



Policy Wording

Corporate First Group Personal Accident

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About this Policy

This policy wordings, together with the latest Policy Schedule for the applicable Benefits, the proposal form and any Endorsements, forms the basis of the contract between the Policyholder and the Company. The Company agrees to provide the Insured Person the insurance cover for the applicable Benefits as listed in the Policy Schedule and described in this Policy provided that the Policyholder pays the premium when due and the Company accepts it subject to the terms and conditions of this Policy.

This policy wordings should be read carefully together with the Policy Schedule for applicable Benefits and any Endorsements to ensure that the terms and conditions are fully understood, and the coverage meets the requirement of the Policyholder/Insured Person(s). If there are any questions regarding the terms and conditions of this Policy wordings, the Policyholder may contact the Company, or the Policyholder's intermediary, whichever applicable.

All terms and conditions of this Policy must be continuously satisfied by the Policyholder and Insured Person(s) for the Policyholder and Insured Person(s) to be eligible for coverage under this Policy.

Schedule of Benefits

Please refer to the Policy Schedule provided along with this Policy for selected Benefits and corresponding Sum Insured applicable to each Insured Person covered under this Policy.

Individual Benefits under section 'Benefits' should be referred to for full details of coverage.

Ongoing Duty of Disclosure

The Policyholder and Insured Person(s) have a duty to take reasonable care not to make a misrepresentation when purchasing this Policy, to answer all questions fully, honestly, accurately and to the best of their knowledge and disclose any matter that they know to be relevant to the Company in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant.

This duty of disclosure shall continue until the time this Policy is entered into, varied or renewed with the Company. The Policyholder and Insured Person(s) also have a duty to tell the Company immediately if at any time after this Policy has been entered into, varied or renewed with the Company, any information given when the Policy was purchased is inaccurate or has changed.

Failure to do so may:

1. result in the Company reviewing the cover granted including withdrawing or amending cover previously approved;
2. void this Policy from inception (which means treating it as invalid) and the Company may not return the premium or may recover any unpaid premium;
3. result in refusal or reduction of claims that has been or will be made under the Policy;
4. change the terms of this Policy;
5. terminate this Policy and return any premium less the Company's cancellation charge or recover any unpaid premium;
6. entitle the Company to recover any shortfall in premium;
7. entitle the Company to recover from Policyholder and Insured Person(s) the total amount of any claim already paid under the Policy or any claim the Company has to pay under any relevant legislation, plus any recovery costs.

Eligibility

To be eligible for coverage under this Policy, an Insured Person must meet the criteria specified for an Insured Person as described in the Policy Schedule and continuously satisfy all requirements as specified under 'Age' section of this Policy.

Age

There are no age limits in this Policy.

Premium for an Insured Person 80 years of age or older is based on 100% of the coverage that would be in effect if the Insured Person is below 80 years old.

Once an Insured Person attains the age of 80, (i) the Sum Insured under the "Accidental Death and Permanent Disabilities" Benefit will be the lesser of 50% of the Sum Insured as specified in the Schedule of Events or S\$300,000; and (ii) no claim will be payable under Item 2 of the Schedule of Events.

Important Note:

1. Age means the Insured Person's age as on their last birthday.

Operative Times of Cover

An Insured Person is only covered during the following Operative Time of Cover shown on the Policy Schedule.

OP1 - 24 hours worldwide

24 hours Worldwide – cover for an Insured Person for 24 hours a day, daily and worldwide.

OP2 – Specific cover (includes commuting)

Cover for an Insured Person is for the period of time and for the scope of coverage within Singapore specifically endorsed to a Policy. This includes Insured Person's commuting directly between their usual place of residence in Singapore and venue where Insured Persons are carrying out activities authorized by the Policyholder.

OP3 – Specific cover (excludes commuting)

Cover for an Insured Person is for the period of time and for the scope of coverage within Singapore specifically endorsed to a Policy. This excludes any commuting between Insured Person's usual place of residence in Singapore and venue where Insured Persons are carrying out activities authorized by the Policyholder.

