under Section 1.
 - iv) when an **insured person** passes away.

13. Currency

All amounts shown are in Singapore dollars.



14. No trust

The **company** will not recognise or be affected by any notice of trust, charge or assignment relating to this policy.

15. 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 person**.

16. Excluding of rights under the Contracts (Rights of Third Parties) Act 2001

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

17. Governing law and jurisdiction

This contract of insurance is governed by the laws of Singapore. If there is any dispute, it will be dealt with by the courts of Singapore.

CLAIM CONDITIONS

For us to pay claims under this policy, the **insured person** and any person acting for the **insured person** must keep to the following conditions.

1. Immediate medical care

The **insured person** must promptly seek medical care after sustaining **injury** and undergo any medically necessary treatment prescribed by a **doctor** without undue delay.

2. Claims notification

The **insured person** must contact us with full details as soon as possible of any **injury** or loss which may result in a claim under this policy and co-operate fully with us as well as our appointed representatives such as medical advisors, investigators and loss adjusters.

3. Claims documentation including the proof of income

The **insured persons** or his/her legal representatives must submit a fully completed claim form with all medical reports, certificates, and any information and evidence required by us or our appointed representatives at your expense.

In the event that the **main insured person** did not meet the income eligibility for the Platinum plan, we reserve the right to reduce the claim amount payable to the Gold plan instead, where applicable.

4. Medical examination and post-mortem

In the event of claim, we may request and will pay for the cost of medical examination by an examiner appointed by us at intervals determined reasonably. We may also request and pay for the cost of a post-mortem examination for claims related to **injury** resulting in death.

5. Reconsideration of claim

If we deny a claim due to the balance of medical fact or the probability that the claim results from health conditions not covered under this policy, the **insured person** or their representative has the right and obligation to produce the medical



evidence as reasonably requested by us for reconsideration under the policy.

6. Claims involving excluded health conditions

If the **insured person** sustains an **injury**, and the claim includes treatment for or contributed by sickness, disease, or **pre-existing medical condition(s)** not covered by this policy, we will consider these factors when evaluating the claim. In such cases, we reserve the right to make a partial payment or apply pro-rata to the claim.

7. Claims from other insurance or sources

When an incident results in a claim under this policy and the same loss or expense can be claimed from any other sources, we will pay as follows:

- a) Where the same loss is covered by another insurance, we will only pay our proportionate share of the claim.
- b) Where the same loss is covered by any source other than insurance, we will only pay the balance of what you are not able to recover, up to the **sum insured** of this policy.

This condition does not apply to Section 1 - Accidental death / Permanent disability.

8. Who we will pay

We will pay claims to the **insured person** who incurred the claim or to their estate if they have passed away.

For claims incurred by a **child**, we will pay claims to the **child**, the **main insured person** or the **child's** legal representative.

If we pay the claim in line with the above, we will have no further legal responsibility under this policy for the **insured person** concerned.

9. Legal Proceedings

No action in law or equity shall be brought to recover under the policy until after the expiration of 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 conflict or dispute between the parties with regard to the policy, save where the circumstances are governed by the Arbitration clause of the policy.

10. Arbitration

If there is any dispute about whether we are legally responsible for paying a claim or about the amount to be paid under this policy, it will be decided by arbitration in line with current law. Before you can take any other action, this arbitration must take place and an award made.

If within 12 months from the date of you claiming that we are legally responsible for a claim and you do not take up the offer of arbitration, we will assume you have abandoned the claim.

11. Time limit for taking legal action

If you do not begin legal action within 12 months after the arbitration award is made, we will not be legally responsible for the claim.

12. Fraudulent claims

If the **insured person** or anyone acting on their behalf make any claim under this policy knowing the claim to be fraudulent or exaggerated, this policy shall become void and all benefits forfeited.

PAYMENT BEFORE COVER WARRANTY

(Applicable to policy issued to an individual)

1. We must receive the total premium due on or before the start date for the cover under the policy. Payment shall be considered to have been received by us 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 us is made through an electronic medium including the internet.
2. If we do not receive the full premium due as described in clause 1 above, the insurance will not apply and we will not pay any benefits under the policy.
3. As provided in the policy's "Free Look" provision, if you decide to cancel the cover during the "Free Look" period, you will receive a full refund of the premium paid to the us 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.

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 your 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.