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CANCERCARE *PLUS* INSURANCE POLICY

Here is your CancerCare *Plus* insurance policy. Please examine it together with the **schedule**, to make sure that you have the cover you need.

It is important that this policy, the **schedule**, and any amendments or endorsements issued from time to time are read together to avoid any misunderstanding.

HOW YOUR INSURANCE OPERATES

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

In consideration of you paying to us the required premium, we will provide you with 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 fourteen (14) business days from the date you receive the policy. If within these 14 days, you tell us that you do not want the policy, we will cancel it from its start date and refund in full the premium you have paid so long as no claim has arisen. Please note:

a) You are assumed to have received the policy within three (3) days after we despatch it.

b) The Free Look will not apply to renewals of your policy with us.

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A GUIDE TO THE POLICY

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DEFINITION OF WORDS

(Applicable to the whole policy)

Certain words have been defined below. These have the same meaning wherever they are used in the policy or the **schedule** and are highlighted in the policy by being shown in bold print, e.g. **insured, schedule** etc.

TERM	DEFINITION
Commencement date	Original inception date of cover under this policy as shown in the **schedule**.
Cancer	Major Cancer and/or Early Stage Cancer as further defined in the cancer definition section of this policy.
Carcinoma-in-situ	The focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. The diagnosis of the **Carcinoma-in-situ** must always be supported by a histopathological report. Furthermore, the diagnosis of **Carcinoma-in-situ** must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
Diagnosis	The definite diagnosis made by a **doctor** residing and practicing in Singapore and based upon such specific evidence, as referred to in the definition of the particular **cancer** concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to us.
Doctor	A properly qualified medical practitioner (other than an insured or a member of the insured'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 practising within the scope of his or her licensing and training.
Illness	Physical illness or disease, marked by a pathological deviation from the normal healthy state.
Invasion	An infiltration and/or active destruction of normal tissue beyond the basement membrane.

TERM	DEFINITION
Nominated account	The bank account or credit card account selected by the **insured** as the account to be debited or charged with the premiums due on this policy.
Notification period	The period of thirty (30) days from the time an **insured** is first diagnosed by a **doctor** as suffering from **cancer** during which the claims must be notified to the **company**, otherwise no benefit will be payable under the policy.
Policy year	A period of twelve (12) consecutive months starting from the **commencement date** of this policy and each consecutive period of twelve (12) months for which this policy remains in force.
Pre-existing conditions	Any illness, condition or symptom: a) for which treatment, or medication, or advice, or **diagnosis** has been sought or received or was foreseeable or b) which presented signs, symptoms of which the **insured** was aware or should reasonably have been aware or which originated or existed, or c) would cause an ordinarily prudent person to seek **diagnosis**, care or test prior to the **commencement date**.
Schedule	The **schedule** containing details of the cover such as details of the **insured**, type of cover selected and **commencement date** as issued by the **company**. The **schedule** forms part of the policy.
Survival period	The period of time specified in the benefit section of this policy for which an **Insured** must survive before a claim can be made under this policy.
Waiting period	The period of time described in the benefit section of this policy. No claim can be made in respect of any **cancer diagnosed** within the applicable **waiting period**.
We, us, our, the **company**	MSIG Insurance (Singapore) Pte. Ltd.
You, your, **insured**	The policyholder named as **insured** in the **schedule** who meets the eligibility criteria set out in General Condition 1 of the policy, and in respect of whom commencement of cover has been confirmed in writing by the **company**.

THE BENEFITS

Cover

The **company** will pay to the **insured** the Basic Benefit or Accelerated Benefit according to the terms, conditions and exceptions of this policy upon the first **diagnosis** of Major Cancer or Early Stage Cancer listed below and suffered by the **insured** during the period of insurance.

