

HOSPITAL SAFE INSURANCE POLICY WORDINGS

In consideration of the Insured named in the Schedule hereto paying to **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.** ("CTPIS" or "Company") the Premium mentioned in the Schedule CTPIS agrees subject to the terms and conditions contained in or endorsed or otherwise expressed on this Policy to insure in the manner and to the extent hereinafter provided in the respective Sections specified in the Schedule or added hereto by memorandum signed by or on behalf of CTPIS in respect of events occurring during the Period of Insurance specified in the Schedule or during any subsequent period for which the Insured shall pay and CTPIS shall agree to accept the premium required for the renewal of this Policy.

Provided always that the due observance and fulfilment of the terms conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any liability of CTPIS to make any payment under this Policy.

POLICY DEFINITIONS

1. **Accident or Accidental** - An event which is sudden, unforeseen and unexpected.
2. **Age** - Refers to age next birthday.
3. **Anesthetist** - A registered medical practitioner qualified by Western medicine and legally licensed or duly qualified to perform Aesthetics authorised in the geographical area of his/her practice.
4. **Bodily Injury** - Physical bodily damage caused solely by an Accident.
5. **Day Surgery** - An event whereby a patient requires the use of a recovery for a surgery performed on a pre-planned basis (but not for an overnight stay) in a Hospital or a clinic duly qualified to perform such surgery.
6. **Dependent** - The Policyholder's legal spouse age 64 and below at time of enrolment and up to 75 years on renewal, unless legally separated from the Policyholder, and all the unmarried and unemployed natural children, legal step children and legally adopted children who are age 6 months and below 21 years. For those in full time tertiary institutions, the age limit will be extended to their 25th birthday.
7. **Disability** - An illness or the entire injuries arising out of a single or continuous series of accidents.
8. **Effective Date** - The Policy commencement date or date of Insured's Member's first enrolment into the Policy whichever is later.
9. **Hospital** - A hospital (other than an institution for the aged, chronically ill or convalescent rest or nursing home) operated pursuant to law for the care and treatment of injured or sick person with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.
10. **Hospitalisation** - An Inpatient confinement in a Hospital for a period not less than six (6) hours and for which the Hospital made a room and board charge.
11. **Hospital Expenses** - The cost of medical, surgical or other remedial attention, treatment or appliances given or prescribed by a Registered Medical Practitioner that are medically necessary to treat the Insured Member's condition, incurred during the Insured Member's Hospitalisation including
 - a) **Hospital Room & Board** - Hospital charges for accommodation, general nursing services and meals for each day of confinement as an inpatient in a Hospital. This benefit shall be payable on the actual charge of the selected ward category, up to a standard class air-conditioned room of a 1 bedded ward.
 - b) **Intensive Care** - The daily room and board charges incurred for confinement as an inpatient in the intensive care unit of the Hospital.
 - c) **Surgical Fees** - The actual fees charged by a Surgeon(s), an anesthetist and for the use of an operating theatre that are incurred for a surgery performed in a Hospital or a Day Surgery performed in a Hospital or a clinic by a duly qualified Surgeon.
 - d) **Hospital Miscellaneous Services** - The actual Hospital charges for any of the following items incurred whilst confined in the Hospital:
 - Drugs and Medicines consumed on premises
 - Dressings, Ordinary Splints and Plaster Casts
 - Laboratory Examinations
 - Electrocardiograms
 - Basal Metabolism Tests
 - Physical Therapy
 - X ray therapy, radium therapy, radium and isotopes
 - X ray examinations
 - Intravenous Infusions
 - Administration and the cost of Blood or Blood Plasma
 - Physician's visits with a max of one visit per day
 - Medical report fees up to a limit of S\$100.
 - e) **Ambulance Fees** - The charges for local road ambulance service (inclusive of attendance) to and/or between Hospitals in medical emergencies resulting in the Insured Members subsequently hospitalised.
12. **Illness or Sickness** - Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessations or disorder of body functions, systems or organs as confirmed such by a Registered Medical Practitioner.
13. **Insured Member** - The Policyholder or the Insured Dependent(s) whose application has been accepted by the Company and is covered by this Insurance Policy.
14. **Medical Condition** - Any type of illness, sickness, disease, Disability, Physical Deformity and/or Bodily Injury resulting from an Accident sustained by the Insured Member.
15. **Per Disability** - All claims arising from the same cause, including any and all complications there from.

