MSIG Insurance (Singapore) Pte. Ltd.
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Singapore 068807
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Co. Reg. No. 200412212G GST Reg. No. 20-0412212G
msig.com.sg
A Member of MS&AD INSURANCE GROUP

Prestige Healthcare Insurance

Note: If the client is seeing an insurance advisor, please complete Sections 1 and/or 2 before proceeding with the Application Form (found on page 5).

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.

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 and sign both Sections 1 & 2 at places indicated with an 'X')
2. ☐ I/We wish to receive product advice only.
   (Please sign below and upon completion of Section 2, sign Part 3 - Acknowledgement at the place indicated with an 'X')
3. ☐ I/We do not wish to receive any advice from my/our advisor.
   (Please sign below)

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

1. Personal Information

1a. Personal Details of Client

Name Mr/Mrs/Ms/Mdm/Dr* _____
*(*delete if not applicable)* *(Name as in your NRIC/FIN/Passport. Please underline surname.)*

NRIC/FIN/Passport No. _____ Date of Birth _____ Gender ☐ Male ☐ Female
(Please provide NRIC No. if applicant is a Singaporean/PR) *(dd/mm/yy)*

Marital Status ☐ Single ☐ Married ☐ Others

Email _____ Contact No. _____

1b. Employment Details

Current Occupation _____

Employment Status ☐ Full-time ☐ Part-time ☐ Self Employed ☐ Not Employed ☐ Retired ☐ Others _____

Monthly Income Range ☐ 1. Below $2,500 ☐ 2. $2,501 – S$5,000 ☐ 3. $5,001 & above

1c. Details of Spouse & Dependants (If family coverage is required)

Name / Relationship	Date of Birth (dd/mm/yy)	Gender	Employment Status	Monthly Income Range (see Question 1b above)		
				1. ☐	2. ☐	3. ☐
				1. ☐	2. ☐	3. ☐
				1. ☐	2. ☐	3. ☐
				1. ☐	2. ☐	3. ☐

1d. Other Sources of Income

1. _____ Activity: _____

2. _____ Activity: _____

3. _____ Activity: _____

2. Existing Insurance Portfolio

This information helps to evaluate if your existing insurance portfolio is adequate in meeting your financial needs.

Would you like your existing insurance portfolio to be taken into consideration for the Needs Analysis and Recommendation(s)?

☐ No, please state reason

_____

☐ Yes, please complete the details below

Summary of Existing Portfolio

Types of Benefit (e.g. Health or Personal Accident)	Total Benefits Amount (S$) (e.g. Sum Insured/Maturity Value)	Does the policy cover the client or dependents or both?

3. Cash Flow and Budget

3a. Cash Flow

This information helps to ascertain the affordability of the recommendation(s) and plan(s) for your financial need(s).

Would you like your cash flow to be taken into consideration for the Needs Analysis and Recommendation(s)?

☐ No, please state reason

_____

☐ Yes, please complete the details below

Estimated total annual income: $ _____ Estimated total annual expenses: $ _____

Surplus / Shortfall: $ _____

Do you have any plans or are there any factors within the next 12 months which may significantly increase or decrease your current income and expenditure position (e.g. receiving an inheritance or borrowing money for investment or purchase of a holiday home, etc.)?

☐ No ☐ Yes (If Yes, please complete the details below)

Remarks:

_____

3b. Budget

Annual Amount: $ _____ Source of this fund: _____

Single Amount: $ _____ Source of this fund: _____

Is the budget you set aside a substantial portion of your assets or surplus? ☐ No ☐ Yes

If your answer is "Yes", you may encounter a potential risk in the future of not being able to continue paying your premiums.

Practice Note: Budget is considered substantial if it is more than 50% of assets or surplus.

4. Assets and Liabilities

This information helps to facilitate the planning of your financial needs. Would you like your assets and liabilities to be taken into consideration for the Needs Analysis and Recommendation(s)?

☐ No, please state reason

_____

☐ Yes, please complete the details below

4a. Assets	Client	4b. Liabilities	Client
Personal Use Assets (E.g. family home, home contents, real estate, motor vehicle)	$	**Loans** (E.g. home mortgage, investment loan, car loan, personal loan)	$
Investment (E.g. shares, bonds, debentures, insurance, managed investments)	$	**Liabilities** (E.g. credit card, annual tax liability)	$
CPF	$		
Others (E.g. cash, bank deposit, collectibles, jewellery)	$		
Total assets	$	**Total liabilities**	$
Combined			
Total assets			$
Less total liabilities			($)
Net asset position			$

5. Personal Priorities

5a. Your Accident & Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for hospitalisation expenses	☐	☐	☐
Cover for outpatient medical expenses	☐	☐	☐
Cover for major illnesses (e.g. cancer, kidney dialysis, etc.)	☐	☐	☐
Cover for dental expenses	☐	☐	☐
Cover for old age disabilities	☐	☐	☐
Cover for loss of income due to illness or sickness	☐	☐	☐
Cover for expenses due to accidents	☐	☐	☐

5b. What You Are Looking For

i. Nature of benefits payment

☐ Lump sum payment ☐ Periodical payments ☐ Actual cost incurred by you or your insured dependents

ii. Class of hospital ward

☐ Single ☐ 2-bedded ☐ 4-bedded ☐ 6-bedded

6. Health Condition

Do you or any dependents (If family coverage is required) have any medical condition, which requires you to receive regular attention from a doctor in a clinic or hospital?

