
PA RECOVERY *PLUS* INSURANCE POLICY

This is your PA Recovery *Plus* 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

		Page
Eligibility	Eligibility conditions for cover	2
Important conditions	Conditions that insured person(s) must meet for this insurance to operate	2
Definition of words	An explanation of words used in this policy which have special meanings	3
The benefits	What the insured person(s) are covered for	4
Extensions	Additional benefits that the insured person(s) are covered for	13
General exclusions	Those events we do not insure under the policy as a whole	15
General conditions	Conditions that apply to the whole policy	17
Claim conditions	Conditions that apply in the event of a claim	22
Payment before cover warranty	Your obligation to pay the premium	23
Useful procedures	Making a claim and your feedback channels	24

ELIGIBILITY

The **insured person** must meet these eligibility conditions to be covered under this policy.

1. **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.
2. **Insured person** must meet the following entry age (at the start of the **period of insurance**) and at renewal.
 - a) For Adult Cover: **main insured person** and **spouse**, aged 18 years to 65 years, renewable up to 75 years.
 - b) For Optional Cover: **main insured person** and **spouse**, aged 18 years to 65 years, renewable up to 65 years.
 - c) For Child Cover: up to five **children**, aged one month to 25 years, renewable up to 25 years.
 - d) For Senior Cover: **parents** and **parent-in-laws**, aged 50 years to 70 years, renewable up to 80 years.

IMPORTANT CONDITIONS

The **insured person** must meet all the following conditions before the commencement of the **insured person's** cover for this insurance to operate.

The **insured person**:

1. has never suffered from, been investigated or diagnosed for, or treated for diabetes, stroke, heart disease.
2. does not have a history of mental illness or brain disorder, not limited to epilepsy, Parkinson's, Alzheimer's.
3. does not have any physical defects, disability or impairment, including but not limited to mobility problems.
4. does not have cancer unless in remission for at least five years.
5. is not presently suffering or recovering from or undergoing treatment for any **injury**.
6. has never been declined, refused renewal, terminated or imposed loading or coverage restriction for personal accident insurance.

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.
Capital sum insured	The capital sum insured stated in the schedule which is applicable for calculation of benefits payable for Sections 1, 2 and 3.
Child(ren)	Insured person(s) under Child Cover and who is the legal child of the main insured person . Refer to eligibility conditions to qualify for cover.
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 this current policy.
Dentist	A legally registered dental practitioner qualified to practise in line with the laws of the country in which the practice is granted. The dentist 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.
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.
Hospital	A lawfully operating institution for the care and treatment of sick and injured persons, which has 24 hours nursing services by registered graduate nurses, one or more doctors available at all times and organised facilities for diagnosis and major surgery, which shall not primarily be a clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home, home for the aged or similar establishment.
Hospitalisation, hospitalised	Refers to the insured person's stay in a hospital as a registered inpatient, deemed medically necessary and prescribed by a doctor , where the hospital makes a daily room & board charge for a 24-hour period of stay.
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.
Insured person	Insured person(s) named as such in the schedule who meets the eligibility conditions.
Parent	Insured person(s) under Senior Cover as stated in the schedule and who is the legal parent(s) of the main insured person . Refer to eligibility conditions to qualify for cover.
Parent-in-law	Insured person(s) under Senior Cover as stated in the schedule and who is the legal parent-in-law(s) of the main insured person . Refer to eligibility conditions to qualify for cover.
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: <ul style="list-style-type: none"> a) for which treatment or medication or advice or diagnosis has been sought or received or was foreseeable; or b) which before the commencement date of the policy presented signs or symptoms of which the insured person was aware or should reasonably have been aware.

