

Conditions for Group Hospital & Surgical policy

Your policy

Group Hospital & Surgical policy is a group medical insurance plan which covers the **insured members** for costs associated with treatment of **illness** or **injury** whilst staying in a **hospital** and/or undergoing a **surgery**. **You** will find details of what **we** cover in **your policy**.

Your policy contains:

- (i) These conditions for Group Hospital & Surgical policy
- (ii) The **schedule**
- (iii) The **table of benefits**
- (iv) The **schedule of lives** (if any); and
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) The information declared in the Group Insurance Fact Finding Form;
- (b) All statements made by the **insured members**; and
- (c) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any).

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

This policy may be void if any information **you** provided to **us** is incomplete, untrue or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible?

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old.
- (b) Their eligible **dependants**; and
- (c) Person(s) as agreed and endorsed in **your policy**

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work. To avoid doubt, if a full time-employee is not **actively at work**, his/her **dependants** are also not eligible for insurance coverage under **your policy**.

Dependant who is hospitalised or on medical or hospitalisation leave on the date he would otherwise become eligible for insurance shall not be eligible for cover until the date he is no longer in hospital or the date after he has completed his medical or hospital leave.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

Where applicable, for **take-over risk** from the preceding insurer, documentary proof of previous coverage and any special terms imposed by the preceding insurer must be provided to our satisfaction before the issuance of your policy. Any special terms previously imposed by the preceding insurer, will continue to be enforced by us.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only cause of **injury**.

Actively at work

Actively at work means reporting for work at the place assigned by **you** and can perform expected regular duties of his/her employment with **you**. This includes periods when he/she is on annual leave but not on medical grounds. If he/she is not **actively at work** on the **effective date**, he/she will only be covered when he/she returns to active service at work.

Cover for **dependant(s)** shall start on his/her **effective date** provided he/she is in good health and is not confined in **hospital**, or in the process of admission to **hospital** or on medical leave prior to or on the **effective date** of cover.

Age

Age means the age on the last birthday of the person at the time the cover under **this policy** commences or upon renewal.

Annual limit

Annual Limit means the maximum amount set out in the **table of benefits** which **we** will pay under **your policy** for the relevant policy year.

Any one disability

Any One Disability means:

- (a) All disabilities arising from the same cause including any and all complications, as well as
- (b) Concurrent disabilities from different causes during the same **hospital** confinement.

Subsequent disability from the same cause shall be considered as a new disability if it is separated by 14 days following the latest discharge from the **hospital** or **surgery**.

Benefit(s)

Benefits means set out in the **table of benefits** and **your policy**.

Chinese Physician

Chinese Physician means a registered practitioner who is licensed to practice traditional Chinese medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Critical Illness

Critical illness means any of the 37 illnesses listed below. The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2024). You may refer to www.lia.org.sg for the standard Definitions (Version 2024).

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|--|---|
| 1 Major Cancer | 20 Fulminant Hepatitis |
| 2 Heart Attack of Specified Severity | 21 Motor Neurone Disease |
| 3 Stroke with Permanent Neurological Deficit | 22 Primary Pulmonary Hypertension |
| 4 Coronary Artery By-pass Surgery | 23 HIV Due to Blood Transfusion and Occupationally Acquired HIV |
| 5 End Stage Kidney Failure | 24 Benign Brain Tumour |
| 6 Irreversible Aplastic Anaemia | 25 Severe Encephalitis |
| 7 End Stage Lung Disease | 26 Severe Bacterial Meningitis |
| 8 End Stage Liver Failure | 27 Angioplasty & Other Invasive Treatment for Coronary Artery |
| 9 Coma | 28 Blindness (Irreversible Loss of Sight) |
| 10 Deafness (Irreversible Loss of Hearing) | 29 Major Head Trauma |
| 11 Open-Heart Heart Valve Surgery | 30 Paralysis (Irreversible Loss of Use of Limbs) |
| 12 Irreversible Loss of Speech | 31 Terminal Illness |
| 13 Major Burns | 32 Progressive Scleroderma |
| 14 Major Organ / Bone Marrow Transplantation | 33 Persistent Vegetative State (Apallic Syndrome) |

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|--|--|
| 15 Multiple Sclerosis | 34 Systemic Lupus Erythematosus with Lupus Nephritis |
| 16 Muscular Dystrophy | 35 Other Serious Coronary Artery Disease |
| 17 Idiopathic Parkinson's Disease | 36 Poliomyelitis |
| 18 Surgery to Aorta | 37 Loss of Independent Existence |
| 19 Alzheimer's Disease / Severe Dementia | |

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Co-insurance

Co-insurance (if applicable) means the percentage of covered **reasonable expenses** under the **table of benefits** which has to be paid by the **insured member**.

Day surgery

Surgery which is carried out by a **surgeon** but not on an inpatient basis.

Deductible

Deductible (if applicable) means the amount stated in the **table of benefits** that the **insured member** is required to pay before **we** will pay any **benefit** to such **insured member**.

Dentist

Dentist means a registered practitioner who is licensed to practice general dentistry in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Dependant(s)

Dependant(s) means any of the following persons:

- (a) Legal spouse who is not divorced or legally separated from the **insured member**, and whose **age** is 69 years old and below.
Cover is renewable up to **age** 75 years old.
- (b) An unmarried and unemployed child(ren) of the **insured member** including legally adopted child and stepchild from the **age** of 15 days old (inclusive) to 24 years old (inclusive)

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparents-in-law, daughters-in-law, sons-in-law or grandchildren.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **Registered Medical Practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Illness

Illness means a physical condition certified by a **Registered Medical Practitioner** as a pathological deviation from the normal healthy state.

Illicit drugs

Illicit drugs mean use of medical drugs, or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/member

Insured member/member means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** or **illness** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the **insured member** or medical provider;
- (b) It is not appropriate treatment for the **insured member's** diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment;
- (f) It is a matter of personal choice; or
- (g) It is an elective treatment.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

If the period of insurance stipulated in the latest **schedule** or **endorsement** is not equivalent to one (1) year period, **benefits with annual limit** stated under **your policy** shall be pro-rated accordingly.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing condition

Pre-existing condition means any **injury** or **illness** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Private hospital

Private hospital means any licensed private **hospital** in Singapore that is not a **restructured hospital**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Pro-ration factor

Pro-ration factor means a percentage stated in **your policy** which applies to the hospital bills incurred if **insured member** is admitted into a ward or **hospital**, including clinic for **day surgery**, that are higher than what he/she is entitled to. The pro-rated amount is subject to the maximum benefits limit as specified in the **table of benefits**.

Psychiatrist

Psychiatrist means only a doctor qualified by a degree in western medicine along with advanced qualifications from residency and a specialty in psychiatry at the geographical area of his practice to provide medical and surgical service. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** medical condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner/Physician

Registered Medical Practitioner/ Physician means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Restructured hospital

Restructured hospital means a **hospital** in Singapore that:

- (a) Is run as a private company owned by the Singapore Government;
- (b) Is governed by broad policy guidance from the Singapore Government through Ministry of Health, Singapore; and
- (c) Receives a yearly government subsidy to provide subsidised medical services to its patients.

Schedule

Schedule means the document which proves that **you** have the insurance cover, list of **benefits, schedule of lives**, rating, listing among other things, the **policyholder, commencement date** and **policy endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Specialist

Specialist means a **Registered Medical Practitioner** who has the extra qualifications and expertise needed to practice as a recognised specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine including but not limited to neurology, pediatrics or orthopedic. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Standard room

Standard room means the ward with the lowest Daily Room and Board charges for the type of ward which an **insured member** is entitled under the **table of benefits** in the **hospital** the **insured member** is admitted to.

Surgeon

Surgeon means a **specialist** who is qualified to perform **surgery** in accordance with the laws of the country in which the practice is granted.

Surgery

Surgery means any invasive surgical intervention in accordance with Ministry of Health's (MOH) surgical code.

Table of benefits

Table of benefits means table of benefits attached to these conditions (or any revised table of benefits which **we** may issue in an **endorsement to your policy**, or when renewing **your policy**).

Take-over risk

Take-over risk refers to our assumption of risks previously underwritten by your preceding insurer in Singapore. This coverage will be similar to the risks underwritten under your current policy and will extend to you, your employees, and eligible dependents, provided there is no interruption in coverage. For **take-over risk**, any terms and exclusions imposed on the **insured member** by the immediately preceding insurer shall continue to apply for cover under **your policy**.

We/us/our/The Company

We/us/ our/The Company means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

This policy covers eligible expenses incurred by the **insured member** provided the coverage is still in-force. **We** will pay for **reasonable expenses** incurred for **medically necessary** treatment covered under **this policy**.

If the **treatment** continues or extend beyond the period where the **insured member** is being covered under **your policy**, **we** will only pay for the charges incurred for the period while he/she is being covered under **your policy**. No payment will be made for any charges incurred after this period.

All **benefits** will be applied on **any one disability** basis, unless otherwise stated and table of benefits shall subject to the maximum benefits limits of each item as specified in **table of benefits**, any **co-insurance** or **deductible**, if applicable.