Name of insured or dependent	Yes / No	If 'Yes', what is/are these medical condition(s)?
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

7. Replacement of Policy

Is this product intended to replace any existing accident or health insurance policy? ☐ Yes ☐ No

If yes, Advisor should state the:

a) reasons for replacement in the "Advisor Analysis and Recommendations" section
b) fee or charge policy owner has to bear
c) changes in level of benefits

SECTION 2: OUR ADVICE AND REASONS WHY

Part 1 - Hospital/Surgical/Medical Expenses *(Please tick ☑ in the appropriate boxes)*

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

Part 2 - Advisor Analysis and Recommendations

Total Health Insurance Budget (if applicable): $ _____ per month/per annum.

Advisor's Recommendations	Reasons for Recommendation	Remarks
Hospital/Surgical/Medical Expenses • Prestige Healthcare Insurance		Replacement ☐ Yes ☐ No

If you intend to switch from your other accident or health insurance policy to this replacement policy:

a) the fee or charge that you have to bear is _____

b) the changes in level of benefits will be:

	Original Policy	Replacement Policy
Insurer and Product Name		
Sum Assured		
Benefits		
Coverage		
Duration of coverage		
Premiums		
Differences		

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 another health insurance policy to this replacement policy, the advisor has informed me/us of:

(a) the fee or charge I/We have to bear ☐ Yes ☐ No

(b) the changes in level of benefits ☐ Yes ☐ No

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) Signature of Advisor

Date (dd/mm/yy): 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)

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Prestige Healthcare Insurance – Individual & Family Application and Health Declaration 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 ☑ in the appropriate box

(A) Particulars of Applicant

Name Mr/Mrs/Ms/Mdm/Dr* _____ Gender ☐ Male ☐ Female
*(*delete if not applicable)* *(Name as in your 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 mailing address? ☐ Yes ☐ No

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

Occupation _____ Name of Employer _____

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

Tel _____ (Home) _____ (HP) Email _____

(B) Person(s) to be Insured

	Full Name	NRIC/FIN No.	Date of Birth (dd/mm/yy)	Gender	Nationality	Height (m)	Weight (kg)
Applicant	As stated under Part A						
Spouse							
Child 1							
Child 2							
Child 3							

If more space is required, please indicate on a separate sheet of paper and attach herewith.

Occupation / Profession of Spouse: _____

Usual Country of Residence for all Persons to be Insured: _____

Note: A 5% family discount is applicable subject to a minimum of 3 insured persons (Policyholder, spouse & child or Policyholder & children) effected under one Policy. This discount does not apply to the Optional Maternity Benefit premium.

(C) Details of Insurance

Choice of Plan

☐ Platinum Plan with Maternity# ☐ Deluxe Plan with Maternity# ☐ Elite Plan
☐ Platinum Plan without Maternity ☐ Deluxe Plan without Maternity

#Maternity Health Declaration Form needs to be completed if maternity option is chosen.

Annual Aggregate Deductible Per Person Per Period of Insurance

(applicable only for all Plans without Maternity and is for inpatient (including Day Care Surgery) Expenses, with all other benefits remain)

The following range of Annual Aggregate Deductible is available for your selection:

Platinum Plan:	☐ $2,500 (10%)	☐ $5,000 (20%)	☐ $7,500 (25%)	☐ $10,000 (30%)	☐ $30,000 (45%)
Deluxe Plan:	☐ $2,500 (15%)	☐ $5,000 (25%)	☐ $7,500 (30%)	☐ $10,000 (35%)	☐ $30,000 (55%)
Elite Plan:	☐ $2,500 (15%)	☐ $5,000 (30%)	☐ $7,500 (35%)	☐ $10,000 (40%)	☐ $30,000 (60%)

% indicates Premium Discount if Annual Aggregate Deductible is selected

(D) Declaration of Health (All questions must be answered in reference to all Persons to be Insured)