Benefit Description	Sum Insured
Basic Benefit A. Major Cancer	S$100,000
Accelerated Benefit B. Early Stage Cancer • Carcinoma-in-Situ • Early prostate cancer • Early thyroid cancer • Early bladder cancer • Early chronic lymphocytic leukemia • Gastro-intestinal stromal cancer	50% of Basic Benefit

Benefit amount

The amount of Basic Benefit payable by the **company** will be S$100,000, less any benefit paid out under Accelerated Benefit across all **policy years**, and less any premiums in respect of the entire **policy year** which have not been paid.

The Basic Benefit will be paid once only and in respect of any **diagnosis** of **cancer** suffered by the **insured** after the **commencement date**. However, should the first **diagnosis** of **cancer** be Early Stage Cancer, We will only pay the Accelerated Benefit. For the next **cancer diagnosed** that is not Early Stage Cancer, we will pay the Basic Benefit less the Accelerated Benefit previously paid for Early Stage Cancer.

The Accelerated Benefit which is equal to 50% of the Basic Benefit shall be paid if the **insured** is first **diagnosed** with Early Stage Cancer. This Accelerated Benefit shall cease upon payment of one Accelerated Benefit. The sum insured for the **insured's** Basic Benefit coverage shall automatically be reduced by the amount of Accelerated Benefit paid out by us.

The cover will cease immediately upon payment of 100% of the Basic Benefit.

Survival period

A claim can only be made under this policy if the **insured** survives for a period of at least seven (7) days from the time of the first **diagnosis** of the **cancer** which is the subject matter of the claim.

Waiting period

No claim for the Benefit can be made if the **cancer** was first **diagnosed** within ninety (90) days of the **commencement date**, or the reinstatement date, whichever is later.

Cancer definition

1. **Major Cancer**

   A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

   The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

   Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

a) All tumours which are histologically classified as any of the following: pre-malignant;
   - Non-invasive;
   - Carcinoma-in-situ (Tis) or Ta;
   - Having borderline malignancy;
   - Having any degree of malignant potential;
   - Having suspicious malignancy;
   - Neoplasm of uncertain or unknown behaviour; or
   - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;

b) Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;

c) Malignant melanoma that has not caused invasion beyond the epidermis;

d) All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;

e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

f) All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;

g) All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

h) All Gastro-intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;

i) Chronic Lymphocytic Leukemia less than RAI Stage 3;

j) All Bone Marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and

k) All tumours in the presence of HIV infection.

2. **Early Stage Cancer**

Carcinoma-in-situ

The following conditions are excluded from coverage:
- Cervical dysplasia, CIN-1, CIN-2 and CIN-3 and low grade & high grade squamous epithelial lesions
- Prostatic Intraepithelial Neoplasia (PIN)
- Vulvar Intraepithelial Neoplasia (VIN)
- Melanoma in situ and all non-melanomas skin carcinoma
- Any lesion or tumour which is histologically described as benign, dysplasia, premalignant, borderline malignant, or suspicious malignant potential

Early Prostate Cancer

Prostate cancer that is histologically described using the TNM Classification as T1a or T1b or prostate cancers described using another equivalent classification.

Early Thyroid Cancer

Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of thyroid that is less than 2cm in diameter.

Early Bladder Cancer

Bladder cancer that is histologically described using the TNM Classification as Tis or T1N0M0. Non-invasive papillary carcinoma of the bladder (stage Ta) is excluded.

Early Chronic Lymphocytic Leukemia

Chronic Lymphocytic Leukemia (CLL) RAI Stage 1 or 2. CLL RAI stage 0 or lower is excluded.

Gastro-intestinal Stromal Cancer

All Gastro-intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs which are treated with surgery or chemotherapy as recommended by an oncologist.

GENERAL CONDITIONS

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

It is an important part of our contract that you observe the following general conditions:

1. **Eligibility**

   Unless we agree in writing otherwise any person you wish to insure under this policy must be named as an **insured** in the **schedule** and must at the **commencement date** be the following:

   a) yourself aged between twenty (20) years and below sixty-five (65) years old, and

   b) residing in Singapore.

2. **Co-operation**

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

3. **Duplication of cover**

   An **insured** can only be covered under one CancerCare *Plus* insurance policy with the **company**. If any **insured** is covered under more than one such policy, the **company** will consider the **insured** to be insured under the policy first issued only and the cover of the **insured** under any other such policy(ies) will be cancelled. We will refund, without interest, any duplicated premium.