In the event that the **insured member** is admitted into a higher ward and/or **hospital**, **pro-ration factor** will apply to **day surgery**, inpatient admission and post hospitalisation treatment, if applicable.

For hospitalisation, an **insured member** must be admitted in a **hospital** with room & board charges before any **benefit** is payable. No room & board charge is required if the admission is in connection with **day surgery**.

We will pay the following **benefits** according to the **schedule** and **schedule of lives** subject to the **insured member's** coverage in-force under **your policy**.

I. Basic Hospital and Surgical Benefits

1) Daily Room and Board

We shall pay for the Daily Room & Board charges (that is ward charges) when the **insured member** is admitted as a patient in a **hospital**.

The ward charges are not **to** exceed the maximum daily benefit or maximum number of days as specified in the **table of benefits**.

In the event that an **insured member** is being **treated** and/or confined in a non-**standard room** (whether voluntary or otherwise), **we** shall pay only the charges incurred in respect of a **standard room** in that **hospital**.

2) High Dependency Ward (HDW)

We shall pay for the daily charges **incurred** when the **insured member** is confined to the HDW, provided the daily HDW charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the **table of benefits**.

3) Intensive Care Unit (ICU)

We shall pay for the daily charges **incurred** when the **insured member** is confined to the ICU, provided the daily ICU charges incurred do not exceed the maximum benefit limit or maximum number of days as specified in the **table of benefits**. This benefit shall include Intermediate Care Area (ICA) and Coronary Care Unit (CCU) for heart patient.

4) Other Hospital Services

We shall pay for the charges incurred when the following services are rendered:

- Use of operating room
- Drugs and medicines consumed in the hospital only
- Dressings, ordinary splints and plaster casts
- Physical Therapy
- Anaesthesia and oxygen and their administration
- Intravenous infusions
- Inpatient diagnostic procedures

We shall also **pay** for charges incurred for any lens, prostheses, pacemakers, stent, or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons, up to the limit for this **benefit** or S\$1,500, whichever is lower.

5) Surgical Expenses

We shall pay for the charges incurred for surgical operations performed by a **Registered Medical Practitioner** in a **hospital** or clinic.

The amount payable for all surgical operations performed for **any one disability** shall not exceed the maximum benefit limit obtained by multiplying the respective percentages for the operations listed in the surgical table maintained by the Ministry of Health (MOH) Singapore and the surgical expenses limit as specified in the **table of benefits**.

Surgical Table

<u>MOH Table</u>	<u>% of Surgical Benefit payable</u>
Table 1	10%
Table 2	30%
Table 3	50%
Table 4	75%
Table 5	85%
Table 6	95%
Table 7	100%

We will determine the % of surgical benefit payable for any surgical procedure which does not fall within the surgical table above. Such limits will be objectively determined based on the severity of the procedure as compared to the most comparable listed procedure.

If two or more surgical procedures are performed during a single operation through the same incision, **benefits** will be allowed only for the surgical procedure having the largest limit.

The surgical table will not apply to **surgery** that is below S\$1,500, or for **surgery** that is done in a **restructured hospital**.

6) Daily In-Hospital Physician’s Consultation

We shall pay for the consultation fees charged by a **Registered Medical Practitioner** for consultation during **hospital** confinement, subject to the maximum daily benefit and maximum number of days, as specified in the **table of benefits**.

7) Pre-Hospitalisation Specialist Consultation

We shall pay for the charges incurred for **specialist** consultation (including medication) recommended by a **Registered Medical Practitioner**, if such charges are incurred within 90 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

8) Pre-Hospitalisation Diagnostic X-ray and Laboratory Fees

We shall pay for the charges incurred for diagnostic X-ray and laboratory fees made in a **hospital**, clinic or laboratory on the recommendation of a **Registered Medical Practitioner**, if such charges are incurred within 90 days prior to the date of hospitalisation or **day surgery** for the same condition.

We shall not pay if hospitalisation or **surgery** is not required.

9) Post Hospitalisation Treatment

We shall pay for the charges incurred for follow-up treatment directly resulted from the condition(s) which the hospitalisation/**surgery** provided its recommended by the same **Registered Medical Practitioner** treating him/her during his/her **hospital** confinement, if such charges are incurred within 90 days following discharge from the **hospital** or clinic (in the case of **day surgery**).

We shall also **pay** for follow-up consultation by a **Chinese Physician** recommended by the same **Registered Medical Practitioner** within 90 days following discharge from the **hospital** or clinic (in the case of **day surgery**).

For **avoidance** of doubt, **we** shall not pay for outpatient kidney dialysis; outpatient cancer treatment; medicines or drugs prescribed for use beyond 120 days after such discharge.

10) Emergency Accidental Out-Patient Treatment

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires emergency outpatient **treatment for injury** by a **Registered Medical Practitioner** in a **hospital/clinic** or by a **Chinese Physician**. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **Registered Medical Practitioner** or a **Chinese Physician** up to 31 days from the date of **accident**.

Any charges incurred for treatment by a **Chinese Physician** shall not exceed S\$500 per **accident**.

11) Outpatient Dental Treatment (Accidental)

We shall pay for the charges incurred if, as a result of an **accident**, the **insured member** requires dental treatment by a **dentist** to his/her sound natural teeth. Such treatment must be sought within 24 hours following the **accident**.

We shall also pay for the charges incurred for follow-up treatment by a **dentist** up to 31 days from the date of **accident**.

12) Miscarriage Benefit

We shall only pay for the charges incurred for **accidental** or non-**accidental** miscarriage, non-elective and **medically necessary** abortions or ectopic pregnancy.

We will also pay for the charges for follow-up treatment by a **Registered Medical Practitioner** up to 90 days from the first treatment date under this **benefit**.

13) Surgical Implants

We shall pay for charges incurred for any lens, prostheses, pacemakers, stent, or implants, provided they are surgically implanted, and certified to be **medically necessary** by a **Registered Medical Practitioner** and not implanted for cosmetic reasons.

14) Death Benefit

We shall pay the Death benefit if the **insured member** dies from:

- An **Injury**;
- An **Illness** during or after treatment for such **Illness**, where such treatment was carried out at a hospital or in **Day Surgery**,
- **Critical Illness**

while his/her cover under **this policy** is in force.

15) Ambulance Fees

We shall pay for the charges incurred for ambulance services to and/or from **hospital**, provided the **insured member** is admitted as a patient in a **hospital**.

16) Claim Medical Report Fees

We shall pay for the charges incurred for any medical reports requested by us.

We shall pay for the charges incurred for confinement in a **hospital** including **day surgery** outside Singapore as a result of an **accident** within their **benefit** entitlement set out in the **table of benefits**.

17) Overseas Hospitalisation Due to Accidental Causes

We shall pay for the charges incurred for confinement in a **hospital** including **day surgery** outside Singapore as a result of an **accident** within their **benefit** entitlement set out in the **table of benefits**.

The **accident** must occur while the **insured member** is travelling outside of Singapore, for a period not exceeding 180 days of the date of departure from Singapore.

The limit for this **benefit** is equivalent to 1.5 times of the maximum benefit limits as specified in the **table of benefits** within their **benefit** entitlement for the following **benefits**:

- Daily Room and Board
- Intensive Care Unit (ICU)
- High Dependency Ward (HDW)
- Other Hospital Services
- Surgical Benefit
- Daily In-Hospital Consultation
- Pre-Hospitalisation Specialist Consultation
- Pre-Hospitalisation Diagnostic X-ray and Laboratory Fee
- Post Hospitalisation Treatment

This **benefit** is applicable to **insured members** and their **dependant(s)** who reside and work in Singapore.

18) Rehabilitation Benefits

We shall pay for the rehabilitation charges incurred when the **insured member** is admitted and recuperates in a registered community **hospital** in Singapore on the recommendation of the attending **Registered Medical Practitioner**, if such charges are incurred within 31 days following **surgery** or discharge from the **hospital**, and not exceeding the maximum benefit limit, as specified in the **table of benefits**.

We will only pay this **benefit** if prior **surgery** or hospitalisation is claimable under **this policy**.

19) Home Nursing Care

We shall pay for charges incurred for nursing services of a registered nurse attending to the **insured member** for up to a maximum of 30 days provided that such home attendance:

- (a) Is prescribed by a **Registered Medical Practitioner** for medical reasons;
- (b) Is necessary as without it, the **insured member** would be required to stay in a **hospital** as an inpatient;
- (c) Is carried out in the home of **insured member**;
- (d) Immediately follows the date of discharge of the **insured member** from **hospital**; and
- (e) Is necessary following a **surgery** or hospitalisation claimable under **this policy**.

20) Parental Accommodation

We shall pay for accommodation charges incurred for each night at a **hospital**, up to a maximum of 30 days incurred by one (1) parent of an **insured member's** child provided that:

- (a) The child is below 12 years old at the commencement of the confinement in the **hospital** as an inpatient;
- (b) The child is covered in **this policy** as an **insured member**; and
- (c) A confirmation from the **insured member's** attending **Registered Medical Practitioner** that a parent should remain with the **insured member**.