TERM	DEFINITION
Policy year	A period of 12 consecutive months starting from the commencement date of this policy and each consecutive period of 12 months for which this policy remains in force.
Schedule	The schedule containing details of the insured person(s) , period of insurance and selected plan type and optional cover.
Spouse	Insured person under Adult Cover and who is the legal spouse of the main insured person . Refer to eligibility conditions to qualify for cover.
Sum insured	The sum insured stated on the benefit summary for the relevant section based on the plan type and optional cover stated in the schedule . All sub-limits are part of the sum insured and are not in addition to the sum insured. The sum insured is per insured person per accident basis unless otherwise as specified in the benefit summary and 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 in the following sections, determined by the plan type, optional cover and **sum insured** stated in the **schedule** and benefit summary.

ESSENTIAL BENEFITS – SECTIONS 1 TO 10

SECTION 1 – ACCIDENTAL DEATH

We will pay the **sum insured** if the **insured person** suffers **injury** resulting in death which happens within 12 months from the **accident** date.

Conditions applicable to Section 1

1. The most we will pay under Section 1 is the **sum insured**, which represents 100% of the **capital sum insured**.
2. We will reduce the **sum insured** under Section 1 by any benefit paid under Section 2 (Permanent disability), Section 3 (Third-degree burns) and Section 23 (Income protection for temporary disability).

SECTION 2 – PERMANENT DISABILITY

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

For this section,

1. 'total and permanent disability' refers to being certified by a **doctor** that the 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 as certified by a **doctor**.
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 centers.
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.

Permanent Disability Compensation Table

Injury resulting in permanent disability as described	Benefit amount is calculated by multiplying the specific percentage by the capital sum insured
1. Total permanent disability	150%
2. Total and permanent loss of sight	
a) Loss of all sight in both eyes	150%
b) Loss of sight of both eyes except perception of light	130%
c) Loss of all sight of one eye	100%
d) Loss of sight of one eye except perception of light	50%
3. Total and permanent loss of limb	
a) Loss of any two limbs at or above elbow or knee	150%
b) Loss of any two limbs below elbow or knee	125%
c) Loss of any one limb at or above elbow or knee	125%
d) Loss of any one limb below elbow or knee	100%
4. 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%
5. 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%
6. Total and permanent loss of speech and/or hearing	
a) Loss of speech and hearing	150%
b) Loss of speech	75%
c) Loss of hearing in two ears	75%
d) Loss of hearing in one ear	30%
7. Shortening of leg by at least 5cm	10%



Injury resulting in permanent disability as described	Benefit amount is calculated by multiplying the specific percentage by the capital sum insured
8. 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 to Section 2

1. The most we will pay under Section 2 is the **sum insured** which represents 150% of the **capital sum insured**.
2. We will reduce the **sum insured** under Section 2 by any benefit paid under Section 3 (Third-degree burns) and Section 23 (Income protection for temporary disability).
3. 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 Permanent Disability Compensation Table, we will not pay claim for any other items with lower percentage that are under the same body part (e.g. 30% loss of thumb on the left hand).

SECTION 3 – THIRD-DEGREE BURNS

We will pay the benefit amount described in the Third-Degree Burns Compensation Table, up to the **sum insured**, if the **insured person** suffers third-degree burns due to **injury**, as certified by a **doctor**.

Conditions applicable to Section 3

1. The most we will pay under Section 3 is the **sum insured**, which represents 100% of the **capital sum insured**.
2. We will reduce the **sum insured** under Section 3 by any benefit paid under Section 2 (Permanent disability) and Section 23 (Income protection for temporary disability).

Third-degree Burns Compensation Table

Burns surface area as a percentage of total body surface area	Benefit amount is calculated by multiplying the specific percentage by the capital sum insured
Head	
8% or greater	100%
5% to less than 8%	50%
2% to less than 5%	25%
Body	
20% or greater	100%
15% to less than 20%	50%
10% to less than 15%	25%

SECTION 4 – FRACTURES

We will pay the benefit amount described in the Fractures Compensation Table, up to the **sum insured**, if an **insured person** suffers fracture due to **injury**, as certified by a **doctor**.