1.	Does any person to be insured have, ever had, been told to have or been treated for any health condition relating to:	
a)	High Blood Pressure, Stroke, Chest Pain or Breathlessness, Raised Cholesterol, Irregular or Fast Heart rate or any disorder of the Heart or Heart Valvular or Blood Vessels?	☐ No ☐ Yes
b)	Asthma, Bronchitis, Persistent Cough, or any disorder of the Respiratory system?	☐ No ☐ Yes
c)	Gastritis, Liver, Hepatitis, Jaundice, Stomach, Gall Bladder, Pancreas, Gastric or Duodenal Ulcers, Hernia, Intestinal or Bowel disorder?	☐ No ☐ Yes
d)	Diabetes, Thyroid disorders?	☐ No ☐ Yes
e)	Genito-Urinary system, Kidney Stones, Urinary Tract Infection, Blood/Protein/Sugar in urine, Prostate disorders?	☐ No ☐ Yes
f)	Epilepsy, Fits, Paralysis, Weakness of Limb, Prolonged Headache, Depression, Nervous Breakdown, any Mental or Nervous disorder or disability?	☐ No ☐ Yes
g)	Ear, Nose, Throat, Otitis Media, Ear Discharge, Tonsils, Cataract, Glaucoma, Detached Retina, Sinusitis, Rhinitis, Hearing problems, Tinnitus or any disorder of the Ear, Eye, Nose or Throat?	☐ No ☐ Yes
h)	Psoriasis, Eczema, Dermatitis, or any disorder of the Skin?	☐ No ☐ Yes
i)	Blood disorders, Anaemia, Thalassaemia, Varicose Veins, Deep Vein Thrombosis or any disorder of the Immune system?	☐ No ☐ Yes
j)	Bone, Cartilage, Limbs, Joints, Gout, Arthritis, Rheumatoid Arthritis, Rheumatism, Osteomyelitis, Osteoporosis, Spinal Column, Back or Neck Pain?	☐ No ☐ Yes
k)	Cancer, Leukemia, Tumors, Cysts or Growth of any kind?	☐ No ☐ Yes
l)	Congenital abnormalities, either anatomical or functional, Premature birth?	☐ No ☐ Yes
m)	Any other ailment/illness/injury/accident, condition, medical investigation, hospital treatment not mentioned above?	☐ No ☐ Yes
2.	Does any person to be insured have or ever had i) been advised to abstain from donating blood or receive transfusion, or	☐ No ☐ Yes
	ii) in the last 3 months, had any of the following symptoms for more than one week continuously; fatigue, weight loss, diarrhoea, enlarged nodes or unusual lesions?	☐ No ☐ Yes
3.	Is any person to be insured now receiving or considering to receive medical treatment from a doctor or intending to consult a doctor for any reason? If Yes, please state the nature and treatment and provide name and address of doctor.	☐ No ☐ Yes
4.	Do you have a regular doctor? If Yes, provide reason, name and address of doctor _____ _____ _____	☐ No ☐ Yes
5.	Has any person to be insured consulted a doctor (other than for flu and/or cough which did not last for more than 7 days) or had any medical/diagnostic tests in the past 5 years? If Yes, please give details and provide all copies of such reports and results.	☐ No ☐ Yes
6.	Has any person to be insured been hospitalised or had any surgical operation? If Yes, please provide details.	☐ No ☐ Yes
7.	Does any person to be insured engage in any risk, special dangers or conditions which may be considered hazardous connected to his/her job, hobbies or past-time activities? If Yes, please provide details.	☐ No ☐ Yes
8.	Has any person to be insured ever smoked in the last 12 months? If Yes, please state the name of the person to be insured who smoked and the average number of sticks smoked per day and whether he/she is still smoking. Name of the person to be insured _____ Average Number of Sticks Smoked per day _____ ☐ Still Smoking ☐ Stopped Smoking, when? _____ Number of Years Smoked _____	☐ No ☐ Yes
9.	Does any person to be insured live or intend to live in any other country? If Yes, please state who _____ which country _____ when _____ and length of stay _____	☐ No ☐ Yes
10.	Has any person to be insured ever made a claim against any insurer in respect of bodily injuries or sickness? If Yes, please provide details.	☐ No ☐ Yes
11.	Has any person to be insured had any application for life or disability or health insurance been declined, or had any special terms imposed, or postponed, or had insurer refused to renew any insurance? If Yes, please provide details. Name of the person to be insured _____ Insurance Company _____ Type of Insurance _____ Reasons/Terms _____	☐ No ☐ Yes

12.	**To be completed for Female Persons to be Insured only** i) Does any person to be insured suffer from or is aware of any breast lumps or any other disorder of the breast(s)?	☐ No ☐ Yes
	ii) Does any person to be insured suffer from irregular or painful or unusually heavy menstruation, endometriosis, fibroid(s), cysts or any other disorder of the female organs?	☐ No ☐ Yes
	iii) Does any person to be insured have or ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next six months?	☐ No ☐ Yes
	iv) Does any person to be insured have or ever had been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If Yes, please state type, reason, date of test done and results of test (copy to be submitted if available).	☐ No ☐ Yes

If the answer to any of the above questions in Part D is 'Yes', please provide full details here.
Please indicate on a separate sheet of paper if there is insufficient space here and this must also be duly signed by the Applicant.

	Question Number	Doctor's Diagnosis / Nature of Illness / Disability	Duration of Illness / Disability		Type & Results of Treatment / Surgery	Need for any follow-up Treatment / Consultation	Name & Address of Doctor / Clinic / Hospital
			From (mmyyyy)	To (mmyyyy)			
Applicant							
Spouse							
Child 1							
Child 2							
Child 3							

(E) 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)

(F) 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.