POLICY DEFINITIONS (continued)

16. **Pre-Existing Conditions** - An injury, illness or illnesses which existed or have developed symptoms or there exists manifestation of illnesses before the Effective Date of cover in respect of an Insured Member of which the Insured Member was aware or should reasonably have been aware, based on normal medically accepted pathological development of the illness or illnesses.
17. **Policyholder** - A Person to whom the Policy has been issued.
18. **Reasonable and Customary** - Charges and fees for medical care and treatment which are considered reasonable and customary to the extent that it does not exceed the general level or charges or fees being made by others of similar medical standing and of similar disability in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individual of the same sex of comparable age for a similar sickness, disease or injury at **Singapore Government Restructured Hospitals**, and are:
 - consistent with the diagnosis and treatment of the covered Disability.
 - not performed for the convenience of the Insured Member or the medical personnel.
 - performed under the least costly setting required of the disability.
 - and for which the charges are fair and reasonable for the disability.
19. **Registered Medical Practitioner Or Physician** - A person qualified by degree in Western Medicine and duly licensed or registered to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excluding a Medical Practitioner who is the Insured Member or the spouse, relative or employee of the Insured Member.
20. **Renewal Date** - The date immediately following the last day of any Period of Insurance.
21. **Surgeon** - A person qualified by degree in Western Medicine and duly licensed or registered to perform surgery.
22. **Surgical Operation or Surgery** - Laser Surgery or the act involving actual cutting of tissue or involving the resetting of fractures and/or dislocations.

Schedule of Benefits

	SAFE ENHANCED (S\$)	SAFE PLUS (S\$)	SAFE BASIC (S\$)
A. Daily Cash Allowance During Hospitalisation			
Due to illness (up to 500 days)	200	150	100
Due to Accident (up to 90 days)	300	250	200
Intensive Care (up to 30 days)	400	350	300
B. Hospitalisation Expenses			
Due to illness (up to 365 days)	6,000	4,000	2,000
Due to Accident (up to 365 days)	10,000	6,000	4,000
C. Discharge Transport Allowance/Reimbursement	50	50	50
D. Recuperation Benefits	200	150	100
E. Pre-Hospitalisation Tests Reimbursement (within 30 days prior to the date of admission)	800	500	200
F. Post-Hospitalisation Tests Reimbursement (within 60 days upon discharge from the Hospital)	1,500	750	500
G. Accidental Death (One time lump sum)	30,000	20,000	10,000
Additional Benefits			
H. Day Surgery Reimbursement	1,000	750	500
I. Dental Reimbursement (Due to accident)	1,000	750	500
J. Plastic Surgery Reimbursement (Due to accident)	5,000	3,000	1,000

POLICY COVERAGE

Section A - Daily Cash Allowance during Hospitalisation

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay daily cash benefit for each day of hospitalisation up to a limit and for a max period specified in the Schedule of Benefits per disability.

Section B - Hospitalisation Expenses

In the event the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will reimburse the Hospital Expenses incurred within three hundred and sixty-five(365) days from the date of the Accident or commencement of medical condition up to the limit specified in the Schedule of Benefits per disability.

Section C - Discharge Transport Allowance

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay a lump sum benefit specified in the Schedule of Benefits for the Insured Member's conveyance back home upon discharge from the hospital, provided a valid claim is also payable under Section A & B, and is limited to a max of one payment per disability.

Section D - Recuperation Benefits

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay a lump sum benefit specified in the schedule, provided a valid claim is also payable under Section A & B, and is limited to a max of one payment per disability. Insured Member have to be certified to be unfit for work for at least 3 working days.

Section E - Pre-Hospitalisation Tests Reimbursement

The Company will reimburse any pre-hospitalisation tests and services expenses charged by the Hospital incurred 30 days before the first Confinement in respect of the same confinement due to an Accident or Sickness.

Section F - Post-Hospitalisation Tests Reimbursement

The Company will reimburse any post-hospitalisation tests and services expenses charged by the Hospital during the period of up to 60 days from the date of discharge from the Hospital in respect of the same confinement due to an Accident or Sickness.

Section G - Accidental Death

The Company will pay a lump sum benefit as specified in the Schedule of Benefits in the event of death of the Insured Member as a result of an Accident for which a claim is payable under the Policy.