21) In-patient Psychiatric Treatment

We shall pay for the charges incurred in Singapore up to **table of benefits** limit for an inpatient psychiatric treatment of a psychiatric **illness** recommended by a **Registered Medical Practitioner** or a **psychiatrist**.

22a) Emergency Medical Evacuation

We shall reimburse the **insured member** a reasonable cost incurred in obtaining the necessary clearance and arranging for the return of mortal remains to the **insured member's** place of residence, regular place of employment or **home country** as follow.

- a) While the **insured member** is travel outside of the place of residence or **home country** not exceeding 185 consecutive day; and
- b) In the event of a **serious medical condition** arising out of and in the course of **insured member's** journey provided that such journey is not undertaken against the advice of a **Registered Medical Practitioner**.

"**Serious Medical Condition**" shall mean a condition that in the opinion of the **Registered Medical Practitioner** or emergency assistance company, constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the **insured member's** immediate or long-term health prospects.

All decisions on the most appropriate method of transport and the destination to move the **insured member** will be made by emergency assistance company. The decision will be based only on the medical necessity and the severity of the **insured member's** medical condition.

"**Home country**" shall mean the country of which the **insured member** holds a valid passport.

22b) Repatriation of mortal remains or local burial

We shall reimburse the expenses of repatriation of the **insured member's** mortal remains to the place of residence or **home Country** or cost of local burial at the place of death in the event of the **insured member's** death.

The amount of this benefit will be equal to the actual expenses incurred but not to exceed the maximum limit as specified in **table of benefits**.

22) Organ Transplant

We shall pay for transplantation of heart, kidneys, liver, lung or bone marrow required as a result of a payable medical condition up to the limit as specified in **the table of benefits** and provided these organ(s) has come from a relative or certified and verified by a **Registered Medical Practitioner** of the source of donation.

This policy does not cover the costs of collecting donor organs (including but not limited to, transportation and administration costs) or any expenses incurred by the donor or if the organ(s) is not from a relative or a certified and verified source of donation.

II. Additional Products/Riders, where applicable

1) Outpatient Kidney Dialysis & Cancer Treatment Benefit

We shall pay for the charges incurred for the following outpatient treatment received by the **insured member** in a **hospital** or registered medical centre, on the recommendation of a **Registered Medical Practitioner**.

- Outpatient kidney dialysis.
- Erythropoietin and other drugs approved by Ministry of Health (MOH) for chronic kidney failure.
- Radiotherapy for cancer – conventional radiotherapy, brachytherapy, stereotactic radiotherapy, and proton beam therapy.

- Cancer drug treatments approved by MOH.
- Approved immunosuppressant drugs for organ transplant, including cyclosporin, tacrolimus and other drugs approved by MOH.
- Consultation fees, medicines, and examinations and tests carried out by the attending **Registered Medical Practitioner** as part of outpatient kidney dialysis, radiotherapy and cancer drug treatments.

2) Dental Insurance

We shall pay for the charges incurred for the treatments received by the **insured member**, at any registered dental clinics, by a **dentist** as specified in the **table of benefits**.

Exclusions

We shall not pay for any charges incurred for the following, including any medical conditions arising/relating to:

- (a) Any treatment for corrective purposes including but not limited to crowning, bridges, capping; tooth implantation, except as a result of an **accident**.
- (b) Prosthetic appliances.
- (c) Procedures with respect to congenital malformations, orthodontic treatment, **surgery** for cosmetic/reconstructive reasons except as a result of an **accident**.

3) Group Major Medical

We shall pay for the **reasonable expenses** incurred for inpatient provided such inpatient expenses incurred are covered under the Group Hospitalisation and Surgical policy.

We shall pay the **insured member** after the **co-insurance** (where applicable) as specified in the **table of benefits**, the medical expenses which are in excess of the payable amounts under the Group Hospitalisation and Surgical policy.

The following benefits are payable under this rider:

- Daily Room and Board (payable after the Daily Room and Board benefit under Group Hospitalisation and Surgical plan has been exhausted)
- Intensive Care Unit (payable after the Intensive Care Unit benefit under Group Hospitalisation and Surgical plan has been exhausted)
- High Dependency Ward (payable after the High Dependency Ward benefits under Group Hospitalisation and Surgical plan has been exhausted)
- Other Hospital Services
- Surgical Expenses
- Daily in-hospital physician's consultation
- Surgical Implants (where applicable)

4) Maternity Rider

We shall pay for charges incurred in connection with childbirth at the hospital, including all pre-natal and post-natal check-up expenses, where an **insured member** undergoes a normal delivery or caesarean delivery provided **insured member** has been continuously covered under this rider for at least 10 months.

We shall also pay for the expenses incurred if an **insured member** suffers an accidental or non-accidental miscarriage due to medical reasons provided the **insured member** has been continuously insured under the plan for at least 90 days.

Additional Exclusions

We shall not pay for any charges incurred for the following:

- (a) Conception of the child is conceived by artificial means or any form of assisted conception
- (b) Treatment arising from anyone acting as a surrogate for the **insured member**
- (c) Any treatment prior to 10 months from the **effective date** of cover
- (d) Neonatal expenses
- (e) Charges for follow-up treatment incurred after 30 days for a normal/caesarean delivery or a miscarriage treatment

What you need to be aware of

A. Liability

We will not pay any **benefits** under **this policy** if **you** or any **insured member**:

- (a) Fail to fully and truthfully disclose to **us**, all material information known (or which could reasonably be expected to be known) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (b) Fail to properly observe and fulfill the terms and conditions of **this policy**;
- (c) Make any untrue statement;
- (d) Omit, suppress or incorrectly state any material information affecting the risk; or
- (e) Make any claim that is fraudulent or exaggerated or make any false declaration or statement in support of a claim.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects table of benefits entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether table of benefits are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date**, or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

Terms, conditions and premium rates are not guaranteed and will be reviewed by **us** at each renewal.

D. Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including but not limited to any insurance effected pursuant to the Work Injury Compensation Act 2019 and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan.

Table of benefits payable under **this policy** shall be limited to the balance of the medical expenses incurred which are not covered or payable by the above listed (a) to (c), subject to the benefit limits computed in accordance with the **table of benefits** and terms and conditions of **this policy**.

E. Subrogation

We shall be entitled to undertake in the name of and on behalf of an **insured member** the absolute conduct, control, defense and/or settlement of any proceedings and at any time to take proceedings at **our** expense and own behalf, but in the name of the **insured member** to recover compensation or secure indemnity from any third party in respect of anything covered under **this policy**. The **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

F. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of benefits**. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

G. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

H. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

I. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

J. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

K. Exclusion of third party rights

Any 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.

L. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

M. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this Policy**, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which such proof of claim is required by **this policy**.

N. Geographical limit

This policy provides the **insured member** with 24-hour worldwide coverage whether such **insured member** is in Singapore or outside Singapore.

O. Personal Data Protection

Please refer to Income Insurance's Privacy Policy (income.com.sg/privacy-policy) for more information on collection, use, disclosure, retention, including access and correction to personal data and consent withdrawal.

P. Currency

We shall pay all claims in Singapore dollars if **you** suffer a loss which is in a foreign currency. **We** will convert the amount into Singapore dollars at the exchange rate which **we** will decide based on the date of the loss.

What is not covered

The following services, expenses, treatment items, procedures, conditions, activities and their related complications are not covered under **your policy**, except as specifically covered under **this policy**.

- (a) **Pre-existing condition**, unless the **insured member** has been insured continuously for 12 months under **this policy** or any group hospital and surgical insurance issued in Singapore provided that the period between the last resignation date and the commencement of his/her insurance coverage under **this policy** is not more than 31 days from the last resignation date.
- (b) All health screening related examinations including multiphasic health screening, laboratory tests and X-rays, screening mammograms; services (irrespective of whether there is hospital confinement) for the primary purpose of diagnosis, allergy test, medical check-up, genetic screening; pap smear; cytology test; any treatment of a preventive nature including but not limited to immunisation/vaccinations.