Fractures Compensation Table

Accident resulting in of fracture of :	Benefit amount is calculated by multiplying the specific percentage by the sum insured
a) Skull, neck or spine	100%
b) Hip or thigh	75%
c) Jaw, pelvis, knee, ankle or heel	50%
d) Cheekbone or shoulder	30%
e) Arm, elbow, wrist or ribs	25%
f) Nose or collar bone	20%
g) Finger, thumb, foot, hand or toe	10%

For this section, 'fracture' refers to any form of bone fracture that has undergone medically necessary surgical treatment. This excludes fractures which can be properly treated as outpatient and/or without surgical treatment.

SECTION 5 – MEDICAL EXPENSES FOR INJURY

We will reimburse medical expenses 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.

Medical expenses also include:

1. Ambulance fees, sublimit: up to 10% of the **sum insured**.
2. Medical report, sub-limit: up to 5% of the **sum insured**.

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.
2. 'dental expenses' refers to expenses incurred for dental treatment to restore sound and natural teeth deemed medically necessary and prescribed by a **dentist**. To avoid any doubt, we do not pay for loss of or damage to dental implants or fillings due to **injury**.

SECTION 6 – ALTERNATIVE TREATMENT FOR INJURY

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

For this section, '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.



SECTION 7 – MOBILITY AID

We will reimburse expenses up to the **sum insured**, for medically necessary mobility aids prescribed by a **doctor** due to **injury** suffered by the **insured person**, which are incurred within 12 months from the **accident** date.

For this section, 'mobility aids' refer to items such as walking casts, crutches, wheelchair, or walker and wearable prosthetics and does not include medical implants.

SECTION 8 – DAILY HOSPITAL INCOME

We will pay the daily benefit up to the **sum insured**, for every 24 continuous hours when the **insured person** is **hospitalised** in a normal ward of a **hospital** due to an **injury**.

Condition applicable to Section 8

If **hospitalisation** occurs due to one or more causes, we will only pay from one of these sections with the highest benefit at any given time: Sections 8 (Daily hospital income), Section 9 (Double hospital income in ICU) and Section 10 (Special hospital income).

SECTION 9 – DOUBLE HOSPITAL INCOME IN ICU

We will pay the daily benefit up to the **sum insured**, for every 24 continuous hours when the **insured person** is **hospitalised** in the intensive care unit of a **hospital** due to an **injury**.

Condition applicable to Section 9

If **hospitalisation** occurs due to one or more causes, we will only pay from one of these sections with the highest benefit at any given time: Sections 8 (Daily hospital income), Section 9 (Double hospital income in ICU) and Section 10 (Special hospital income).

SECTION 10 – SPECIAL HOSPITAL INCOME

We will pay the daily benefit for to the **sum insured**, for every 24 continuous hours when the **insured person** is **hospitalised** due to dengue fever, food poisoning or hand, food and mouth disease (HFMD).

Condition applicable to Section 10

If **hospitalisation** occurs due to one or more causes, we will only pay from one of these sections with the highest benefit at any given time: Sections 8 (Daily hospital income), Section 9 (Double hospital income in ICU) and Section 10 (Special hospital income).

RECOVERY SUPPORT BENEFITS – SECTIONS 11 TO 15

SECTION 11 – TRANSPORT ALLOWANCE FOR FOLLOW-UP MEDICAL APPOINTMENTS (POST-HOSPITALISATION)

We will pay the daily benefit up to the **sum insured**, to defray transportation expenses on days which the **insured person** has follow-up medical, physiotherapy or rehabilitation appointment, prescribed by a **doctor** for the same **injury** after **hospitalisation**, which occurs within 12 months from the **accident** date.



Condition applicable to Section 11

The daily benefit is payable only once per day regardless of the number of follow-up medical appointments and provided claim is payable for the same **injury** under Section 8 (Daily hospital income) or Section 9 (Double hospital income in ICU).