4. **Reasonable precautions and material changes**

The **insured** shall take all reasonable precautions to ensure treatment or medication as prescribed by a **doctor** is complied with.

5. **Automatic renewal of coverage and premium payment**

Unless the policy is cancelled or terminated in accordance with the policy terms and conditions, the policy will be renewed automatically from year to year, so long as premium is paid when due.

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

a) If premium is paid monthly

i) The first monthly premium is payable on the **commencement date** and subsequent monthly premiums are due on the same date on each succeeding month.

ii) Each payment must be paid by direct debit or charged to **your nominated account**.

iii) We are immediately entitled to the balance of the annual premium payable for the entire policy year if a claim arises in respect of that **policy year**. We reserve the right to deduct the balance of the annual premium from any claim amount due.

b) If premium is paid annually

i) The first annual premium is payable on the **commencement date** and subsequent premiums are due on the same date on each succeeding year.

ii) Each payment must be paid by direct debit instruction or charged to your **nominated account**.

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

6. **Alterations**

a) At each renewal of this policy, we have the right to vary the premium payable and all other terms, conditions and exceptions of the policy. We will notify you of any such change at least thirty (30) days before the renewal date. Your continued payment of premium after we give such notice will mean that you accept the change.

b) If the date of birth of the **insured** 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.

c) Any misrepresentation of or failure to disclose material facts by the **insured** 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 that could influence the **company** in its assessment of your application.

7. **Cancellation**

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

a) If the **insured** cancels the policy, the **company** will make a refund of premium that the **insured** has paid on prorated basis from the date of cancellation provided no claim has arisen and the amount refundable is more than S$10.00.

b) If the **company** cancels the policy, the **company** will make a pro-rata refund of the premium paid.

8. **Termination**

a) The entire policy will terminate and your 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 7.

b) Unless we have agreed otherwise in writing, your cover under this policy will terminate immediately in any of the following circumstances, whichever first occurs:

i) payment of the Basic Benefit; or

ii) on the expiry of the **policy year** in which you attain eighty-five (85) years old; or

iii) at the time of your death.

9. **In the event of fraud**

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the **insured** or anyone acting on your behalf to obtain the benefit under this policy, then the policy will be cancelled immediately and all benefit and premium forfeited.

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

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.

11. **Acceptance of instructions**

Any instruction, request or notice will not be accepted by the **company** until such documents, information and consents as the **company** may reasonably require are received at the **company's** office address stated in the policy.

12. **No trust**

The **company** will not recognise or be affected by any notice of trust, charge or assignment relating to this policy and the **insured's** receipt or that of the **insured's** legal personal representative or any person to whom any benefit is expressed to be payable, shall in all cases effectively discharge our liability.

13. **Legal personal representatives**

The terms, exceptions and conditions of this policy also apply to the legal personal representatives of the Insured.

14. **Legal proceedings**

No action in law or equity shall be brought to recover under the policy until after the expiration of sixty (60) days from the date proof of claim has been furnished in accordance with the policy conditions. The parties submit themselves to the exclusive venue and jurisdiction of the Courts of Singapore for the resolution of any conflict or dispute between the parties with regard to the policy, save where the circumstances are governed by the Arbitration clause of the policy.

15. **Arbitration**

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

b) Where we have accepted a claim but the amount to be paid is in dispute, the matter shall be referred to an independent arbitrator acceptable to the parties involved. Where any dispute is by this condition to be referred to arbitration, the making of an award shall be a condition precedent to any right of action against the **company**.

16. **Commencement of arbitration or court action**

If the **company** offers an amount in settlement or disclaims liability altogether for a claim, and such a claim is not within twelve (12) calendar months from the date of such an offer or disclaimer referred to arbitration as required under General Condition 15 or been made subject to pending court action, the claim shall be deemed to be abandoned and the **company** shall have no liability in respect of it.