(G) Declaration by the Applicant

1. I/We hereby apply for Prestige Healthcare 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 and 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 to be insured ("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 hospitalisation of any Insured Person 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.
5. I/We agree to accept the terms, conditions and exceptions of the insurance as specified in the 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 and/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)

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Product Summary for Prestige Healthcare Insurance

SECTION 1: PRODUCT INFORMATION

This plan is a yearly renewable medical expense insurance plan that covers eligible inpatient and outpatient expenses including overseas emergency medical evacuation and repatriation as a result of an illness or accident and other benefits subject to the limits set out in the Benefit Schedule shown below.

This plan is open to any person who is residing in Singapore, at least 15 days or not more than 65 years old at the time of enrolment. You have a range of 3 plans to choose from to suit your specific needs and budget.

BENEFIT SCHEDULE (IN SINGAPORE DOLLARS)

Benefits	Platinum Plan	Deluxe Plan	Elite Plan
Overall Maximum Annual Limit Per Insured Person Per Period of Insurance subject to the Sub-Limits as stated below	**$3,000,000**	**$1,500,000**	**$900,000**
1) HOSPITAL AND RELATED SERVICES			
Inpatient Hospital Treatment and Services including accommodation up to the cost of a standard class single-bed air-conditioned room			
Adult's Hospital Accommodation (Adult staying with an insured child patient not more than 18 years old)			
Doctor's/Surgeon's/Anaesthetist's or Physiotherapist fees and Specialist consultations and visits			
Intensive Care Unit			
Cancer treatment (inpatient and outpatient)			
Kidney dialysis (inpatient and outpatient)			
Organ Transplantation (We will pay the operation costs for kidney, heart, liver, lung or bone marrow transplants, excluding costs incurred by a donor or acquisition costs of organs)			
Day Care Surgery			
Inpatient Psychiatric Treatment (We will pay for the medically necessary Psychiatric Treatment up to a maximum of 30 days commencing after 24 consecutive months from the commencement of cover of the Insured Person, or the date of reinstatement of his/her cover by the Company, whichever is later, for that Insured Person)	Up to $1,000,000	Up to $500,000	Up to $300,000
Home Nursing Care (up to a maximum of 26 weeks following discharge from Hospital)			
Casualty Ward Accident Services (We will pay for the medical treatment provided to the Insured Person as an outpatient at a Hospital or Clinic for a covered Injury following an Accident which he/she had obtained medical attention within 24 hours of the Accident; and the eligible medical expenses incurred thereafter for follow up treatment for the specific medical condition reimbursed up to 30 days from the date of the Accident)			
Casualty Ward Emergency Services (We will reimburse for an unexpected medical emergency arising from a covered Illness requiring medical attention to the Insured Person as an outpatient at a Hospital. A deductible of S$100 per claim or course of treatment is applicable.)			
Accident Dental Cover (We will pay for the dental treatment required to restore or replace sound natural teeth lost or damaged in an Accident and for which treatment is provided within 14 days following such an Accident)			
Local Ambulance Services to Hospital (We will pay for ambulance transport to local hospital provided the Insured Person is warded as an inpatient for treatment of a covered Illness or Injury)			

Tear along dotted line. Client's copy for keeping.

Benefits	Platinum Plan	Deluxe Plan	Elite Plan
Outpatient Alternative Treatment (We will pay for treatment by a Physiotherapist, Registered Chiropractor, Registered Chinese Physician and/or Acupuncturist for any and all covered Injury or Illness)	Up to $2,000	Up to $1,000	Up to $750
Artificial Limbs Pays for costs associated with fitting an artificial body part prescribed by the treating Doctor as medically necessary	Up to $1,500	Up to $1,000	Up to $500
Mobility Aids Pays for costs of purchasing or renting of mobility aids prescribed by the treating Doctor as medically necessary	Up to $500	Up to $400	Up to $300
Pre-Hospital Specialist Consultation and Diagnostic Services	Within 180 days of hospital admission	Within 120 days of hospital admission	Within 120 days of hospital admission
Post-Hospital Follow Up Treatment	Up to 180 days after discharge	Up to 120 days after discharge	Up to 120 days after discharge
2) INCREASED INTERNATIONAL COVER Hospital and Related Services cover automatically increases to the stated amount per Insured Person when travelling outside his/her Usual Country of Residence and Home Country	From $1,000,000 Up to $2,000,000	From $500,000 Up to $1,000,000	From $300,000 Up to $600,000
3) OVERSEAS EMERGENCY MEDICAL EVACUATION AND REPATRIATION, REPATRIATION OR LOCAL BURIAL OF MORTAL REMAINS OR LOCAL CREMATION (Applicable outside the Insured Person's Usual Country of Residence and Home Country)	Up to $1,000,000	Up to $500,000	Up to $300,000
4) COMPASSIONATE GRANT (We will pay the benefit amount in the event the Insured Person dies from a covered Injury or Illness as a registered Inpatient during the treatment for such Illness at the Hospital or within 90 days after discharge from the Hospital, in the Insured Person's Usual Country of Residence)	$8,000	$5,000	$3,000
ADDITIONAL BENEFITS* **(Per Insured Person Per Period of Insurance)**			
A) EMERGENCY MEDICAL ADVICE AND TRAVEL ASSISTANCE • Emergency Medical Advice and Assistance • International Travel Assistance Services	Provided	Provided	Provided
B) COMPASSIONATE TRAVEL (We will pay for the cost of an economy class return airfare from the Usual Country of Residence for the Insured Person to attend the funeral of a close family member (father, mother, brother, sister or child, up to the attained age of 75). Limited to one return journey per Insured Person, regardless of the number of times the Policy is renewed with Us)	Covered	Covered	Not Covered
C) MISCARRIAGE (or ABORTION) DUE TO ACCIDENT	$5,000	$4,000	$3,000
D) OUTPATIENT SERVICES • General Practitioner and Specialist consultations with prescribed treatment • Diagnostic services and prescription drugs	Up to $25,000 subject to a deductible of $100 per claim or course of treatment	Not Covered	Not Covered
(OPTIONAL) **MATERNITY BENEFIT*** **Ante-natal, childbirth and post-natal treatment for the mother. Applicable to pregnancies which begins at least 365 days from the date of commencement of cover under this benefit**			
Normal Delivery	Up to $6,000	Up to $6,000	Not Applicable
Complicated Delivery as defined in the policy	Up to $15,000	Up to $15,000	Not Applicable