- (c) Rest cures, hospice care, home or outpatient nursing or palliative care, community hospital, nursing homes, sanatoria or similar establishments; stay in any healthcare establishment for social or non-medical reasons.
- (d) Outpatient rehabilitation services including but not limited to physiotherapy, occupational therapy, speech therapy, Traditional Chinese Medicine (TCM) (unless recommended by the same **Registered Medical Practitioner** treating him/her during his/her hospital confinement and all charges are payable under and subject to Post Hospitalisation Treatment **benefit**; heat therapy; hypnosis, massage therapy, aroma therapy; counselling or education; hydrotherapy; osteopathic; podiatric; chiropractic; dietician; naturopath; homeopath; foot reflexology; alternative or complementary treatments.
- (e) Expenses, administrative or other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services.
- (f) Developmental delay and/or learning disabilities.
- (g) Eye examination, surgical procedure for correction of eye refraction, procurement or use of contact lenses or eye glasses; surgical procedure for correction of squint or other eye misalignment.
- (h) Any dental treatment including but not limited to crowning, dentures, bridges tooth implantation or re-implantation, oral surgery, orthognathic surgery, temporo-mandibular joint disorder; oral and maxillofacial surgery except where such surgery is for the repair or damage caused solely by an **accident** covered under **this policy**.
- (i) Implants that are not surgically implanted and prostheses of any kind; dental implants; purchase or rental of braces, appliances, equipment, machines and other devices including but not limited to wheel-chair, walking or home aids of any kind, dialysis machine, oxygen machine and any other hospital-type equipment; stem cell support; homograft; heterograft and artificial organ.
- (j) Pregnancy or complication arising from pregnancy; childbirth, conditions and its complication arising during or after childbirth; prenatal or postnatal care, post-delivery confinement; abortion or termination of pregnancy or any form of related stay in **hospital** or treatment.
- (k) Infertility, sub-fertility, assisted conception, erectile dysfunction, impotence or any contraceptive treatment; ligation; medical services or supplies provided, or surgical procedures required or recommended subsequent to consultations at fertility clinics, In-Vitro Fertilisation clinics, reproductive assistance clinics or centres, clinics or centres for reproductive medicine.
- (l) Circumcision unless **medically necessary**.
- (m) Birth defects; congenital **illness** or abnormalities.
- (n) Gender re-assignment and/or gender confirmation including other types of treatment and/or surgery which arises from and/or is directly or indirectly made necessary by a gender re-assignment and/or gender confirmation whether treatment is **medically necessary**.
- (o) Admission for sleep test for diagnostic purposes unless it is followed by **surgery**; any **surgery** or treatment for obesity, weight reduction or weight improvement including but not limited to bariatric surgery, gastric balloon, gastric banding, gastrectomy, gastric bypass regardless of whether it is caused (directly or indirectly) by a medical condition or whether treatment is **medically necessary**.
- (p) Venereal Diseases, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related complex or infection by Human Immunodeficiency Virus (HIV).
- (q) Conditions relating to skin including but not limited to mole, acne, pigmentation, scars, xanthelasma or vitiligo; conditions relating to hair; enhancement of bodily function or appearance including but not limited to plastic surgery, cosmetic treatment and treatment for beautification purposes, except for plastic **surgery** which are **medically necessary** arising from an **injury** while the **insured member** is insured under **this policy**.
- (r) Intentional, self-inflicted injuries or attempted suicide whether the **insured member** is sane or insane; psychological disorders, personality disorders, behavioural disorders, emotional or mental conditions and any **illness or injury** resulting from such disorders or mental conditions; drug addiction or alcoholism and any **illness or injury** resulting from or under the influence of alcohol or drugs or **illicit drugs**. For avoidance of doubt, the first treatment of any of these conditions are payable (except for **illicit drugs**) to **insured member(s)** who is/are holding S Pass or Work permit issued by Ministry of Manpower (MOM).
- (s) Injuries arising directly or indirectly from strike, riot, civil commotion (for avoidance of doubt, the first treatment of these conditions are payable to **insured member(s)** who is/are holding S Pass or Work permit issued by Ministry of Manpower (MOM)); war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war,

rebellion, revolution insurrection, military or usurped power; full-time service in any of the armed forces including National Service under Section 10 of the Enlistment Act 1970 of the Republic of Singapore except National Service reservist duty or training under Section 14 of Enlistment Act 1970 of the Republic of Singapore.

- (t) Below items are only applicable to **insured member(s)** who is/are holding S Pass or Work permit issued by MOM.
1. Repeat treatment after the first treatment from the **hospital** for each of the following categories will not be covered:
 - i) treatment of **illness** or **injuries** arising from drug addiction (except that of **illicit drugs**) or alcoholism
 - ii) treatment of **illness** or **injuries** arising from participation in civil commotion, riot or strike
 - iii) treatment for mental **illness** and **injuries** arising from self – inflicted injuries and attempted suicide
 2. Treatment of conditions or **injuries** arising from any malicious, willful, illegal acts by **you** or **your family members**.
 3. Treatment for conditions or **injuries** arising from any criminal acts committed by the **insured member**.
- (u) Use of medical drugs or any treatment not licensed by an official governmental control agency of the country in which drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
- (v) Hormone Replacement Therapy, health supplements or vitamins, toiletries including but not limited to moisturiser, cream, gel, lotion whether prescribed or non-prescribed.
- (w) Benefits payable under this **policy** will not include the reimbursement of any Goods and Services Tax and other duties or taxes charged or chargeable unless agreed and endorsed by **us**.
- (x) Costs and expenses incurred in acquiring an organ for organ transplant and/or the costs and expenses incurred by the donor of such organ.

Our responsibilities to you

A. Claims Conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) The **insured member** has to notify to **us**, within 30 days from the **hospital** latest discharge date, informing **us** of any possible claim.
- (b) For death claim, notice must be given within 3 months from the death of the **insured member**.
- (c) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be made within 60 days from the date of invoice of a medical claim. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills.
- (d) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (e) For **insured member** holds a S Pass or Work Permit issued by Ministry of Manpower, a copy of the S Pass or Work Permit identification is required to be submitted to **us**.
- (f) Any **benefits** payable under **this policy** shall be paid to **you** or the **insured member**. The **insured member** or **your** receipt of any **benefit** payable under **your policy** shall in all cases be deemed final and complete discharge of all **our** liability.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

B. Letter of Guarantee Facility

Where applicable, **we** provide the letter of guarantee (LOG) facility as part of the benefit services subject to the following conditions if an **insured member** is admitted into a Singapore **hospital**. The LOG will cover only the payable **hospital** charges and expenses, either in part or in whole which may be incurred by the **insured member**, up to the specified amount stated in the LOG. This ensures that the **insured member** does not need to provide a cash deposit to the **hospital**.

Conditions on the issuance of LOG

- i. **You** undertake to reimburse **us** for any amounts not payable or not covered under this **policy** within fourteen (14) days of the date of the letter or communication containing details of the outstanding amounts incurred by the **insured member**.
- ii. **You** must make full **policy** payments as required within the time specified stipulated in this **policy**. Failing which, **we** reserve the right to terminate this LOG facility and request that all unused LOGs (if any) are returned to **us** immediately.

You will continue to be liable for any outstanding sums in arrears, including any interest charged by the hospital to **us** for payments due to the **hospital** under any LOG.

iii. **We** reserve the right in our absolute discretion to terminate the LOG facility by giving **you** 30 days prior notice.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of Policy

The **policyholder** and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under **this policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of the policy.

If **your policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Grace Period

The **policyholder** is allowed a grace period of 30 days from the date of invoice to pay the premium.

If the premium due is not payable by the end of the grace period, **this policy** shall be terminated as from the date of expiry of the grace period, and **we** shall be discharged from all liability under **this policy** from that date.

However, **our** liability under **this policy** before such date will not be affected and **we** will be entitled to charge premium for the period insurance cover was provided based on the short period rates stated in Clause B, whether or not a claim has been made during this period.

D. Termination of Cover of Insured Member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- The date on which the policy is terminated;
- At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- When the **insured member** ceases to be eligible as an **insured member**;
- At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- On the death of the **insured member**;
- When the **insured member** is on temporary leave of absence, sabbatical leave or absent from work due to sickness or **injury** for more than 12 months;
- Non-payment of the premium after the grace period; or

- (i) Any condition under Clause A of “What you need to be aware” arises.

Where applicable, the cover for the **dependant(s)** of the **insured member** shall automatically terminate when:

- (a) The cover for the **insured member** ceases; or
(b) The spouse and/or child(ren) ceases to fall within the definition of a **dependants in this policy**.

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

F. Binder Billing

This policy will be subjected to binder bill unless:

- a) The **policyholder** dictates a basic core plan for the **insured members**; and
b) **Insured members** have the option to upgrade or downgrade from the core plan.

If the employee data is not received by **us** within 30 days from the policy inception or **renewal date**, **we** will issue binder bill based on the latest declaration of **insured member** or headcount by the **policyholder**.

G. Dealing with disputes

Any dispute arising out of or in connection with **this policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre (“SIAC”) in accordance with the Arbitration Rules of the Singapore International Arbitration Centre (“SIAC Rules”) for the time being in force, which rules are deemed to be incorporated by reference in this clause. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator, and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.

Conditions for Group Personal Accident policy

Your policy

This is **your** Group Personal Accident policy. It contains:

- (i) These conditions for Group Personal Accident policy;
- (ii) The **schedule**;
- (iii) The **table of insured benefits** (if any);
- (iv) The **schedule of lives/insured interest** (if any);
- (v) The **endorsements** (if any).

In addition to item (i) to (v) above, the full agreement between **us** and **you** is made up of these documents:

- (a) The information declared in the Group Insurance Fact Finding Form (if any);
- (b) All statements made by the **insured members** (if any); and
- (c) Declarations and questionnaires relating to the **insured members'** occupational or medical conditions which **you** or the **insured members** provided to **us** for **our** underwriting purposes (if any).

We refer to item (i) to (v) and (a) to (c) above collectively as '**your policy**' or '**this policy**'. Please examine them to make sure the **insured members** have the protection needed. It is important that **you** read them together to avoid any misunderstanding.