Section H - Day Surgery Reimbursement

The Company will reimburse such Reasonably and Customary expenses incurred, up to the amount insured for any surgical procedure performed by a Registered Medical Practitioner at a Hospital (in Singapore or overseas) on an outpatient basis or a registered clinic (in Singapore or overseas) as a result of an accident or sickness up to a limit as stated in the Schedule of Benefits.

Section I - Dental Reimbursement

The Company will reimburse such Reasonably and Customary expenses incurred, up to the amount insured for any treatment performed by a Registered Dentist at a Hospital (in Singapore or overseas) on an outpatient basis or a registered dental clinic (in Singapore or overseas) as a result of an accident within 30 days from the date of the Accident up to a limit as stated in the Schedule of Benefits.

Section J - Plastic Surgery Reimbursement

The Company will reimburse such Reasonably and Customary expenses incurred, up to the amount insured for any treatment performed by a Registered Plastic Surgeon at a Hospital (in Singapore or overseas) on an outpatient basis or a registered Plastic Surgeon (in Singapore or overseas) as a result of an accident within 30 days from the date of the Accident up to a limit as stated in the Schedule of Benefits.

EXCLUSIONS

This Policy shall not pay any benefits relating to any of the following events and any medical conditions arising there from:

1. Pre-existing conditions including all illnesses or conditions which in the opinion of a Physician appointed by the Company are caused by or related to that condition, including the consequences of treatment, unless stated in the application form and expressly accepted by the Company by endorsement on this Policy.
2. Treatment relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
3. Any illness or sickness, which commences within the first 30 days from the Effective Date of Cover of the Insured Member, except for accidental injuries.
4. Charges for services received in health hydro's, nature cure clinics or similar establishments or nursing homes attached to such establishments.
5. Services of a Medical Practitioner or any person acting in such capacity for the purpose of outpatient treatments, unless as provided for under this Policy.
6. Routine physical examinations health check ups or any other tests not related to the treatment or diagnosis of any injury, illness or sickness or any treatment of a preventive nature including vaccinations, treatment for obesity, weight reduction and weight improvement programmes, dental condition, unless as provided under this Policy.
7. Treatment of varicocele, impotence or an consequence.
8. Circumcision operations unless medically necessary.
9. Treatment arising from pregnancy, miscarriage (excluding miscarriage caused by accidental falling of the Insured Member with external injury or by traffic accident), or childbirth (including diagnostic tests for pregnancy), tests to do with and treatment for sub-fertility, and charges for abortion or sterilisation, and contraception including any complications relating thereto.
10. Treatment or surgery for tonsils, adeoids, hernia or a disease peculiar to the female generative organs which commences within the first one hundred and twenty (120) days from the Effective Date of Cover of the Insured Member.

EXCLUSIONS (continued)