General Policy Definitions

Wherever the following words or phrases appear in this Policy and begin in uppercase, the definitions with interpretation as set out below will apply. Where appropriate, words mentioned in the plural shall also have their singular meaning and vice versa. Please note that this Policy has been designed to offer multiple Extensions and Additional Benefits and therefore not all the definitions listed herein will be relevant to the selected listed Extensions and Additional Benefits as shown in the Policy Schedule.

Please read each section of this Policy for additional specific definitions where applicable.

1. **Accident or Accidental**

A sudden, unexpected, violent, visible and specific event caused external to the body which occurs at an identifiable time and place during the Operative Time of Cover.

2. **Activities of Daily Living**

It is the following 6 activities which an Insured Person can perform on their own:

- a. **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.
- b. **Feeding** means the ability to feed oneself food after its preparation and being made available.
- c. **Mobility** means the ability to move indoors from room to room on level surfaces.
- d. **Toileting** means the ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate.
- e. **Transferring** means the ability to move from a bed to an upright chair or wheelchair, and vice versa.
- f. **Washing** means the ability to wash in the bath, or shower or wash by other means.

3. **Aggregate / Conveyance Limit**

It means the maximum amount that is payable for all Insured Persons under the "Accidental Death and Permanent Disabilities" Benefit arising from the:

- a. same Accident or series of Accidents contributed to or caused by the same original cause, event or circumstance; or
- b. same Conveyance Accident or series of Conveyance Accidents contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Aggregate Limit as specified in the Policy Schedule. If the total loss amount is in excess of this Aggregate Limit, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, Conveyance means any land vehicle, sea vessel or aircraft which is a licensed registered operator providing regular scheduled transportation services for individuals who travel as fare paying passengers.

4. **Aggregate Limit - Unscheduled Conveyance**

It means the maximum amount that is payable for all Insured Persons under the "Accidental Death and Permanent Disabilities" Benefit arising from the same Unscheduled Conveyance Accident or series of Unscheduled Conveyance Accidents contributed to or caused by the same original cause, event or circumstance.

The Company shall not be liable for any amount in excess of the Aggregate Limit - Unscheduled Conveyance as specified in the Policy Schedule. If the total loss amount is in excess of this Aggregate Limit - Unscheduled Conveyance, payment will be made proportionately to the Sum Insured for each Insured Person.

For the purpose of this definition only, "Unscheduled Conveyance" means any land vehicle, sea vessel or aircraft owned by Policyholder or is a licensed registered operator whose transportation services for individuals who travel as fare paying passengers, are not conducted in accordance with fixed schedules or over specific routes.

5. **Benefit**

It refers to the benefits listed in the Policy Schedule and which are subject to the terms and conditions as stated under this Policy respectively.

6. **Big Toe**

The first digit of a Foot.

7. **Bodily Injury**

An identifiable physical injury which is caused by an Accident solely and independently of any (a) other causes (except sickness directly resulting from, or medical or surgical treatment rendered necessary by such Bodily Injury); or (b) Pre-existing Condition; or (c) congenital condition.

8. **Chinese Physician**

A traditional Chinese medicine practitioner (including an acupuncturist or bonesetter) licensed under any applicable laws and acting within the scope of their license and training. The attending Chinese Physician shall not be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Insured Person's Relative.

9. **Civil Commotion**
A substantial violent disturbance by a large number of persons assembled together and acting with common purpose or intent.
10. **Civil War**
A hostile conflict by means of armed forces carried on between opposing citizens of the same nation or state.
11. **Claimant**
It refers to the Policyholder, Insured Person or their legal representative, as applicable, making a claim against this Policy.
12. **Company**
It refers to AIG Asia Pacific Insurance Pte Ltd (201009404M).
13. **Country of Residence**
A country in which an Insured Person is a permanent resident in or is a holder of an employment permit granted by the relevant government authority.
14. **Day**
Day means a completed period of 24 hours.
15. **Dependent Child(ren)**
Refers to the biological children, legally adopted children or stepchildren of the Insured Person who are:
a. from the age of 15 days after birth up to 19 years old, or up to 25 years of age if they are attending as a full-time student in an accredited institution of higher learning, who are unmarried and receive financial maintenance and support from the Insured Person; or
b. physically or mentally incapable of self-support.
A Dependent Child excludes any child in full-time national service.
16. **Employee**
An Insured Person who is under a contract of employment with the Policyholder.
17. **Endorsement**
It is a written notice to the Policyholder stating an amendment, deletion or addition made to this Policy.
18. **Extension**
It refers to the additional cover(s) to the Benefits listed in the Policy Schedule and which are subject to the terms and conditions as stated under this Policy respectively.
19. **Facial Scar**
A scar on the face, which is the area bordered by the natural hairline surrounding the forehead, the front of the ears and the lower jaw and which was sustained due to an Accident.
20. **Finger**
The digit of a hand.
21. **Foot**
The entire foot below the ankle.