SECTION 12 – HOME NURSING AND DOMESTIC SUPPORT FUND (POST-HOSPITALISATION)

We will pay the benefit amount up to the **sum insured**, as described in the table below based on the number of days the **insured person** is **hospitalised** due to an **injury**, to help defray home nursing and domestic expenses after the **insured person** is discharged from the **hospital**.

Duration of hospitalisation	Benefit amount
1 to 4 consecutive days	No benefit
5 to 9 consecutive days	50% of sum insured
10 consecutive days or more	100% of sum insured

Conditions applicable to Section 12

1. This benefit is payable based on the **insured person's** first **hospitalisation** due to **injury**. Upon discharge from the **hospital**, we do not pay for the **insured person's** subsequent **hospitalisation** due to the same **accident**.
2. The duration of **hospitalisation** is determined by the same number of consecutive days for which we pay for claim under Section 8 (Daily hospital income) and Section 9 (Double hospital income in ICU) for the same **injury**.

SECTION 13 – HOME MODIFICATION FOR MOBILITY

We will reimburse for home modification expenses up to the **sum insured**, incurred within 12 months from the **accident** date, due to **injury** suffered by the **insured person** that results in permanent disability where the benefit amount of at least 100% is payable under Section 2 of the Permanent Disability Compensation Table.

For this section,

1. 'home modification' refers to structural additions to your home such as the installation of lift, necessary ramps, railings and hand bars.
2. 'home' refers to the primary residential address of the affected **insured person**.

13.1 – Home care equipment

We will reimburse for home care equipment expenses up to the **sum insured**, incurred within 12 months from the **accident** date, due to **injury** suffered by the **insured person** that results in permanent disability where the benefit amount of at least 100% is payable under Section 2 of the Permanent Disability Compensation Table.

For this section,

1. 'home care equipment' refers to medical equipment for use at home such as hospital bed, oxygen concentrators, patient hoist, toilet commode, etc. excluding consumables such as diapers or catheter.
2. 'home' refers to the primary residential address of the affected **insured person**.

13.2 – Car modification

We will reimburse for car modification expenses up to the **sum insured**, incurred within 12 months from the **accident** date, due to **injury** suffered by the **insured person** that results in permanent disability where the benefit amount of at least 100% is payable under Section 2 of the Permanent Disability Compensation Table. The car modification expenses must be incurred within 12 months from the accident date.



For this section, 'car modification' refers to necessary adaptations made to one personal vehicle belonging to the **insured person** or the **insured person's** family member, to accommodate the specific needs of the **insured person** due to permanent disability. These modifications may include wheelchair lifts, pedal extensions, steering wheel modifications, and similar alterations.

Condition applicable to Sections 13, 13.1 & 13.2

The covered expenses must be deemed medically necessary or to improve access, mobility and/or usage for the **insured person**, prescribed by a **doctor**, occupational therapist or rehabilitation therapist.

SECTION 14 – PERMANENT CARE GIVER GRANT

We will reimburse the agency fees up to the **sum insured**, incurred within 12 months from the **accident** date, for the hiring of a permanent caregiver or domestic helper to provide care for the **insured person** who has suffered **injury** that results in permanent disability where the benefit amount of at least 100% is payable under Section 2 of the Permanent Disability Compensation Table.

SECTION 15 – TRAUMA COUNSELLING

We will reimburse for trauma counselling expenses up to the **sum insured**, incurred within 12 months from the **accident** date, prescribed by a **doctor** to provide emotional and psychological support for the **insured person** due to **injury** that results in permanent disability where the benefit amount of at least 100% is payable under Section 2 of the Permanent Disability Compensation Table.

LIFESTYLE SUPPORT BENEFITS – SECTIONS 16 TO 20

SECTION 16 – COSMETIC PROCEDURES FOR FACE AND NECK DUE TO INJURY

We will reimburse expenses up to the **sum insured**, incurred within 12 months from the **accident** date, for cosmetic procedures performed by a **doctor** to reduce or remove permanent scarring or permanent disfigurement on the **insured person's** face or neck due to an **injury**.