11. Cosmetic treatment whether or not for psychological purposes other than treatment performed as a direct result of an accident during the Period of Insurance.
12. Surgical/dental appliances spectacles contact lenses or hearing aids.
13. An eye examination/treatment, surgical procedure for correction of eye refraction, except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under this Policy.
14. Accident or Injury occurring while the Insured Member is engaged in or practicing for or taking part in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, underwater activities involving the use of underwater breathing apparatus, bungee jumping, sky diving, hand gliding, paragliding, parachuting or any activities in aerial balloon whilst airborne, motor rallies or any kind of racing other than on foot or any sports in a professional capacity unless otherwise agreed in writing by the Company.
15. Accident or Injury occurring while the Insured Member is engaging in aerial activities or air travel except as a fare paying passenger in any properly licensed aircraft bring operated by a licensed airline in accordance with published schedules of flights or timetables or in a properly licensed multi-engine aircraft bring operated by any other licensed commercial air carrier.
16. Services of a non-medical nature provided by a hospital, such as television, telephones, newspaper, radios, guests meals or similar facilities and any personal luxury.
17. Cost of acquisition of organ for transplant and all expenses incurred by the donor of such organ.
18. Any treatment undertaken for relief of chronic illness or palliative treatment of terminal conditions except as provided under this Policy.
19. Treatment directed towards developmental delay and/or learning disabilities in children.
20. Alternative medicine including osteopathy homeopathy chiropractic acupuncture and the like unless as provided under this Policy.
21. Treatment of Alcohol Dependence Syndrome Drug Dependence and/or abuse of drugs or alcohol including treatment of any medical condition which in the opinion of the Company's appointed medical consultant is considered to be either an underlying cause of or directly attributable thereto.
22. Any investigations test or treatment which directly or indirectly results from or is related to:
 - (a) infection by, which includes sero-positivity to, any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or related condition or syndrome, or
 - (b) any condition or illness directly or indirectly arising from any such infection condition or syndrome;
 - (c) sexually transmitted/venereal disease.
23. Expenditure directly or indirectly arising from or consequent upon:
 - (a) War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion riot civil disturbance rebellion revolution insurrection military or usurped power or while serving in a police or military unit other than peace time reservist training in Singapore;
 - (b) Earthquake volcanic eruption flood avalanche or tempest;
 - (c) Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel and for the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission;
 - (d) Nuclear weapons or device or chemical or biological agent.
24. Treatment relating to sex change.
25. Willful self inflicted injuries suicide attempted suicide provoked assault or any attempt threat.
26. Psychiatric treatment or treatment of mental disorder.
27. Injury sustained as a result of criminal act of the Policyholder or Insured Member, violation or attempted violation of law and resistance to lawful arrest of any resultant imprisonment.
28. Treatment provided by a member of the Insured Member's immediate family and any auto-therapy including prescribed drugs.
29. Any costs of treatment which arise out of any accident or illness in the course of employment and which would constitute a valid claim under any Policy indemnifying liability under any WC Act of similar Act or Ordinance or at Common Law except for those expenses in excess thereof.
30. Use or treatment of any drugs not licensed by an official government control agency of the country in which the drug is given.
31. Injury under the influence of intoxicants unless it is established that intoxicants were not major factor contributing to injury.
32. The cost of second opinion for medical conditions unless considered by the Insured's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances.
33. Treatment received after the Period of Insurance under this Policy has expired unless the Policy is renewed within the grace period of thirty days and payment of full year's premium.
34. The Insured Member's physical absence from Singapore (unless the Insured Member returns to Singapore for medical treatment but not including the Emergency Assistance Services) for more than one hundred and eighty (180) consecutive days during the Policy year.

PROVISIONS

A. ELIGIBILITY

Persons eligible for cover under this Policy are:

1. The Policyholder, whose age is between nineteen (19) years and sixty-five (65) years at enrolment and up to seventy-five (75) on renewal or otherwise agreed by the Company.
2. The Policyholder's Dependents as defined in this Policy.
3. Singapore Citizens, Singapore Permanent Residents as well as expatriates or foreigners who are holding a valid Employment Pass, Work Permit, Dependent Pass, Student Pass, Long Term Social Visit Pass or any other valid Pass issued by the relevant government authorities as approved by the Company and who are domiciled in Singapore or otherwise agreed by the Company subject to the payment of additional premium.

CLASS OF OCCUPATION

Class I	Class II	Class III
Persons engaged in indoor & non-manual work in non-hazardous places.	Persons engaged in work of an outdoor or supervisory nature or involved occasionally in manual work whose duties do not involve the use of tools or machinery or exposure to any special hazard.	Persons engaged in manual work, involving the use of tools or machinery but not of a particularly hazardous nature.
<p>Example:</p> <ul style="list-style-type: none"> • Accountant • Office Clerk • Architect (Indoor) • Barber / Hairdresser • Beautician • Dentist / Doctor • Lawyer • Nurse • Indoor Sales / Marketing • Retiree • Surgeon (Non-veterinary) • Tailor • Homemaker • Full-Time Student (more than 16 years) 	<p>Example:</p> <ul style="list-style-type: none"> • Chauffeur • Decoratory (Supervisory) • Engineer • Foreman (Non-Construction) • Grocer • Outdoor Sales / Marketing • Surveyor • Insurance Agent / Property Agent • Assembly Line Production Worker (Not using tools & machinery) • Unarmed Security Guard • Fitness / Gym Instructor 	<p>Example:</p> <ul style="list-style-type: none"> • Baker / Chef • Butcher / Fishmonger • Carpenter (Not using woodworking machinery) • Contractor • Courier • Driver • Farmer • Hawker / Market Stallholder • Motor Repairer • Plumber • Veterinary Surgeon

Subject to approval by the Company, restricted cover during off-duty hours may be considered for Air Crew, Pilot, NSmen and Military/ Navy/Airforce personnel. All other professions and occupations not mentioned above must be referred to the company for approval EXCEPT for the following occupations which will be declined:

Industrial workers using heavy machinery; woodworking related or any occupation involving aviation activities; armed services personnel; police force personnel; fire fighters; painters; construction/unskilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig and/or offshore work; occupations involving work at heights/underground and/or handling of hazardous chemical/electricity; professional sports teams; professional divers and jockeys; welders and the like.