22. **Hand**
The entire hand below the wrist.
23. **Home**
The Insured Person's usual place of residence at the time of the Accident.
24. **Home Country**
It means the country of which the Insured Person holds a passport for. If the Insured Person holds more than 1 passport, the home country means the country declared to the Company.
25. **Hospital**
Any institution lawfully operated for the care and treatment of sick or injured persons:
- a. with organised facilities for diagnosis and surgery (including operating theatres) in the same premises;
 - b. with 24 hours daily nursing service by registered nurses;
 - c. operated under the supervision of Medical Practitioner(s); and
 - d. which is not a clinic, a nursing home, rest home, convalescence, palliative care, hospice or rehabilitation centres, a place used for custodial care, a place for the treatment of alcoholics or drug addicts, institution to treat mental or behavioural disorders, sanatorium, any transitional care centre or home for the aged or similar establishment; even if located at the same place.
26. **Hospitalisation/Hospitalised**
It is the admission of the Insured Person to a Hospital as an In-patient during the Period of Insurance. For the avoidance of doubt, Hospitalisation shall be evidenced by daily boarding charges imposed by a Hospital.
27. **In-patient**
It means the Insured Person is confined in a Hospital as a registered patient for Medically Necessary treatments of a covered Bodily Injury suffered by the Insured Person for a completed period of at least 24 consecutive hours and such confinement is certified as necessary by the attending Medical Practitioner.
28. **Insured Person**
Insured Person(s) shall mean any person described on the Policy Schedule as being an Insured Person who is nominated by the Policyholder from time to time to be insured under this Policy during a valid Period of Insurance. Cover applies until the end of the Period of Insurance or the date upon which the Insured Person ceases their employment, affiliation, or association with the Policyholder, whichever occurs first.
29. **Insurrection**
A violent uprising of citizens in resistance to their government.
30. **Limb**
The entire limb between the shoulder and the wrist or between the hip and the ankle.
31. **Medical Expenses**
The actual, reasonable and Medically Necessary expenses incurred to treat an Insured Person or as prescribed by a Medical Practitioner for:
- a. medical treatment or supplies;
 - b. room and board charges for Hospitalisation;
 - c. medical or surgical services and nursing treatment;
 - d. ambulance charges; and

- e. any dental treatment where such treatment is necessarily incurred to restore sound and natural teeth following an Accident.

32. **Medically Necessary**

It shall mean a medical service provided on Medical Practitioner's recommendation/advice which is:

- a. consistent with the diagnosis and customary medical treatment for a covered Bodily Injury or Sickness;
- b. in accordance with standards of good medical practice, consistent with current standard of professional medical care and of proven medical benefits;
- c. not of an experimental, investigational, research, preventive or screening in nature; and
- d. for which charges are fair and does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar Bodily Injury or Sickness in accordance with accepted medical standards and practice that could not have been omitted without adversely affecting the Insured Person's Bodily Injury or Sickness.

33. **Medical Practitioner**

It shall mean a legally registered and qualified medical practitioner with a medical degree in western medicine and authorised by the medical licensing authority of that country to provide medical or surgical service within the scope of their license, specialised accreditation and training.

For dental treatment only, a Medical Practitioner is defined as a dental practitioner who holds a specialist dental accreditation or who specialises in a specific branch of dentistry.

Medical Practitioner cannot be the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Insured Person's Relative.