For this section, 'permanent scarring or permanent disfigurement' refers to scarring or disfigurement of at least one centimeter square or at least one centimeter in length and is certified by a **doctor** to be visibly permanent if no treatment is applied.

SECTION 17 – PETCARE ALLOWANCE

We will reimburse for pet hotel or pet sitting charges provided by or through a licensed company up to the **sum insured**, to defray the cost of providing care for the **insured person's** pet during the **insured person's hospitalisation** due to **injury**.

Conditions applicable to Section 17

1. This benefit is payable based on the **insured person's** first **hospitalisation** due to **injury**. Upon discharge from the **hospital**, we do not pay for the **insured person's** subsequent **hospitalisation** due to the same **accident**.
2. The duration of hospitalisation is determined by the same number of consecutive days for which we pay for claim under Section 8 (Daily hospital income) and Section 9 (Double hospital income in ICU) for the same **injury**.
3. The provider of the pet hotel or pet sitting service must not be:
 - a) an **insured person**;
 - b) a family member, relative, business partner, employee, employer of an **insured person**;
 - c) a company belonging to an **insured person**, an **insured person's** family or relative.

SECTION 18 – STAYCATION AND ENTERTAINMENT TICKET CANCELLATION

We will reimburse the irrecoverable loss of deposit or payment for unused staycation or unused entertainment ticket in Singapore, originally intended for the **insured person's** use, up to the **sum insured**, if the **insured person** is **hospitalised** due to **injury** and the period of the **hospitalisation** is within the check-in and check-out date of the staycation or the admission date of the entertainment ticket.

For this section,

1. 'staycation' refers to hotel or chalet in Singapore which is booked and paid under the name of the **insured person** for leisure purpose.
2. 'entertainment ticket' refers to ticket granting admission to theme parks, musicals, plays, theatre or drama performance, concert, sports event, movie, interest group activities or other similar events held in Singapore which are booked and paid under the name of the **insured person** for leisure purpose.

Conditions applicable to Section 18

1. This benefit is payable provided claim is payable for the same **injury** on the day of the staycation or admission date of the entertainment ticket under Section 8 (Daily hospital income) or Section 9 (Double hospital income in ICU).
2. The **insured person** must promptly inform the relevant service providers (e.g., accommodation provider, theme park, event organiser) as soon as they are aware of circumstances that will affect the staycation plan or activity to seek refund or change.
3. The **insured person** must submit a claim with proof or denial of any compensation from the relevant service provider.

Exclusions applicable to Section 18

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

1. if the staycation or entertainment ticket was partly or fully utilise.
2. if the staycation or entertainment ticket provider has offered postponement or compensation of similar value in the form of replacement activity, credits or vouchers.
3. for any expenses relating to food and beverage, travel fare for any form of transportation, spa and beauty care services, tele-communication services, shopping, rental of motor vehicles for public road use other than bicycles, financial or insurance services.

SECTION 19 – FITNESS AND SPORTS MEMBERSHIP FEES

We will pay the monthly benefit as described in the table below and up to the **sum insured**, if the **insured person** is unable to receive a full compensation for fees or subscription paid for unused fitness and sports activity where the usage date(s) fall within the **insured person's hospitalisation** and/or hospitalisation leave, which are medically necessary and prescribed by a **doctor** due to **injury**.

Combined duration of insured person's hospitalisation and hospitalisation leave	No. of monthly benefit payable
7 to 30 days	1
31 to 60 days	2
61 days or more	3

For this section, 'full compensation' refers to the fitness or sports service provider offering full refund of the fees or subscription paid, or compensation in other forms of the same value such as postponement or replacement of activity, extension of usage period, credits or vouchers. Administration and penalty fees are not covered.