*The Additional Benefits and Maternity Benefit are not subject to the Overall Maximum Annual Limit

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SECTION 2: PREMIUM RATES

Prestige Healthcare Insurance Annual Premium Rates

1. The premium payable is based on the age last birthday of each Insured Person at the date of underwriting approval and will increase when the Insured Person enters the next Age Band.
2. The premium rates are applicable if your Usual Country of Residence is Singapore.
3. Child rates will apply provided the child is not more than 18, unmarried and dependent upon the Applicant for support, or up to 21 if undergoing full time education. Child must be insured together with at least 1 parent.
4. All persons to be insured of a family must be insured under the same plan.
5. Optional Maternity Benefit can be effected provided both husband and wife are insured under the same plan. The Annual Aggregate Deductible is not applicable if you are applying for Maternity Benefit.
6. Cover may be renewed beyond age 65 provided the Insured Person is enrolled in the plan before that age and has remained continuously covered since then. The coverage of an Insured Person will terminate immediately on the policy anniversary following his/her 80th birthday.
7. Coverage will automatically cease when you or any Insured Person becomes a resident in the USA or Canada.
8. Policies are arranged on an annually renewable basis subject to the mutual agreement of the Company and the Insured and premiums will be adjusted periodically to reflect both individual and portfolio experience as well as medical inflation.
9. The total distribution-related cost of this product is between 15% and 35% of the insurance premium.

ANNUAL PREMIUM RATES TABLE (in Singapore dollars & inclusive of GST)

Age Last Birthday	Platinum Plan		Deluxe Plan		Elite Plan	
	Male	Female	Male	Female	Male	Female
15 days to 17 years	$1,613.80	$1,650.02	$982.04	$1,111.85	$851.02	$909.80
18 - 29	$2,173.54	$1,911.77	$1,299.20	$1,313.88	$1,111.85	$1,125.31
30 - 34	$2,208.35	$2,613.56	$1,443.69	$1,631.05	$1,357.99	$1,370.21
35 - 39	$2,454.80	$3,383.55	$1,471.85	$1,806.15	$1,386.14	$1,501.22
40 - 44	$3,050.75	$4,139.62	$1,645.75	$1,834.32	$1,588.17	$1,746.15
45 - 49	$3,436.45	$4,909.64	$2,164.94	$2,209.02	$1,934.72	$1,948.18
50 - 54	$4,437.60	$5,296.70	$2,554.31	$2,598.40	$2,337.58	$2,366.97
55 - 59	$6,031.92	$6,347.99	$3,364.93	$3,465.36	$3,102.89	$3,017.16
60 - 64	$8,450.53	$8,082.93	$4,613.95	$4,076.38	$4,468.22	$3,775.15
For Renewals Only						
65	$10,259.25	$8,677.48	$5,640.07	$4,757.22	$5,149.05	$4,323.74
66	$10,770.27	$9,117.48	$5,930.29	$5,003.33	$5,408.65	$4,541.70
67	$11,260.41	$9,521.27	$6,188.66	$5,220.08	$5,640.07	$4,742.51
68	$11,770.03	$9,961.28	$6,477.64	$5,466.20	$5,871.50	$4,961.69
69	$12,069.37	$10,224.47	$6,652.75	$5,595.98	$6,016.00	$5,089.06
70	$13,317.01	$11,453.96	$8,243.39	$7,087.45	$7,448.67	$6,436.00
71	$13,967.25	$12,016.48	$8,648.68	$7,418.05	$7,809.92	$6,769.09
72	$14,616.09	$12,579.03	$9,052.79	$7,780.53	$8,172.35	$7,087.45
73	$15,266.38	$13,141.54	$9,458.09	$8,632.78	$8,532.37	$7,389.91
74	$15,671.55	$13,492.43	$9,704.22	$8,865.45	$8,763.81	$7,577.24
75	$17,286.74	$14,897.38	$11,194.44	$10,211.16	$10,093.62	$8,734.42
76	$18,130.54	$15,618.64	$11,728.32	$10,702.19	$10,600.54	$9,169.10
77	$18,992.43	$16,338.53	$12,294.04	$11,194.44	$11,091.58	$9,602.58
78	$19,818.16	$17,093.18	$12,841.39	$11,714.86	$11,583.84	$10,022.58
79	$20,326.39	$17,533.21	$13,175.71	$12,017.32	$11,887.51	$10,295.66
OPTIONAL: Maternity Benefit – Additional Premium						
21 - 39	$1,609.54		$1,476.64		Not Applicable	
40 - 45	$2,444.86		$2,242.99		Not Applicable	