Words **we** have defined in these conditions have the meanings given to them in the definitions section and the same definitions apply if the defined words are used in any of the documents in **your policy** or any correspondence between **you** and **us**.

This policy covers the **insured members** for death, disablement or charges associated with treatment of **injury**, due to an **accident** which occur while his/her coverage is in-force. **You** will find details of what **we** cover in **your policy**.

This policy may be void if any information **you** provided to **us** is incomplete or inaccurate or if **you** do not comply with the conditions of **this policy**.

Who is eligible?

This policy shall cover the following **insured members**:

- (a) **Your** employees whose **age** is 69 years old and below. Cover is renewable up to **age** 75 years old;
- (b) Person(s) as agreed and endorsed in **your policy**.

All full-time employees of the **policyholder** who are not **actively at work** on the dates they would otherwise become eligible for insurance coverage under **your policy** shall not be eligible until they return to active service at work.

You shall provide **us** with the particulars of the persons to be insured and particulars of persons who ceased to be insured under **your policy** within 30 days in writing from the date they are eligible or ceased to be insured.

Definitions

Accident/Accidental

Accident or Accidental means a sudden, unexpected physical event, which happens during the **period of insurance** and which must be the only and direct cause of **injury**.

Act of terrorism

Act of terrorism means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear.

Actively at work

Actively at work means reporting for work at the place assigned by you and can perform expected regular duties of his/her employment with you. This includes periods when he/she is on annual leave but not on medical grounds.

Activities of daily living

Activities of daily living means dressing, feeding, mobility, toileting, transferring and washing as described below:

- Dressing means the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical or medical appliances.
- Feeding means the ability to feed oneself food after its preparation and being made available.
- Mobility means the ability to move indoors from room to room on level surfaces.
- Toileting means the ability to use lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- Transferring means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
- Washing means the ability to wash in the bath, or wash by other means.

Age

Age means the age on the last birthday of the person at the time his/her cover under **this policy** commences or upon renewal

Benefit(s)

Benefits means the benefits set out in the **table of insured benefits** or **schedule** page, and **your policy**.

Child(ren)

Child(ren) means the unmarried dependent child(ren), including step or legally adopted child(ren), of the **insured member** who is unemployed, as long as they are **age** 24 years old and below.

Chinese physician

Chinese physician means a registered practitioner who is licensed to practice traditional Chinese medicine, including herbalist, acupuncturist or bone-setter, in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Chiropractor

Chiropractor means a registered practitioner who is licensed to practice chiropractic medicine in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Comatose state

Comatose state means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. The diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 30 days;
- Life support measures are necessary to sustain life;

- Brain damage resulting in **permanent** neurological deficit which must be assessed at least 30 days after the onset of the coma; and
- The **comatose state** must be confirmed by our **registered medical practitioner**.

Commencement date

Commencement date means the date from which the cover under **your policy** begins.

Dental treatment

Dental treatment means treatment to restore sound and natural teeth and which is necessary due to an **accident**.

Effective date

Effective date means the date from which the insurance coverage of the **insured member** has become effective.

Endorsement

Endorsement means any written statement or notice issued by **us** to confirm and record changes to the terms and conditions of the policy as agreed between **you** and **us**.

Excess

Excess means the amount that the insured member is required to pay before we will pay any benefit to such insured member.

Family member

Family member means the **insured member's** husband or wife, children, parents, siblings, parents-in-law, brothers-in-law, sisters-in-law, grandparents, grandparent-in-law, daughters-in-law, sons-in-law or grandchildren.

Home country

Home Country means the country of which the **insured member** holds a passport. If the **insured member** holds more than one (1) passport, the **home country** means the country declared to **us**.

Hospital

Hospital means an establishment which is registered under the relevant national laws and regulations to care for and treat sick and injured people as bed-paying patients and which:

- (a) Has organised facilities for diagnosis, treatment and major **surgery**;
- (b) Provides nursing services by registered nurses 24 hours a day;
- (c) Is under the supervision of one or more **registered medical practitioners**; and
- (d) Is not mainly a clinic, a secure place to care for alcoholics or drug addicts, a nursing or rest or community hospital, a palliative care centre, or a home for the elderly or similar establishment.

Injury

Injury means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only and directly by an **accident**. This does not include all medical conditions, diseases, sickness, bacterial infections or viral infections, even if these conditions resulted from, or are connected with, the **accident**.

Insured member/insured person

Insured member/member/insured person means the individual (or individuals) named in the **schedule of lives** as the person (or people) insured under **this policy**.

Loss of fingers or toes

Loss of fingers or toes means loss by complete physical severance through or above a metacarpophalangeal or metatarsophalangeal joint.

Loss of hearing

Loss of hearing means total and irrecoverable loss of hearing which is beyond remedy by surgical or other treatment.

Loss of limb

Loss of limb means loss by complete physical severance of a hand at or above the wrist or of a foot at or above the ankle.

Loss of sight

Loss of sight means total and irrecoverable loss of all sight in any eye rendering the **insured member** absolutely blind in that eye and beyond remedy by surgical or other treatment.

Loss of speech

Loss of speech means total loss of the ability to speak and is beyond remedy by surgical or other treatment.

Medically necessary

Medically necessary means that a medical service or supply is necessary and appropriate for the diagnosis or treatment of an **injury** of the **insured member** based on generally accepted western medical practice in Singapore. A medical service or supply will not be considered medically necessary if:

- (a) It is provided only as a convenience to the **insured member** or medical provider;
- (b) It is not appropriate treatment for the **insured member's** diagnosis or symptoms;
- (c) It exceeds (in scope, duration or intensity) the level of care that is necessary to provide safe, adequate and appropriate diagnosis or treatment;
- (d) It is experimental;
- (e) It is for social or domestic reasons or for reasons which are not directly connected with treatment; or
- (f) It is a matter of personal choice.

Medical expenses

Medical expense means **reasonable expenses** incurred for treatment as a result of an **injury** for medical, surgical, **hospital** and nursing fee prescribed by a **registered medical practitioner**.

Mobility Expenses

Mobility expenses means charges incurred for renovation to the **insured member's** principal home for the purpose of coping with the disablement or purchases of any of the following mobility aids prescribed by a **registered medical practitioner**

- (a) self-powered climbing wheelchair;
- (b) motor vehicle with the controls suitably adjusted lifts, ramps, railings and holds at usual place of residence.

Natural Catastrophe

Natural Catastrophe means any event or force of nature such as earthquake, tsunami, volcanic eruption, flood, typhoon or hurricane that has catastrophic consequences in terms of financial, environmental or human losses. Bad weather conditions that cause little or no effect on financial, environmental or human losses will not be considered as **natural catastrophe**.

Other fracture

Other fracture means any fracture other than a **simple fracture**.

Period of insurance

Period of insurance means the period of cover as shown in the **schedule**.

Permanent

Permanent means having lasted 12 consecutive months and at the expiry of that period, being beyond hope of improvement.

Permanent disablement

Permanent disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained, and:

- (a) Falls into one of the categories listed in the Table of Compensation; or
- (b) Is a disablement which, having lasted for a continuous and uninterrupted period of at least 12 months, is at the expiry of that period, beyond hope of improvement.

Permanent total disablement

Permanent total disablement means disablement that results solely, directly and independently of all other causes from the **injury** and which occurs within 12 months of the **accident** in which **injury** was sustained which, having lasted for a continuous and uninterrupted period of at least 12 months, will in all probability entirely prevent the **insured member** from engaging in employment or take part in any paid work of any and every kind for the remainder of his/her life and from which there is no hope of improvement.

Physiotherapist

Physiotherapist means a registered practitioner who is licensed to practice physiotherapy in accordance with the applicable laws of the country in which such practice is granted. He/she cannot be the **insured member** or the **insured member's family member**, or his/her business associates including any business partner, employers or employees.

Policyholder

Policyholder means the owner of **this policy** named in the **schedule**.

Pre-existing conditions

Pre-existing condition means any **injury** which the **insured member** has had symptoms; has been diagnosed; known or unknown; regardless of whether treatment or medical advice was actually received, prior to the commencement of his/her insurance cover under **this policy**.

Prohibited person

Prohibited person means a person or entity who is, or who is **related** to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict **us** from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.

Reasonable expenses

Reasonable expenses means expenses paid for medical services or treatment which are appropriate and consistent with the diagnosis and according to accepted medical standards, and which could not have reasonably been avoided without negatively affecting the **insured member's** condition. These expenses must not be more than the general level of charges made by other medical service suppliers of similar standing in Singapore for the services and supplies.

Registered Medical Practitioner

Registered Medical Practitioner means a doctor qualified in western medicine who is licensed and authorised in the geographical area they are practicing in to provide medical or surgical services. They cannot be the **insured member** or the **insured member's family member** or his/her business associates including any business partner, employers or employees.

Related

Related includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

Relevant person

Relevant person includes persons and entities such as the policyholder, **insured member**, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of the application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

Renewal date

Renewal date means the date on which **your policy** is to be renewed for a further **period of insurance**.