Conditions applicable to Section 19

1. This benefit is payable based on the **insured person's** first **hospitalisation** due to **injury**. Upon discharge from the **hospital**, we do not pay for the **insured person's** subsequent **hospitalisation** due to the same **accident**.
2. The duration of hospitalisation is determined by the number of consecutive days for which we pay for claim under Section 8 (Daily hospital income) and Section 9 (Double hospital income in ICU) for the same **injury**.
3. The **insured person** must promptly inform the relevant service providers as soon as they are aware of circumstances that will affect the planned activity to seek compensation or change.
4. The **insured person** must submit a claim with proof or denial of any compensation from the relevant service provider.

Exclusions applicable to Section 19

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

1. if the total duration of the **insured person's** **hospitalisation** and hospitalisation leave is less than seven days.
2. if the service provider has offered full compensation as described in this section.
3. for loss due to late or non-notification to the relevant service provider.
4. for loss relating to administration or penalty fees.

SECTION 20 – LOSS OF PERSONAL BELONGINGS DUE TO ASSAULT AND ROBBERY

We will reimburse for the loss of or damage to the **insured person's** personal belongings resulting from assault and robbery up to the **sum insured**, provided the **insured person** suffers **injury** from the incident for which claim is payable under Section 5 (Medical expenses for injury).

For this section, 'personal belongings' refer to items worn on or carried by and belonging to the **insured person** such as clothing, mobile phone, handbag, photography equipment unless otherwise excluded.

Conditions applicable to Section 20

1. The **insured person** must report the loss to the local police at the location of the incident, and the police report must be submitted for any claim under this section.
2. We may choose to pay or repair any damaged item, taking into account wear and tear and market value. We will not consider any loss in market value for electronic items bought within one year before the date of the **accident** if the **insured person** can provide the original receipts.

Exclusion applicable to Section 20

In addition to the general exclusions, we do not pay claims under this section for loss of or damage to money, cheque, credit cards, digital data or software, documents, contact lenses, food, vouchers, stored value tickets, pets or animals.

OPTIONAL COVER FOR ADULT COVER – SECTIONS 21 TO 23

SECTION 21 – ADDITIONAL CAPITAL SUM INSURED FOR SECTIONS 1 TO 3

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

The **capital sum insured** for Section 1 (Accidental death), Section 2 (Permanent disability) and Section 3 (Third-degree burns) shall be increased by the **sum insured** selected for this section as stated in the **schedule**.

SECTION 22 – ADDITIONAL MEDICAL EXPENSES FOR SECTION 5

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

The **sum insured** for Section 5 (Medical expenses for injury) shall be increased by the **sum insured** selected for this section as stated in the **schedule**.



SECTION 23 – INCOME PROTECTION FOR TEMPORARY DISABILITY

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

We will pay the weekly benefit for every continuous seven days which the **insured person** suffers temporary total disability due to an **injury**. This benefit will be paid up to 52 weeks from the **accident** date, to supplement daily expenses.

For this section, 'temporary total disability' refers to the **insured person's** inability to engage in or attend to their usual gainful employment temporarily, as certified by a **doctor**. To avoid any doubt, we will pay weekly benefit for one **accident** at any one time, regardless of the number of **accident(s)** suffered.

Conditions applicable to Section 23

1. The **insured person** must be gainfully employed at the time of the **accident** for claims to be payable.
2. Any benefit payable under this section will reduce the **capital sum insured** of Section 1 (Accidental death), Section 2 (Permanent disability) and Section 3 (Third-degree burns).
3. In the event of claim under Section 23, you can request that we pay the claim at regular intervals, subject to intervals of not more than once every four weeks.

Exclusions applicable to Section 23

In addition to the general exclusions, we will not pay claims for this benefit:

1. if the duration of temporary total disability lasts for less than seven continuous days.
2. after Section 1 (Accidental death), Section 2 (Permanent disability) or 3 (Third-degree burns) becomes payable.
3. if Section 8 (Daily Hospital Income) or Section 9 (Double hospital income in ICU) is payable during the same period.