OPTIONAL:

Annual Aggregate Deductible

This means that your Prestige Healthcare Insurance Policy will reimburse Inpatient (including Day Care Surgery) Expenses up to the full policy limit in excess of the amount of the Annual Aggregate Deductible you select here below. In return for an Annual Aggregate Deductible, you will enjoy a percentage discount from the above premium rates.

Annual Aggregate Deductible Per Insured Person Per Period of Insurance	$2,500	$5,000	$7,500	$10,000	$30,000
Platinum Plan	10%	20%	25%	30%	45%
Deluxe Plan	15%	25%	30%	35%	55%
Elite Plan	15%	30%	35%	40%	60%
% indicates Premium Discount if Annual Aggregate Deductible is selected					

The Annual Aggregate Deductible is not applicable if you are applying for the optional Maternity Benefit.

Tear along dotted line. Client's copy for keeping.

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, and conditions in the policy contract.

Please consult your insurance advisor should you require further explanation.

1. Some Definitions

"Accident" means a sudden event which gives rise to a result not intended or anticipated by the Insured or Insured Person.

"Company/We/Us" means MSIG Insurance (Singapore) Pte. Ltd.

"Day Care Surgery" means 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 Doctor to the Insured Person for treatment of a covered Illness or Injury at a Hospital or Clinic duly qualified to perform such a surgery.

"Dependant" means the legal spouse of the Insured Person and/or unmarried children who are dependent upon the Insured Person for support provided always that such children are aged not less than 15 days and not more than 18 years at the date of enrolment (extended to 21 years old if in full time formal education). Thereafter children must pay the full adult premium rate.

"Doctor" means a properly qualified medical practitioner (other than an Insured Person or a member of the Insured Person's immediate family) licensed by the Ministry of Health in Singapore or its equivalent in the country of in which treatment is provided, and who in rendering such treatment is practicing within the scope of his licensing and training.

"Home Country" means the country of which the Insured Person holds a passport. If the Insured Person holds more than one passport, the Home Country will be taken to mean the country declared on the Application Form under the heading "Nationality".

"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.

"Inpatient" means an in-patient stay in the Hospital by the Insured Person where the treatment is being received for which room and board charges were made by the Hospital, and this excludes inpatient stay by the Insured Person under observation in a ward. It also includes admission of any duration for the purpose of surgery and any preparation and procedure in connection with the surgery without incurring any room and board charge.

"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 set out in the General Condition Clause of the Policy, and in respect of whom commencement of cover has been confirmed in writing by the Company.

"Miscarriage (or Abortion) due to Accident" means spontaneous loss of the baby by the Insured Person directly as a result of an Accident.

"International Cover" means insurance cover provided by the Policy anywhere else in the world except in the Insured Person's Usual Country of Residence and Home Country.

"Period of Insurance" means a period of one year (unless otherwise agreed in writing by the Company) and shown on the Schedule.

"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, or

(b) which presented signs or symptoms of which the Insured Person concerned was aware or should reasonably have been aware, or

(c) which originated or existed, based on medically accepted pathological development of the Injury or Illness,

prior to the commencement of cover for the Insured Person concerned.

"Psychiatric Treatment" means treatment by a Psychiatrist for a condition certified by the Psychiatrist to be a medically recognised mental illness.

"Psychiatrist" means a Doctor who has experience in the diagnosis and treatment of mental illnesses and holds a recognised degree in psychiatry or other equivalent qualification.

"Serious Medical Condition" means, for the purpose of interpreting Overseas Emergency Medical Evacuation and Repatriation cover, a condition which in the opinion of the Company or its authorised representatives constitutes a serious or life threatening medical emergency requiring immediate evacuation to obtain urgent remedial treatment in order to avoid death or serious impairment to an Insured Person's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Person's geographical location and the local availability of appropriate medical care or facilities.