B. OVERSEAS TREATMENT

1. If any Insured Member has resided outside Singapore for more than sixty (60) consecutive days during the Policy year, then any eligible expenses incurred for medical treatment of the Insured Member after the sixty (60) days will be limited to the Reasonable and Customary charges for such treatment at Singapore Government Restructured Hospitals.
2. The insurance for any Insured Member will cease automatically if the Insured Member has been physically absent from Singapore for more than one hundred and eighty (180) consecutive days during the Policy year, unless prior agreement have been received and endorsed by the Company to extend the Policy to include such absence from Singapore and payment of the additional premium chargeable.

C. RENEWAL

1. The Company may amend the clauses, conditions and rates of premium of the insurance at renewal. The Policyholder will be informed of the amendments at least thirty (30) days before the renewal date at which time the amendments will apply.
2. Any endorsements or variations which may have been issued to this Policy including any premium loading imposed will continue to remain in force at each annual Renewal Date unless otherwise agreed in writing by an authorised official of the Company.
3. The Policyholder shall before each renewal of cover give notice in writing to the Company of any disease or physical defect of which the Insured Member may have become aware of during the year immediately preceding renewal of cover and failing such notice by the Policyholder shall be deemed to have reaffirmed the declaration contained in the original proposal and declaration form first lodged with the Company or other statement of health whichever is later.
4. Grace Period
 - (a) A grace period of thirty (30) days is allowed for payment of the required renewal premium. If the renewal premium is not paid on or before the last day of the grace period, the insurance under this Policy will be treated as ended on the Renewal Date.
 - (b) If an Insured Member received treatment for which eligible expenses are incurred during the grace period, the claim will only be admitted if the policy is renewed and payment of the annual premium is promptly made to the Company.
5. The Policyholder may apply for a change in the level of benefit at least thirty (30) days before the Renewal Date but any such change can only be made on the next renewal of this Policy. The Company will pay benefits for any contracted or diagnosed illnesses and conditions prior to the upgrading based on the benefits of the previous plan for twelve (12) months from the date of the upgrading provided that these illnesses or conditions are not excluded under the Policy. The Company reserves the right to reject such an application.

D. TERMINATION

The Insurance under this Policy shall automatically terminate on the date whichever of the following events shall occur first:

1. Insurance for any Insured Members under this Policy will terminate on the renewal date of this policy unless the insurance has been renewed in accordance with the "Renewal Provision" as stated above.
2. The death of the Insured Member and where the Insured Member is the policyholder, cover for all dependants will also terminate at the renewal date following the date of the death.
3. The Insured Member ceases to be a citizen or permanent resident of Singapore or no longer has a valid Employment Pass, Work Permit, Dependent Pass, Student Pass, Long Term Social Visit Pass or any other valid pass issued by the relevant government authorities for residing in Singapore as approved by the Company.
4. The entry into full time tertiary, naval, air or police service of the Insured Member other than peacetime National Reservist training in Singapore.
5. Violation of law resulting in imprisonment.
6. The termination of cover by the Company or the Insured Member or Insured Dependent subject to due notice under the terms of this Policy being given.
7. Insurance for Dependent Child
 - (a) If an Insured Child has reach age twenty-one (21) or twenty-five (25) years for those in full time tertiary institutions on the renewal date of this policy, the insurance on the insured child will end on that renewal date and will not be renewed.
 - (b) The Insured Child whose insurance has ended as a result of having reached age twenty (21) years or twenty-five (25) years for those in full time tertiary institutions has the option to apply for a separate policy.
9. If an Insured Member has attained age seventy-five (75) years on the renewal date of this policy, insurance for the Insured Member will end and will not be renewed.
10. Change in Insured Member's employment, occupation or business, habits or pursuits which is likely to result in a material increase in hazard to the Company during the Period of Insurance where such employment, occupation or business, habits or pursuits is excluded in this policy or falls outside the standard acceptable under HOSPITAL SAFE, unless prior agreement have been received and endorsed by the Company to extend cover under the Policy, insurance for the Insured Member will not be renewed.