APPLICABLE FOR CHILD COVER ONLY – SECTION 24

SECTION 24 – CHILD EDUCATION FUND

We will pay the **sum insured** to the surviving **child(ren)** if any of the **insured person** covered under Adult Cover suffers death due to **injury** where a claim is payable under Section 1 (Accidental death).

This benefit is only payable once per the **child's** lifetime. For the avoidance of doubt, we will pay the **sum insured** once regardless one or both **insured person(s)** under Adult Cover suffers death due to **injury** in the same or separate **accidents**.

EXTENSIONS

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

1. Amateur sports

We will pay benefits for **injury** suffered by the **insured person** while participating in sports for recreation, provided it is not on professional basis and does not involve any form of compensation, including prize money, salary, donations, incentives, sponsorship or rewards of any kind.

2. Adventurous activities

We will pay benefits for **injury** suffered by the **insured person** while participating in 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:

- a) zip-lining, zip-riding;
- b) sightseeing on hot-air balloon, helicopter, airplane;
- c) canoeing or white-water rafting with a qualified guide and up to Grade 3 (of International Scale of River Difficulty), helmet diving;

- d) 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 metres;
- e) 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;
- f) hiking or trekking up to 3,000m above sea level;
- g) rock climbing unless harnessed and done on man-made walls;
- h) marathon (up to 42.195km).

3. **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**.

4. **Attack, bite or sting by animal or insects**

We will pay benefits for **injury** suffered by the **insured person** due to attack, bite or sting by animals.

For **injury** caused by attack, bite or sting by insects, we will only pay benefit under Section 5 (Medical expenses due to injury) up to limit of \$500 per **insured person** per occurrence.

Cover under this extension is applicable, provided the incident did not result from wilful or intentional act of the **insured person**.

5. **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.

6. **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**.

7. **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.

8. **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.

9. **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.

10. National Service

We will pay benefits for **injury** suffered by the **insured person** who is serving full-time National Service, only during their official off-duty periods. Official off-duty periods refer to the times when the **insured person** has signed out from official duties, left the military, training or operational base and not participating in any activities relating to National Service.

11. 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.

12. Terrorism

For **injury** suffered by the **insured person** due to **act of terrorism**, the most we will pay for all benefits in total is \$500,000 per **insured person** and \$2,000,000 per policy, 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. **Injury** caused by taking part in the following activities unless covered under extensions – Adventurous activities.
 - a) flying or other aerial activities except travelling as a fare-paying passenger in a properly licensed commercial aircraft;
 - b) rafting or canoeing involving white-water rapids, high diving or jumping, free diving, underwater activities involving artificial breathing apparatus;

- c) bungee jumping, skydiving, paragliding;
- d) winter sports, or any activities involving the use of a bobsleigh or skeleton;
- e) hunting, potholing, mountaineering that normally involves using ropes, rock climbing unless harnessed and done on man-made walls;
- f) speed or time trials, competitions, marathon, triathlon, ultra-marathon, sprints or racing of any kind; or
- g) 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 in military, naval, air force, law enforcement, fire-fighting, civil defence or as armed security guard;
- b) as professional sportspersons, entertainers, motor vehicle racers;
- c) work onboard sea vessel or any offshore occupation such as diver, rig workers, fisherman or ship crew;
- d) work onboard aircraft or as air crew;
- e) shipyard worker, construction workers, demolition worker, quarry worker, work underground or in tunnels;
- f) work at height over 30 feet or work involving the use of scaffolding, gondolas, climbing that requires the use of guides or ropes; or
- g) 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, illness** 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 occupation – Applicable to main insured person and spouse under Adult Cover only