34. **Operative Time**

It refers to the time period and coverage duration selected by the Policyholder for the Insured Person covered under this Policy during the Period of Insurance as shown in the Policy Schedule and shall have the respective meaning as shown in the Section of "Operative Times of Cover".

35. **Overseas**

It refers to outside the territorial limits of the Country of Residence.

36. **Paraplegia**

The Permanent and entire paralysis of both legs and part or whole of the lower half of the body.

37. **Parent**

An Insured Person's parent (whether natural, step or adoptive) and they must be primarily dependent on the Insured Person receiving financial maintenance and support.

38. **Partner**

It is someone the Insured Person is legally married to or in a civil partnership with, or someone they have been living with for a minimum of two consecutive years at the same registered address as if they were married or in a civil partnership.

39. **Period of Insurance**

It is the period of time as shown on the Policy Schedule during which cover applies for the Insured Person and for which premium has been paid.

40. **Permanent**

Permanent means lasting for at least 12 consecutive months and at the end of that time is certified by a Medical Practitioner as being beyond hope of improvement and will in all probability continue for the remainder of the Insured Person's natural life.

41. **Permanent Disabilit(ies)**

It refers to a Bodily Injury that results in Items 2 to 22 as listed under the Schedule of Events.

42. **Permanent Neurological Deficit**

It means symptoms of dysfunction in the nervous system that are diagnosed to be present on clinical examination by a neurologist and expected to last throughout the life of the person.

Symptoms that are covered include:

- a. numbness;
- b. hyperesthesia (increased sensitivity);
- c. paralysis;
- d. localised weakness;
- e. dysarthria (difficulty with speech);
- f. aphasia (inability to speak);
- g. dysphagia (difficulty in swallowing);
- h. visual impairment;
- i. difficulty in walking;
- j. lack of co-ordination;
- k. tremor;
- l. seizures;
- m. dementia;
- n. delirium; and
- o. coma.

The following are not covered:

- a. an abnormality seen on brain or other scans without definite related clinical symptoms;
- b. neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms; and
- c. symptoms of psychological or psychiatric origin.

43. **Policy**

It refers to this insurance contract which consists of the Policy wording, the latest Policy Schedule and any other documents the Company may issue to the Policyholder or Insured Person at the request or with agreement of the Policyholder or the Insured Person as the case may be, that will form part of this Policy (e.g. Endorsements).

44. **Policyholder**

The legal entity or organisation named as the Policyholder in the Policy Schedule. The Policyholder is responsible for premium payments and has the right to exercise all privileges under this Policy.

45. **Policy Effective Date**

In respect of this Policy and for the Insured Person covered under this Policy, it refers to the later of:

- a. the initial effective date as specified on the Policy Schedule;
- b. the first date Insured Person was covered under this Policy; or
- c. the effective date any additional cover or increased Sum Insured is granted to the Insured Person while they are covered under this Policy, only in respect to the additional cover or increased Sum Insured.

46. **Policy Schedule**

The document showing details of the Period of Insurance and the particulars of the Policyholder and eligible Insured Persons, including the Policy sections, the Benefits and the respective Sums Insured, which should be read with this Policy.

47. **Pre-Existing Condition**

Any bodily injury or sickness, disease or other medical condition which an Insured Person suffers prior to the Policy Effective Date and which:

- a. first manifested itself, worsened, became acute or exhibited symptoms prior to the first date the Insured Person is covered under the Policy which would have caused any ordinarily prudent person to seek diagnosis, care or treatment; or
- b. requires the Insured Person to take prescribed drugs or medicine; or
- c. was treated by a Medical Practitioner or treatment had been recommended by a Medical Practitioner.

48. **Public Conveyance**

It refers to any commercial land, water or air conveyance operating under a valid license for the transportation of fare-paying passengers which operate to fixed, established and regular schedules and routes. It shall also include licensed taxis and e-hailing service vehicles that are four-wheel motor vehicles with a minimum capacity of 4 passenger seats and maximum capacity of 9 passenger seats. It does not include cruise liners or any conveyance if chartered or arranged as part of a tour even if such services are regularly scheduled.