Schedule

Schedule means the document which proves that **you** have the insurance cover, listing among other things, the **policyholder**, **commencement date**, and policy **endorsement**.

Schedule of lives

Schedule of lives means a listing attached to **this policy** stating the names, particulars and coverage of the **insured members** under **this policy**.

Second degree burns

Second degree burns means a burn which both the epidermis and the underlying dermis are damaged. **We** will not pay if the **second degree burns** is caused directly or indirectly by:

- a) any **pre-existing conditions**; or
- b) sunburn, in-door tanning, cosmetic tanning, or anaesthetic procedure.

Simple fracture

Simple fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a **registered medical practitioner** requires minimal and uncomplicated medical treatment.

Sum assured/sum insured

Sum assured/sum insured means the benefit amount payable by **us** as stated in **your policy**.

Table of insured benefits

Table of insured benefits means the **benefits** attached to these conditions (or any revised **table of insured benefits** which **we** may issue in an **endorsement** to **your policy**, or when renewing **your policy**).

Temporary partial disablement/ temporary partial disability

Temporary partial disablement means where, in the opinion of a **registered medical practitioner**, the **insured member** is temporarily unable to engage in a substantial part of his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a **registered medical practitioner**.

Temporary Total Disablement/ temporary total disability

Temporary total disablement/ temporary total disability means where, in the opinion of a **registered medical practitioner**, the **insured member** is temporarily unable to engage in his/her usual occupation or business duties, while he/she is under the regular care of and acting in accordance with the instructions or advice of a **registered medical practitioner**.

We/us/our

We/us/ our means Income Insurance Limited.

You/Your

You and your means the **policyholder** referred to in the **schedule**.

What your policy covers

I. Basic Benefits

1) Accidental Death

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**. Death must occur within 12 months from the date of such **accident**.

2) Permanent Disablement

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event if **injury** is sustained.

Table of Compensation for Permanent Disablement

Item	Description	Percentage of sum assured as shown in the schedule	
1	Permanent Total Disablement	150%	
2	Loss of two limbs	150%	
3	Loss of sight of both eyes	150%	
4	Loss of sight of one eye, except perception of light	100%	
5	Loss of one limb	125%	
6	Loss of speech	75%	
7	Loss of hearing in both ears	100%	
8	Loss of four fingers and thumb of one hand	85%	
9	Loss of four fingers	55%	
10	Loss of hearing in one ear	30%	
11	Loss of thumb	- both phalanges - one phalanx	40% 25%
12	Loss of index finger	- three phalanges - two phalanges - one phalanx	20% 15% 10%
13	Loss of any one other finger	- three phalanges - two phalanges - one phalanx	20% 15% 10%
14	Loss of metacarpals	- first or second - third, fourth or fifth	5% 3%
15	Loss of all toes of one foot		25%
16	Loss of great toes	- two phalanges - one phalanx	10% 5%
17	Loss of any other toe		5%

Third Degree Burns		
18a	Head - Damage as a percentage of total body surface area:	
	➤ equals to or greater than 8%	100%
	➤ equals to or greater than 5% but less than 8%	75%
	➤ equals to or greater than 2% but less than 5%	50%
18b	Body - Damage as a percentage of total body surface area:	
	➤ equals to or greater than 20%	100%
	➤ equals to or greater than 15% but less than 20%	75%
	➤ equals to or greater than 10% but less than 15%	50%
The aggregate of all percentages payable in respect of any one accident shall not exceed 150% of the Sum Assured.		

II. Additional Benefits, where applicable

All **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

In any event, **we** shall only pay the **benefits** specified in **your table of insured benefits** or **schedule** page.

1) Accidental Medical Expenses Reimbursement

- a) **We** shall pay the **medical expenses** incurred and charges incurred for **dental treatment** in the event that the **insured member** sustained an **injury**, up to limit shown in the **schedule** or up to 12 months from the date of the **accident**, whichever comes first.
- b) **We** shall pay the charges incurred for treatment by a **Chinese Physician, Chiropractor** or **Physiotherapist**, whichever is lower, and up to the limit for this **benefit** or S\$1,000 in the event that the **insured member** seeks such treatment for an **injury** sustained.

The total amount payable under (a) and (b) shall not exceed the limit shown in the **schedule**.

2) Temporary Total Disablement

We shall pay the weekly cash **benefit** as shown in the **schedule**, up to 104 weeks, in the event that the **insured member** sustained an **injury** resulting in his/her **temporary total disability**, and provided he/she is still covered under **this policy**.

In the event that the **temporary total disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

3) Temporary Partial Disablement

We shall pay the weekly cash **benefit** as shown in the **schedule**, up to 104 weeks, in the event that the **insured member** sustained an **injury** resulting in his/her **temporary partial disability**, and provided he/she is still covered under **this policy**.

In the event that the **temporary partial disability** results in **permanent disablement**, no further payment will be payable under this **benefit**.

III. Standard Extensions

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall be subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

1) **Accidental Death due to Natural Catastrophe**

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** as shown in the **schedule**, whichever is lower, in the event of death of the **insured member** as a result of a **natural catastrophe**.

2) **Ambulance Cost**

We shall pay the actual ground ambulance cost, up to the **sum assured** as specified in the **schedule**, in the event that the **insured member** sustained an **injury**, requiring an ambulance for transportation to the **hospital**.

3) **Accidental Hospital Recuperation**

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury**, and within 30 days from the date of the **accident**, was confined in a **hospital** for at least 24 hours.

Subsequent hospitalisation resulting from the same **injury** will not be payable.

4) **Burial Expenses**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**.

5) **Comatose State Lump Sum Benefit**

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, and within 30 days from the date of the **accident**, was confined in a **hospital**, in a **comatose state**.

In the case of successive **comatose state** by the same **accident** which takes place less than 10 days from one to the other, the **comatose state** will be deemed as one.

We will not pay if the **comatose state** results directly from alcohol or drug abuse.

6) **Child Education Fund**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of the **insured member** as a direct result of an **accident**, for the provision of continuous education for each **child** of the **insured member**, provided that on the date of the **accidental death**, such **child(ren)** was enrolled in a kindergarten, primary or secondary school, institution for vocational or tertiary education licensed by the local government.

7) **Automatic increase in benefit**

We shall pay an additional 5% of the **sum assured** under Accidental Death and **Permanent Disablement benefit**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**, up to a maximum of 25% of the original **sum assured** or S\$500,000 for each **insured member**, whichever is lower, subject to the table below and provided that no claim has been made under **this policy** during the previous preceding **period of insurance** as indicated in the table below.

Condition	Automatic Increase
If no claims have been made during the previous period of insurance	5% increase of original sum insured
If no claims have been made during the previous 2 period of insurance	10% increase of original sum insured
If no claims have been made during the previous 3 period of insurance	15% increase of original sum insured
If no claims have been made during the previous 4 period of insurance	20% increase of original sum insured
If no claims have been made during the previous 5 or more period of insurance	25% increase of original sum insured

8) **Disappearance**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event that the **insured member** disappears and after 12 months, it is reasonable to believe that the **insured member** has suffered death as a result of an **accident**.

This **benefit** is subject to the **policyholder** giving us a signed undertaking that if the **insured member** is subsequently found to be alive, any amount paid to the **policyholder** will be repaid to us.

9) **Exposure**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of him/her being unavoidably exposed to the elements due to an **accident**.

10) **Food poisoning**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of **accidental** food poisoning.

11) **Miscarriage due to an accident**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event that the **insured member** sustained an **injury** and as a result, suffered an **accidental** miscarriage.

12) **Motorcycling**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** sustained while riding a motorcycle (whether as rider or pillion-rider).

This **benefit** is payable only if at the time of the **accident**, the **insured member** was wearing a safety helmet, has a valid motorcycle license (unless riding as a pillion rider), and not engaging in or practicing for racing and hill climbing contests and reliability trials and speed or duration testing.

13) **Riot, strike, civil commotion, hijack, murder, assault and act of terrorism**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of riot, strike, civil commotion, hijack, murder, assault or **act of terrorism**.

This **benefit** is payable only if it did not arise as a result of or in connection with the **insured member's** collaboration or provocation of such act, and death or **injury** as a consequence of such act could not reasonably have been avoided by the **insured member**.

14) **Suffocation by smoke, poisonous fumes, gas and drowning**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** of the **insured member** as a result of suffocation by smoke, poisonous fumes, gas or drowning.

This **benefit** is payable only if it did not arise as a result of the **insured member's** wilful and intentional act and death or **injury** as a consequence of such event could not reasonably have been avoided by the **insured member**.

15) **Unscheduled Flights**

We shall pay the **sum assured** for the relevant **benefit** shown in the **schedule** in the event of death or **injury** if the **insured member** travelling as a fare-paying passenger in any properly licensed private aircraft and/or helicopter.

IV. **Additional Extensions of Benefits, where applicable**

All the extensions of **benefits** will be applied on per **accident** basis, unless otherwise stated and the **benefits** shall subject to the maximum benefits limits of each item as specified in the **table of insured benefits** or **schedule** page, and any **excess**, if applicable.