GENERAL CONDITIONS

Interpretation

1. The proposal form, this Policy and its attached Schedule shall be read as one contract and any word expression to which a specific meaning has been attached to in any part of this Policy or of the schedule shall bear such specific meaning whosoever it may appear.
2. All notices required to be given by the Policyholder to the Company must be in writing addressed to the Company and no alteration in terms of this Policy nor any endorsement hereon will be valid unless the same is signed or initiated by an authorised representative of the Company.
3. No agent of the Company is authorised to modify or waive any of the benefits or terms or conditions of this policy or give advise binding to the Company on any claim unless the Policyholder have submitted written details or a fully completed claim form and formal acceptance of the claim or confirmation of the amendment to the benefits and terms and conditions of this policy has been put in writing by an authorised official of the Company.

Notice of material changes

1. The Policyholder shall give reasonable notice to the Company of any change in the Insured Member's country of residence or business or occupation or habits or pursuits or health status which is likely to result in a material increase in hazard to the Company and shall pay any additional premium that may be required by the Company for the continuance of coverage as indicated in writing by an authorised official of the Company.
2. The Company shall notify the policyholder in writing of any alterations or amendments to the cover or general procedures as are deemed necessary but any accidental omission or failure to send details shall not invalidate the alteration.
3. If the Policyholder fails to give notice of the changes noted above to the Company, and there is a claim for any eligible expenses incurred on or after the renewal date following the change in country of residence or business or occupation or habits or pursuits, the Company may reject such claim, at its discretion, adjust the benefits payable in respect of the eligible expenses incurred.

Claims Procedures

1. Written notice duly supported by original receipts and bills shall be given to the Company or its appointed representatives within thirty (30) days of the happening of any event likely to be the subject of a claim.
2. The Policyholder or his/her representative shall co-operate fully with the Company and its medical advisers and will fully and faithfully disclose all material facts and matters which the Policyholder knows or ought to know.
3. The Company may appoint independent administrators or an Emergency Assistance Centre to settle claims on its behalf. Consequently all rights reserved by the Company in respect of claim procedure equally apply to such third parties acting on the Company's behalf.
4. All certificates and information and evidence required by the Company shall be furnished at the expense of the Policyholder and shall be in such form and of such nature as the Company shall prescribe. The Policyholder shall provide any authorisation as may be required by the Company, its representatives and medical advisers to access medical records related to an event likely to be the subject of the claim.
5. The Insured Member, in respect of whom a claim has been submitted shall, at the expense of the Company, whenever reasonably required to do so submit to medical examinations by the registered medical practitioners appointed by the Company.
6. The Company must be notified in writing immediately of any claim or right of action against any third party arising from a claim paid under this policy. The Policyholder must inform the company in writing of any developments and take all steps that the company may reasonably require to include all benefits claimed under this policy in any claims against the third party with the objective of recovering the claim paid.
7. Proof of posting a claim form is not deemed proof of receipt.
8. If the Company denies liability to the Policyholder for any claim, the Company will not be responsible for that claim after twelve (12) months have passed from the date of this disclaimer unless the claim is the subject of pending arbitration.

CANCELLATION

1. The Policyholder may at any time, by giving notice in writing to the Company, terminate this policy or terminate cover with respect to any of the Insured Members. A pro-rated refund of premium will be calculated subject to a minimum charge of S\$50.
No refund of premium for the unexpired Period of Insurance will be granted to the Policyholder if any claim(s) has arisen during the current Period of Insurance.
2. The Company may also, at its option, terminate this policy by sending seven (7) days' notice by registered letter to the insured at his last known address, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to a min premium charge of S\$50.

OTHER INSURANCES

If the Policyholder or Insured Member becomes entitled to a refund or reimbursement of all or part of the claimed expenses from any other source (including but not limited to Medishield or Medishield plus or any private medical insurance scheme plan administered/ approved by the CPF board of the Republic of Singapore), or if there is in place any other insurance against the events covered, the company will only be liable for the excess of the amount recoverable from such other source or insurance.

Payment of Benefits

1. The receipt of any benefit payable to the Policyholder and/or Insured Member shall be deemed final and complete discharge of the Company's liability.
2. If the benefits payable under this Policy in respect of expenses incurred by the Insured Member have been partly or fully reimbursed from the Insured Member's Medisave account or Medishield or Medisave approved integrated plan, then the Company will reinstate partially or fully the claim limits of the Insured Member in the same order in accordance with prevailing legislation or regulations at the time of submission of the claim.