17. **Governing law**

The policy is to be construed according to the laws of the Republic of Singapore.

CLAIM CONDITIONS

We will act in good faith in all our dealings with you. Equally, the payment of claims under this policy depends upon observance of its terms and conditions by you, and so far as they apply, by any other claimant.

1. **Notification of claim**

Claims or potential claims under this policy must be notified to the **company** within the **notification period**.

2. **Proof of claim**

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

a) completed claim form within the **notification period**;

b) information, evidence or supporting documents, medical certificates or medical reports which we may require supplied at your expense;

c) all medical certificates and results of medical examinations and/or tests must be submitted to the **company** in writing and must be provided by **doctor** resident and practicing in Singapore;

d) proof of legal title of claimant;

e) proof of the **insured's** date of birth;

f) the **insured** or his/her legal personal representative's written consent to allow the **company** to receive the results of any medical examinations and/or tests and/or the **insured's** medical history or records;

g) such other information that the **company** may reasonably require.

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

Incomplete claim forms cannot be accepted for processing of payments. Attach originals of all relevant documents and bills. Photocopies are not acceptable.

3. **Examinations**

The **company** is entitled to require:

a) medical examinations of and/or tests on the Insured carried out by a medical examiner appointed by the **company** at the **company's** expense at such intervals as the **company** may reasonably decide

b) a post -mortem examination, where this is not forbidden by law.

GENERAL EXCEPTIONS

The following items, conditions, activities and their consequences are excluded from the policy and the **company** will not pay any benefit in respect of or be liable for:

Policy exclusions
Claims resulting directly or indirectly from any of the following shall be excluded:

1. **Pre-existing conditions**, as defined in the policy.

2. The **insured** is diagnosed or having signs and symptoms of a Major Cancer/Early Stage Cancer within 90 days of the **commencement date** of this benefit or of the date of reinstatement (if any).

3. Unreasonable failure to seek or follow medical advice.

4. Self-inflicted injury, suicide; any sexually transmitted diseases, infection with Human Immuno- deficiency Virus (HIV) or conditions directly or indirectly result of Acquired Immunodeficiency Syndrome ("AIDS"), AIDS-related complex or infection by Human Immunodeficiency Virus ("HIV"), Human Papilloma Virus; alcohol or solvent abuse or the taking of drugs except under the direction of a registered medical practitioner.

Additionally the following apply:

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

This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith; in no case shall this insurance cover loss damage liability or expense directly or indirectly caused by or contributed to by or arising from:

a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof

c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction of radioactive force or matter

d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific, or other similar peaceful purposes

e) any chemical, biological, bio-chemical or electromagnetic weapon.

6. War and Terrorism Exclusion

The insurance by this policy excludes:

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

a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or

b) any act of terrorism including but not limited to

i) the use or threat of force, violence and/or

ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or

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

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

PAYMENT BEFORE COVER WARRANTY

1. The premium due must be paid to the **company** (or the intermediary through whom this policy was effected) on or before the inception date ("the inception date") or the renewal date of the coverage. Payment shall be deemed to have been effected to the **company** or the intermediary when one of the following acts takes place:

a) Cash or honoured cheque for the premium is handed over to the **company** or the intermediary;

b) A credit or debit card transaction for the premium is approved by the issuing bank;

c) A payment through an electronic medium including the internet is approved by the relevant party;

d) A credit in favour of the **company** or the intermediary is made through an electronic medium including the internet.

2. In the event that the total premium due is not paid to the **company** (or the intermediary through whom this policy was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the **company**. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.

3. In respect of insurance coverage with Free Look provision, the **insured** may return the original policy document to the **company** or intermediary within the Free Look period if the **insured** decides to cancel the cover during the Free Look period. In such an event, the **insured** will receive a full refund of the premium paid to the **company** provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

SANCTION LIMITATION AND EXCLUSION CLAUSE

The **company** shall not be deemed to provide cover and the **company** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **company** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

USEFUL PROCEDURES

1. **Making a claim**

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

2. **Your feedback channels**

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

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