In any event, **we** shall only pay the additional extensions of **benefits** specified in **your table of insured benefits** or **schedule** page.

1) **Critical Income**

We shall pay an additional 0.5% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, for a maximum of 12 consecutive months, in the event of death of the **insured member** as a direct result of an **accident**, provided the **insured member** is survived by a spouse or parent.

2) **Mobility Expense and Home Renovation Expenses**

We shall pay the **mobility expenses**, up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, resulting in **permanent disablement** of 50% and above as specified in the table of compensation for **permanent disablement**.

3) **Emergency Evacuation and Repatriation**

We shall pay the expenses incurred in the event if the **insured member** sustained an **injury** while outside Singapore, and in our opinion, it is necessary to move him or her to the nearest medical facility for treatment (whether overseas or in Singapore).

In the event that the **insured member** is moved to a medical facility outside Singapore, **we** shall also pay for the expenses incurred for moving him or her back to Singapore.

Expenses payable under this **benefit** refers to cost of transportation by any suitable means to the nearest medical facility for treatment, whether overseas or in Singapore, medical services and medical supplies necessarily incurred as a result of such evacuation.

4) **Repatriation of Mortal Remains**

We shall pay the expenses incurred to return the mortal remains of the **insured member** to Singapore or to his/her **home country** in the event of death as a direct result of an **accident** while outside Singapore.

5) **Scarring of the Face**

We shall pay the **sum assured** as specified in the **schedule** in the event if the **insured member** sustained an **injury** resulting in **permanent** disfigurement or **permanent** scarring of his/her face of at least one square centimeter or two centimeters in length.

6) **Visitors Benefit**

We shall pay the **sum assured** as specified in the **schedule** in the event of death of a third party, as a direct result of an **accident**, while visiting the **policyholder's** premises in a business capacity.

7) **Replacement Staff and Recruitment Expenses**

We shall pay the charges incurred by the **policyholder**, up to the **sum assured** specified in the **schedule**, for recruitment of replacement of the deceased **insured member**, in the event of death of the **insured member** as a direct result of an **accident**. Charges must be incurred within 45 days from the date of the **accident** and be necessary for the continuation of the **policyholder's** business.

This **benefit** is subject to the **policyholder** giving **us** a signed undertaking that any amount paid to the **policyholder** will be repaid to **us**, if it is later found that a valid claim did not or will not eventuate.

8) **Physiotherapy benefit**

We shall pay for the expenses incurred for any physiotherapy treatment by a **physiotherapist**, up to a maximum of S\$2,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.

9) **HIV due to Blood Transfusion**

We shall pay an additional 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event that the **insured member** sustained an **injury**, requiring a blood transfusion, and as a result of the transfusion, he/she was infected with the Human Immunodeficiency Virus (HIV) within 30 days from the date of the **accident**.

We shall pay this **benefit** provided:

- The blood transfusion was **medically necessary** or given as part of a medical treatment;
- The blood transfusion was received in Singapore during the **period of insurance** that the **insured member** is covered under this **policy**;
- The source of the infection is established to be from the institution that provided the blood transfusion and the institution is able to trace the origin of the HIV tainted blood;
- The **insured member** does not suffer from Thalassaemia Major or Haemophilia;
- Proof of the **accident** is reported to **us** within 30 days of the **accident** taking place;
- Proof that the **accident** giving rise to the need for a blood transfusion which is the source of the HIV infected fluids;
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented **accident**. This proof must include a negative HIV antibody test conducted within 5 days of the **accident**; and
- HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This **benefit** will not apply where a treatment has rendered the HIV inactive or non-infectious.

10) **Major Head Trauma**

We shall pay up to 10% of the **sum assured** under Accidental Death **benefit** or the maximum **sum assured** shown in the **schedule**, whichever is lower, in the event if the **insured member** sustained a major head **injury** resulting in **permanent** neurological deficit within 30 days from the date of the **accident**.

The major head **injury** resulting in **permanent** neurological deficit must be assessed no later than 6 weeks from the date of the **accident**. This diagnosis must be confirmed by a consultant neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

This **benefit** will not be payable if the major head **injury** is caused by any spinal cord **injury** and head **injury** due to any other causes.

11) **Trauma counselling benefit**

We shall pay for the expenses incurred by the spouse or **child(ren)** of an **insured member** to undergo trauma counselling by a certified counsellor, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

12) **Terrorism Benefit**

We shall pay an additional 15% of the **sum assured** under Accidental Death **benefit** or S\$75,000, whichever is lower, in the event of death of the **insured member** resulting from an **act of terrorism**

13) **Simple or Other Fractures**

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event that the **insured member** sustained an **injury**, resulting in a **simple fracture** or **other fracture**, provided:

- a) The **insured member** has not been diagnosed as having osteoporosis prior to the date on which he/she was first covered under **this policy**; and
- b) If the **insured member** is diagnosed as having osteoporosis after the date on which he/she was first covered under **this policy**, we shall only pay this **benefit** for the first **simple fracture** or **other fracture** sustained, and no further payments will be made under this **benefit**.

Table of Compensation for Simple or Other Fractures

Item	Description	Percentage of sum assured as shown in the schedule
a	Neck, skull or spine (complete fracture)	100%
b	Hip	75%
c	Jaw, pelvis, leg, ankle or knee (other fracture)	50%
d	Cheekbone, shoulder or hairline fracture of skull or spine	30%
e	Arm, elbow, wrist or ribs (other fracture)	25%
f	Jaw, pelvis, leg, ankle or knee (simple fracture)	20%
g	Nose or collar bone	20%
h	Arm, elbow, wrist or ribs (simple fracture)	10%
i	Finger, thumb, foot, hand or toe	7.5%

The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the Simple or Other Fractures' **sum assured**.

14) **Second Degree Burns**

We shall pay the corresponding **sum assured**, as specified in the table of compensation below, in the event that the **insured member** sustained an **injury**, resulting in **second degree burns**.

Table of Compensation for Second Degree Burns

Item	Description	Percentage of sum assured as shown in the schedule
a	Head - Damage as a percentage of total body surface area: - equals to or greater than 8% - equals to or greater than 5% but less than 8% - equals to or greater than 2% but less than 5%	100%
		75%
		50%
b	Body - Damage as a percentage of total body surface area: - equals to or greater than 20% - equals to or greater than 15% but less than 20% - equals to or greater than 10% but less than 15%	100%
		75%
		50%

The aggregate of all percentages payable in respect of any one accident shall not exceed 100% of the **second degree burns' sum assured**.

15) **Credit card indemnity**

We shall pay the **insured member's** outstanding credit card expenses, up to a maximum of S\$1,000.00 per **accident**, in the event of death or **permanent total disablement** of the **insured member** as a direct result of an **accident**.

16) **Domestic assistance benefit**

We shall pay the cost of hiring a caregiver, up to a maximum of S\$1,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, and is unable to perform at least 3 out of the 6 **activities of daily living**.

17) **Emergency travel expenses**

We shall pay the emergency travel expenses, up to a maximum of S\$2,500.00 per **accident**, in the event that the **insured member** sustained an **injury**, and is confined in a **hospital**.

- a. Up to a maximum of S\$250.00 per **accident** if the **insured member** is hospitalised for more than 3 consecutive days in Singapore; or
- b. Up to a maximum of S\$2,500.00 per **accident** if the **insured member** is hospitalised for more than 5 consecutive days while overseas.

Emergency travel expenses means the additional transport and accommodation expenses incurred by an **insured member** and any person who needs to travel to remain with, or escort the injured **insured member**.

18) **Non-elective surgery**

We shall pay for the expenses incurred for any non-elective surgery, up to a maximum of S\$5,000.00 per **accident**, in the event if the **insured member** sustained an **injury**, resulting in **permanent disablement** of 100% and above as specified in the table of compensation for **permanent disablement**.

What you need to be aware of

A. Liability

We will not pay any **benefits** under **this policy** if **you** or any **insured member**:

- (a) Fail to fully and truthfully disclose to **us**, all material information known (or which could reasonably be expected to be known) by **you** or any **insured member**, before inception of **this policy** and upon each renewal;
- (b) Fail to properly observe and fulfill the terms and conditions of **this policy**;
- (c) Make any untrue statement;
- (d) Omit, suppress or incorrectly state any material information affecting the risk; or
- (e) Make any claim that is fraudulent or exaggerated, or make any false declaration or statement in support of a claim.

To avoid doubt, **you** or the **insured member** must fully and truthfully disclose to **us** all material information even if such information has been disclosed previously to **us** in other records. If it is discovered later that material information is not disclosed, **you** will not be entitled to rely on the defence that the information was disclosed for or in other records.

We shall have the discretion to terminate **your policy**, to refuse the renewal of **your policy**, to void cover for the **insured member**, or to impose terms and conditions as **we** may require and/or to take any action as **we** think necessary. **You** will have to repay to **us** all amounts **we** have paid out under the policy and **we** will refund all premiums to **you**.