"Usual Country of Residence" means the country in which the Insured Person is usually living at the commencement date of his/her cover under the Policy and which is declared on the Application Form, and which is stated in the policy schedule.

"Reasonable and Customary Charges" means charges for medical care which shall be considered by the Company or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or Illness or Injury. Any scales of charges which may be agreed from time to time between the Company and Hospitals and Doctors shall also be indicative of such Reasonable and Customary Charges.

2. Eligibility

Any person who is:

- aged between 18 years and not more than 65 years old, and/or
- your legal child aged 15 days old after the date of normal delivery or 15 days after discharged in a normal healthy condition from the hospital after birth and below 18 years old.

Note: Child must be insured with at least a parent.

3. Limits of Liability

The Company's liability is limited in the amount to the Limits and Sub-Limits indicated on the Schedule as applying to each item or type of cover. The Overall Maximum Annual Limit stated on the Schedule is the maximum amount recoverable under the Policy as a whole by an Insured Person during any one Period of Insurance.

4. Local Treatment

It is understood and agreed that the Insured Person shall, wherever possible, obtain covered treatment in the Usual Country of Residence except for emergency treatment in respect of Accident or acute Illness occurring during short period business or holiday travel not exceeding 90 days per trip outside the Usual Country of Residence and which require immediate medical attention.

In the event of emergency treatment in respect of Accident or acute Illness occurring outside the Usual Country of Residence and which requires immediate medical attention, the covered treatment costs will be met up to an amount not exceeding the Reasonable and Customary Charges for medical treatment of a standard and type usually available and customarily provided for the medical condition concerned in that country subject to transportation costs being excluded.

5. Deductible and Co-Insurance

- A Deductible is the amount the Insured Person must contribute towards the cost of each claim or course of treatment, during any one Period of Insurance.
- Co-insurance means the proportion of covered medical expenses claims which the Insured Person must pay.
- The amount of any Deductible or Co-insurance and the items of cover to which they apply are stated on the Schedule. The order in which they shall be applied to covered claims is Deductible amounts first and Co-insurance amounts second.
- An Annual Aggregate Deductible is the accumulative total amount of medical expenses (including covered claims resulting from Day Care Surgery) incurred by an Insured Person during any one Period of Insurance in excess of which amount the Policy will indemnify or compensate the Insured Person for medical expenses (including covered claims resulting from Day Care Surgery) covered by the Policy.

6. Exclusions

There are certain conditions under which no benefit will be payable. They are stated as exceptions in the policy contract. The following is a list of some of the exclusions. You are advised to read the policy contract for the full list of exclusions which can be found at MSIG corporate website msig.com.sg

- Pre-Existing Conditions as defined, including any treatment and complication arising from the Pre-Existing Conditions.
- Psychiatric Treatment as an outpatient or, Inpatient Psychiatric Treatment commencing within 24 months from the commencement of cover of the Insured Person concerned under the Policy, or the date of reinstatement of his/her cover by the Company, whichever is later, or after the 24 months period which are follow-up medical treatment(s), consultations(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 24 months period, and consequences or complications related to such conditions.
- Routine medical examinations or check-ups, routine eye or ear examinations of any form where there is no objective indication of impairment of normal health or any treatment or investigation of a preventive nature, or any treatment which is not medically necessary, vaccinations, cosmetic surgery or plastic surgery, treatment for obesity, weight reduction (including liposuction) and weight improvement programmes, breast reduction or enlargement (regardless whether it is medically necessary or not) treatment for all forms of acne, rest cures and services or treatment in any home, spa hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined.

- Tests or treatment related to infertility, contraception, sterilisation (or its reversal), 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.

- Hospitalisation for treatment of any Illness commencing within 30 (thirty) days from the commencement of cover of the Insured Person concerned under the Policy, or after the 30 (thirty) days period which were follow-up medical treatments(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 (thirty) days period, and consequences or complications related to such conditions.

- Birth defects, congenital Illness, hereditary conditions, pregnancy or childbirth or miscarriage/abortion except as defined under the Miscarriage (Abortion) due to Accident and Maternity Benefit when the latter Benefit is stated on the Schedule as being covered by the Policy.

- Circumcision operations unless medically necessary.

- All types of Sleep Disorders including Sleep Apnoea unless this leads to treatment through surgery.

- Behavioral or Developmental Delay and/or learning disabilities.

- Prosthesis, corrective devices and medical appliances which are not surgically required except as defined under the Artificial Limbs and Mobility Aids Benefit, or any other that is not scientifically recognised by Western European or North American Standards.

- All costs relating to cornea, muscular, skeletal or human organ or tissue or other transplant from a donor to a recipient and all expenses directly or indirectly related to organ transplantation.

- Psychological, emotional or mental problems or conditons, 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.

- Spectacles, monocles or contact lenses, lasik, hearing aids.

- Elective overseas treatment for non-emergency or chronic medical conditions where covered treatment can reasonably be postponed until the Insured Person returns to the Usual Country of Residence.