You must inform us in writing of any change in occupation for the **main insured person** and **spouse** as soon as possible. We will endorse the policy for the occupation change with premium adjustment based on the date we approve the endorsement.

a) Change of occupation category from group A to group B

For change of occupation category from group A to group B, we will charge additional pro-rate premium from the endorsement effective date, subject to a minimum of \$30 + GST. If an **insured person** who is originally covered under occupation category group A is found to be employed in an occupation under group B at the point of the **accident**, we will only pay 50% of the **sum insured** for all claims relating to that **accident**. The **sum insured** for all benefits and optional covers will return to 100% after the endorsement effective date which we approved and received the required premium for.

b) Change of occupation category from group B to group A

For change in occupation category from group B to group A, we will provide a pro-rate refund of premium from the endorsement effective date, provided the policy has no claims and the refund amount is more than \$50 + GST. If an **insured person** who is originally covered under occupation category group B is found to be employed under occupation group A at the point of the **accident**, we will pay claims as per usual **sum insured** and policy conditions.

7. 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.

8. Change in coverage

Changes to plan type and optional cover is allowed only on the next annual renewal date, subject to our approval and with additional premium.

9. Addition and deletion of insured persons

Addition and deletion of **insured persons** is allowed during the **period of insurance**, subject to no backdating. Newly added **insured persons** must meet eligibility, important conditions and are deemed to have read and agreed with the declaration and policy terms and conditions.

a) Applicable to yearly payment policy

- i) Addition of **insured person** to the policy is allowed on pro-rate basis subject to additional minimum premium of \$30 and GST.
- ii) Deletion of **insured person** to the policy is allowed subject to no claims on the policy by any **insured persons**. We will provide a refund based on the following percentage of premium for the deletion of the **insured person**, provided the refund amount is more than \$50 and GST. If the policy has claims, deletion of any **insured person** is allowed only at the end of the current **period of insurance**.

Duration which the insured person is covered in the current period of insurance	% of premium we will refund
Up to 1 month	80%
Up to 2 months	70%
Up to 3 months	60%
Up to 4 months	95%
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) Applicable for monthly payment policy

- i) Addition of **insured person** to the policy is allowed at the next monthly premium due date.
- ii) Deletion of **insured person** is allowed at the next monthly premium due date provided the policy has no claims. If the policy has claims, deletion of any **insured person** is allowed only at the end of the current **period of insurance**.

10. Same cover

If an **insured person** is insured under more than one PA RecoveryPlus insurance policy, we will only pay the highest benefit from one of the policies.

11. Automatic renewal of coverage

If you have selected recurring premium payment, 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.



12. 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.

13. 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	95%
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.

14. 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 13.
 - iii) termination of cover for the **main insured person**.
- 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 7;
 - 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 **capital sum insured**.
 - iv) when an **insured person** passes away.

15. Currency

All amounts shown are in Singapore dollars.

16. 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 person's** receipt or that of the **insured person's** legal personal representative shall in all cases effectively discharge our liability.

17. 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**.

18. 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 **policyholder**) are not parties to this policy contract.

19. 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** or **dentist** without undue delay.

2. Claims notification

The **insured person** must contact us with full details as soon as possible of any **injury**, illness 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

The **insured person** 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.

4. Medical examination and post-mortem

For **injury** or illness 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, damage or expense can be claimed from any other sources, we will pay as follow:

- 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 the following sections.

Section 1 Accidental death

Section 2 Permanent disability

Section 3 Third-degree burns

Section 4 Fractures
Section 8 Daily hospital Income
Section 9 Double hospital income in ICU
Section 10 Special hospital income
Section 11 Transport allowance for follow-up medical appointments
Section 12 Home nursing and domestic support fund
Section 21 Additional capital sum insured for sections 1 to 3
Section 23 Income protection for temporary disability
Section 24 Child Education Grant

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) Cash for the premium is handed over to us or our intermediaries;

- 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 us or our intermediaries 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.

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.