B. Misstatement

If the date of birth or other relevant facts relating to any **insured member** are found to have been misstated and if such misstatement affects the **benefits** entitlement or any provisions of **your policy**, the true **age** and facts shall be used to determine whether cover would have been in force under the provisions of **your policy** and whether the **benefits** are payable. Any excess premium paid for current policy period shall be refunded to the **policyholder** and any shortfall in the premium for current policy period shall be paid by the **policyholder**.

C. Policy renewal

Your policy may be renewed on the anniversary of the policy **commencement date** or such other dates as may be agreed in writing between **you** and **us**, subject to **our** consent and the payment of the renewal premium.

Terms, conditions and premium rates are not guaranteed and will be reviewed by **us** at each renewal.

D. Expenses covered by other sources

In the event an **insured member** is covered under:

- a) Any occupational insurance including any insurance effected pursuant to the Work Injury Compensation Act (Cap.354) and any revisions thereof;
- b) Any insurance coverage under the government legislation; or
- c) Other group or individual insurance excluding Integrated Shield Plan and its rider,

the **benefits** payable under **this policy** shall be limited to the balance of the **medical expenses** incurred which are not covered or payable by any of the above listed policy under (a) to (c), subject to the benefit limits computed in accordance to the **table of insured benefits** or **schedule** page, and terms and conditions of **this policy**.

E. Subrogation

We can take over any rights to defend or settle any claim and to take proceedings in **your** name or any **insured member's** to enforce **your** or any **insured member's rights**, or **our** rights against any other person.

You and the **insured member** shall cooperate fully with **us** in this respect and shall not do anything to prejudice **our** rights.

F. Right of recovery

We may recover any amount **we** paid for charges that are not covered under **this policy** or exceeded the maximum benefits limit as specified in the **table of insured benefits** or **schedule** page. The **policyholder** and/or the **insured member** shall fully indemnify and reimburse **us** for such amount within 30 days from the date of notice given by **us** requesting for reimbursement.

G. Change of terms and conditions

We may vary the premiums, **benefits** and/or cover or amend the terms and conditions of **your policy** by giving **you** 30 days' prior written notice at **your** last known address.

H. Ownership of policy

We shall treat the **policyholder** as the absolute owner of **this policy** and shall not be bound to recognise any equitable or other claim or interest in **this policy**.

I. Governing law

This policy is governed by and interpreted according to the laws of the Republic of Singapore.

J. Exclusion of third party rights

Any person who is not a party to **this policy** shall have no right under the Contracts (Rights of Third Parties) Act (Cap. 53B) to enforce any of its terms.

K. Difference in opinions

In the event of any differences in opinions between **our Registered Medical Practitioner** and **your Registered Medical Practitioner**, **our Registered Medical Practitioner's** opinion shall prevail.

L. Legal proceedings

No action in law or in equity shall be brought to recover **this policy** prior to the expiration of 60 days after proof of claim has been filed in accordance with the requirements of **this policy**, nor shall such action be brought at all unless brought within 2 years from the expiration of time within which such proof of claim is required by **this policy**.

M. Geographical limit

This policy provides the **insured member** with 24-hour worldwide coverage whether such **insured member** is in Singapore or outside Singapore.

N. Aggregate limit of liability

The maximum aggregate limit payable under **this policy** for all of the sections arising out of 1 single event shall not be more than S\$5,000,000, unless otherwise endorsed in **this policy**.

In the event if the claims from all the **insured members** arising out of 1 such event exceed the aggregate limit, the amount shall be pro-rated among the **insured members**, subject to the maximum limit as shown in the **schedule** for each of the **insured member**.

What is not covered

This **policy** does not cover claims directly or indirectly caused by or arising from:

- (a) Self-inflicted injuries or any attempt thereat, while sane or insane.
- (b) Insurrection, declared or undeclared war or any warlike operations, military or naval service in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- (c) Participating in riot, committing an assault or felony.
- (d) Participation in competitive racing on wheels.

Our responsibilities to you

A. Claims conditions

Before any **benefits** are payable under **your policy**, the **insured member** has to ensure that the following requirements are being met.

- (a) It shall be a condition precedent to **our** liability under **this policy** that all claims shall be notified to us within 60 days from the date of **accident**. All claims shall be made on **our** prescribed forms and submitted to **us** together with the original copies of receipts and itemised bills
- (b) Any information required by **us** for assessing the claim shall be furnished by the **policyholder** at the **policyholder's** expense.
- (c) Any **benefits** payable under **this policy** shall be paid to **you** or the **insured member** (or legal representative). Any payment to **you** or the **insured member** (or legal representative), and the **insured member** or **your** receipt of any **benefit** payable under **your policy** shall in all cases be deemed final and complete discharge of **our** liability under **this policy**.

Failure to furnish notice within the time provided in **this policy** shall invalidate the claim unless claimant shows that it was not reasonably possible to give such notice within such required time and that notice was subsequently given as soon as reasonably possible.

B. Currency

We will pay all claims in Singapore dollars. If the insured member suffers a loss which is in a foreign currency, we will convert the amount into Singapore dollars based on the exchange rate on the date of the loss.

Your responsibilities

A. Premium

The premium is not guaranteed and may be reviewed and varied by **us** upon next renewal. Once the premium is varied, the new premium shall apply in respect of all **insured members** under **your policy**.

Short period extensions of the policy (less than 12 months) computed from the expiry date, if agreed by **us**, shall be based on the renewal premium and terms.

B. Cancellation of policy

You and/or **us** may cancel **this policy** by giving the other party 30 days' written notice. Once the notice period has expired, all cover under **this policy** shall terminate. **We** may also cancel the cover on any **insured member** for failing to comply with the terms and conditions of **this policy**.

If **this policy** is cancelled by **us**, there shall be a pro-rated refund of premiums to **you** for the unexpired part of the **period of insurance** under **your policy**.

If the policy is cancelled by **you**, the following short period rates are applicable:

<u>Period of cover not exceeding</u>	<u>Short period rates</u>
1 week	1 month
1 month	3 months
2 months	4 months
3 months	6 months
4 months	7 months
6 months	9 months
8 months	10 months
> 8 months	12 months

C. Premium Warranty Clause

- (a) If the **period of insurance** is 60 days or more, **we** shall receive the full premium within 60 days of the **commencement date**, the **renewal date** or effective date of each **endorsement** issued under the **policy**, failing which, the **policy** shall be terminated automatically at the end of the 60-day period.
- (b) Termination of the **policy** shall not affect **your** right to claim for an event covered by the **policy** that happens during the 60-day period. **We** shall be entitled to a pro-rata premium for the 60-day period where the risk is insured under the **policy**, subject to a minimum premium of S\$50 + GST.
- (c) If the **period of insurance** is less than 60 days, **we** shall receive the full premium within the **period of insurance**, failing which, the **policy** will not be valid.

D. Condition Precedent

The validity of this **policy** is subject to the condition precedent that:

- (a) for the same risk insured, **you** have never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if **you** have declared that **you** have breached any premium payment condition in respect of a previous **policy** taken up with another insurer in the last twelve (12) months:
 - (i) **You** have have fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
 - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by **you** to **us** before cover incepts under this **policy**.

E. Prohibited persons

If **you** are or any **relevant person** is found to be a **prohibited person**:

- (a) **we** are entitled not to accept the application; and
- (b) if any **policy** or cover of any **insured member** is issued, **we** are entitled to end the **policy** or cover of any **insured member**, not pay any benefit or not allow any transaction to be carried out under the **policy**. **We** will not refund any unutilised premium when the **policy** is ended.

You will need to inform **us** immediately if there is any change in **your** or any **relevant person's** identity, status or identity documents.

Our decision in every respect of the above will be final.

F. Termination of cover of insured member

The cover for an **insured member** under **this policy** shall terminate and all **benefits** shall cease for that **insured member** if any of the following occurs:

- (a) The date on which the policy is terminated;
- (b) At the end of the policy year during which the **insured member** reaches the maximum **age** of coverage as stated in the **policy schedule**;
- (c) When the **insured member** ceases to be eligible as an **insured member**;
- (d) At the expiry of the period for which the last premium payment is made on account of the **insured member's** cover;
- (e) The date the **insured member** enters full-time military, naval, air or police service except any period of National Service reservist duty or training;
- (f) On the death of the **insured member**;
- (g) Non-payment of the premium after the grace period; or
- (h) Any condition under Clause A of What you need to be aware— arises.

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

H. Dealing With disputes

Any dispute arising out of or in connection with this **policy** shall be referred to and finally resolved by arbitration administered by the Singapore International Arbitration Centre ("SIAC") in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause. **You** must refer any dispute under **this policy** to arbitration within two (2) years from the date an event giving rise to the claim in dispute arises.

The seat of the arbitration shall be Singapore. The language of the arbitration shall be English. The Tribunal shall consist of one (1) arbitrator. Either party may propose to the other the name or names of one or more persons to be an arbitrator and if no agreement is reached within thirty (30) days after receipt by one party of such a proposal from the other, the arbitrator shall be appointed by the Chairman of the Singapore International Arbitration Centre. **We** will not be legally responsible under **this policy** unless **you** have first received an award under arbitration.