- All dental treatment or oral surgery related to teeth (unless within the terms of the Accident Dental Benefit).

- Use of Stem Cell Transplants, cryopreservation, implantation or re-implantation of living cells or living tissue, whether anthologous or provided by a donor.

- Experimental or pioneering medical and surgical technique not commonly available and elected by the Insured Person to be received in lieu of treatment usually and customarily provided for the medical condition concerned.

- Second Opinions in respect of medical conditions which have already been diagnosed and/or treated at the date such Second Opinions are obtained unless considered by the Company's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances or the cost of treatment by the Doctor which is not relevant to the treatment provided to the Insured Person.

- Costs of treatment rendered and drugs or medicine prescribed by a Doctor or Specialist are not related to the treatment provided to the Insured Person in respect of a condition that is covered under this Policy.

- Injury or Illness while serving as a full-time member of a police or military unit and treatment resulting from participation in war, riot, civil commotion or any illegal act including resistance to lawful arrest or resultant imprisonment.

- Rock climbing, Caving, Potholing, Mountaineering, Skydiving, Parachuting, Hang-gliding, Paragliding, Parasailing, Bungee Jumping, all diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, racing of any kind other than on foot, or any other type of competitive sports other than those in which the Insured Person participates purely as an amateur; and all professional or inherently dangerous sports unless declared to and accepted by the Company in writing prior to the event giving rise to a claim.

- Any Flying Activity or Air Travel other than as a fare-paying passenger in a commercially licensed passenger carrying aircraft.

- War and Terrorism.

7. Co-operation

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

8. Alterations

(i) The Company reserves the right to alter the Policy as the Company reasonably considers appropriate and the Company will inform the Insured with a written notice at least 30 days in advance of any such alteration. For avoidance of doubt, the Company may change the Policy terms and conditions at its discretion at any renewal. Your continued payment of premium after We give such notice will mean You accept the change.

(ii) Any misrepresentation of or failure to disclose material facts by the Insured or Insured Person will entitle the Company to alter, amend or cancel the Policy having regard to the true facts and all benefits under the Policy shall be forfeited. A material fact is any information which could influence the Company in its assessment of your application.

9. Termination of Cover

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

(i) non-payment of premium as described in the Payment Before Cover Warranty or Premium Payment Warranty; or

(ii) cancellation of this Policy as described in General Condition.

(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 (ninetieth) day when the Insured Person remains outside his/her Usual Country of Residence for a period in excess of 90 (ninety) consecutive days,

(ii) on the expiry of the Period of Insurance in which the Insured Person has attained 80 (eighty) years old; or

(iii) at the time of death of the Insured Person;

In respect of (b) (i), the Company will refund premium to the Insured from the 91st (ninety-first) day to the expiry of this Policy, on a pro-rated basis provided the Company had not incurred or paid claim for the Insured Person. In the event of any claim admitted by the Company, the Company reserves the right to retain 100% of the annual premium for the whole Policy.

10. Termination Upon Return to USA or Canada

In respect only of Insured Persons who are citizens of the United States of America (USA) or Canada and who return to either USA or Canada, insurance under the Policy shall terminate automatically from the date of their return to the USA or Canada unless the Company shall agree to the contrary in writing and such additional premium as may be required by the Company has been paid.

The Insured Person must notify the Company of such return or intention to return no later than 30 days after such return, and the Company will cancel the Policy and refund premium to the Insured from the date of return to the expiry of this Policy, on a pro-rated basis, provided the Company had not incurred or paid claim for the Insured Person.

In the event of any claim admitted by the Company, the Company reserves the right to retain 100% of the annual premium for that Insured Person.

11. Cancellation

The Insured or the Company may cancel this Policy by giving 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, the Company shall retain a premium, subject to a minimum of S$50 plus the applicable Goods & Services Taxes, and in accordance with the following scale for the time this Policy has been in force:

For 1 month	-	20% of the annual premium
For 2 months	-	30% of the annual premium
For 3 months	-	40% of the annual premium
For 4 months	-	50% of the annual premium
For 5 months	-	60% of the annual premium
For 6 months	-	70% of the annual premium
For 7 months	-	80% of the annual premium
For 8 months	-	90% of the annual premium
In excess of 8 months	-	100% of the annual premium

If the Company cancels the Policy, the Company will make a pro-rata refund of the premium paid. In the event of a claim, the Company reserves the right to retain 100% of the annual premium for the whole Policy.

12. Change of Plan

Any request for change of plan must be in writing not more than 30 days before the renewal of this Policy. The change, subject always to Company's written approval, shall be effective when this Policy is renewed.

13. 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 the 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.

14. Free Look Period – Applicable if the Insured is an Individual

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 the 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.

Tear along dotted line. Client's copy for keeping.

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 the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

IMPORTANT NOTES

This is only product information provided by Us. 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. You should seek advice from a qualified advisor if in doubt. Buying health insurance products that are not suitable for You may impact Your ability to finance Your future healthcare needs. The personal accident benefit payable is subject to an 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 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.

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