Misstatement or Fraud

1. If the Policyholder's proposal or declaration is untrue in any respect or if any material fact affecting the risk be incorrectly stated therein or omitted therefrom or if this insurance or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression of facts, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then, in any such cases, this Policy shall be void and no refund of premium will be payable.
2. The due observance and fulfillment of the terms conditions and endorsements of this Policy by the Policyholder or any claimant insofar as they relate to anything to be done or not to be done and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.

Arbitration

1. All differences arising out of this Policy shall be referred to the decision of an arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator, to the decision of two arbitrators; one to be appointed in writing by each of the parties within one calendar month after having been required in writing to do by either parties; or in case the arbitrators do not agree, of an umpire appointed in writing by the Arbitrators before entering upon references. The Umpire shall sit with the Arb and preside at their meeting and the making of an award shall be a condition precedent to any right of action against the Company.
2. If the Company shall disclaim liability to the Policyholder or the Policyholder's legal representatives, or any claimant for any claim hereunder, such claim shall for all purposes be deemed to have been abandoned and shall not hereafter be recoverable if no action is taken twelve (12) months from the date such disclaimer have been referred to arbitration under the provisions herein contained.

Form of Notices

1. Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and will be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.
2. The Company's notice, request, instruction or communication is presumed to be received:
 - in case of the letter, on the 7th day after posting if posted locally, and on the 14th day after posting, if posted overseas;
 - in the case of personal delivery or delivery by courier, on the day of delivery;
 - in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of dispatch; or
 - in the case of other means as approved, adopted or accepted by the Company, as when the Company decides then it is reasonable to be received.

ALTERATION POLICY

No alteration in the clauses of this Policy or any endorsement will be valid unless the alteration or endorsement is signed or initiated by an authorised by representative of the Company.

CONDITIONS PRECEDENT TO POLICY

The due observance and fulfillment of the terms provisions conditions and endorsements of this Policy by the insured insofar as they relate to anything to be done or complied with by them and the truth of the statements and answers in the proposal and/or declaration shall be conditions precedent to any liability of the Company to make any payment under this Policy.

MISSTATEMENT OF AGE

If the date of birth of any Insured Member stated in the proposal for this Policy is found to be incorrect, then:

1. If the Insured Member's true age is greater than that stated, any benefit payable will be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year.
2. If the Insured Member's true age is lower than that state, any premium paid in excess of that which should have been paid will be refunded to the Policyholder for the year in which the error was discovered without interest.
3. If at the correct age an Insured Member would not have been eligible for cover under this Policy, no benefit shall be payable. The liability of the Company shall be limited to the refund of the premium paid without interest.

LAW

The Policy shall be construed according to and governed by the law of the Republic of Singapore.

CURRENCY

All payment shall be made to the Policyholder or a properly appointed nominee. All claims payments shall be made in Singapore currency and no interest will be added to any amount of benefit payable under this Policy.

ADDITIONAL ENDORSEMENTS

The following endorsements shall apply to this Policy unless otherwise stated and/or deleted in the Policy Schedule.

CONDITION PRECEDENT

The validity of this Policy subject to the condition precedent that:

1. for the risk insured, the named insured has 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
2. If the named insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months;
 - the named insured has 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
 - a copy of the written confirmation from the previous insurer to this effect is first provided by the named insured to the Company before cover incepts.

NO CLAIM DISCOUNT

In the event of no claim being made under this Policy during a Period of Insurance, the insured is entitled to a No Claim Discount as follows:

Period of Insurance	Discount
The preceeding year	5%
The preceeding 2 consecutive years	10%
The preceeding 3 consecutive years	15%
The preceeding 4 or more consecutive years	20%

Up to a maximum of 20%.

In the event of a claim being made, the No Claim Discount will be reduced to 0% regardless of the amount of NCB the policy is enjoying.

TERRORISM EXCLUSION ENDORSEMENT

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost of expense is not covered by this insurance the burden of proving the contrary shall be upon the Assured.

CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001

A person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 and any subsequent revision or amendment thereof to enforce any of its terms. For avoidance of doubt, the application of the said Act is expressly excluded insofar as this Policy contract is concerned.

PAYMENT BEFORE COVER WARRANTY

The Payment Before Cover Warranty will apply to all personal lines policies. By virtue of this warranty, a personal lines policy shall not be in force unless premium is paid to the Company or intermediary on or before the date of the inception of the Policy.

- (a) Notwithstanding anything herein contained but subject to clauses (a) and (b) hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
- (b) In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

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