49. **Quadriplegia**

The Permanent and entire paralysis of both legs and both arms.

50. **Rebellion**

A deliberate, organised and open resistance, by force and arms, to the laws or operations of a government, committed by its citizens.

51. **Relative**

The Insured Person's aunt, brother, child, grandchild, grandparent, nephew, niece, parent, Partner, sister or uncle.

52. **Revolution**

It means to overthrow a regime or political system by its citizens.

53. **Second Degree Burns**

It refers to partial thickness burns which affect both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands) as diagnosed by a Medical Practitioner. An assessment of the percentage of body affected by these burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognised by local authority.

54. **Sickness**

It refers to an illness, disease or other physical conditions characterised by a pathological deviation from the normal healthy state. For the avoidance of doubt, Sickness includes but not limited to infectious diseases, heatstroke, decompression sickness, hypothermia and mountain sickness.

55. **Strike**

A lockout or total or partial work stoppage to enforce demands made on an employer or to protest against an act or condition.

56. **Sum Insured**

It refers to the amount payable for a Benefit as shown on the Policy Schedule or as otherwise specified in this Policy.

57. **Temporary Total Disablement**

It means a Bodily Injury that entirely disables and prevents the Insured Person from engaging in or attending to their profession or usual occupation and is under the regular care of and acting in accordance with the instructions or professional advice of the attending Medical Practitioner. The Medical Practitioner must medically certify that the Insured Person is suffering from Temporary Total Disablement for which there is a reasonable chance of improvement or recovery.

58. **Temporary Partial Disablement**

It means a Bodily Injury that entirely disables and prevents the Insured Person from engaging in or attending to a substantial part of their profession or usual occupation immediately following the period of Temporary Total Disablement and is under the regular care of and acting in accordance with the instructions or professional advice of the attending Medical Practitioner. The Medical Practitioner must medically certify that the Insured Person is suffering from Temporary Partial Disablement for which there is a reasonable chance of improvement or recovery.

59. **Terrorism**

It means any actual or threatened use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s), directed at or causing damage, injury, harm or disruption, or committing of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. The act must be verified or recognised by the relevant government as an act of terrorism.

60. **Third Degree Burns**

It refers to full thickness burns which result in the destruction of both the epidermis (the outer layers of the skin) and dermis (the layers of the skin that contain hair follicles, nerve endings, sweat and sebaceous glands), that can also affect deeper tissues, as diagnosed by a Medical Practitioner. These burns usually require surgery or skin grafting. An assessment of the percentage of body affected by these burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognised by local authority.

61. **Thumb**

The first digit of a Hand.

62. **Toe**

The digit of the Foot.

63. **Total Disablement**

In relation to an Insured Person who is employed by the Policyholder, the inability to continue in any and every occupation for the rest of the Insured Person's life.

In relation to an Insured Person who is not employed by the Policyholder, the inability to carry out 3 or more Activities of Daily Living.

64. **Total Loss**

It refers to the Permanent total and irrecoverable loss of use or Permanent loss by physical severance (separation).

- a. In the case of a loss of a leg or lower Limb
 - i. Loss by Permanent physical severance at or above the ankle; or
 - ii. Permanent, total and irrecoverable loss of use of a complete leg or Foot.
- b. In the case of a loss of an arm or upper Limb
 - i. Loss by Permanent physical severance of the four Fingers at or above the metacarpophalangeal joints (where the Fingers join the palm of the Hand); or
 - ii. Permanent, total and irrecoverable loss of use of a complete arm or Hand.
- c. In the case of a loss of Thumb, Finger, Big Toe or Toe
 - i. Loss by Permanent physical severance of the entire Thumb, Finger, Big Toe or Toe; or
 - ii. Permanent, total and irrecoverable loss of use of a complete Thumb, Finger, Big Toe or Toe.
- d. In the case of loss of sight
 - i. Permanent, total and irrecoverable physical loss of one or both eyes or the permanent, total and irrecoverable loss of a substantial part of the sight of one or both eyes. The Company will consider loss of sight in one or both eyes or the loss of a substantial part of sight in one or both eyes, if confirmed by a certified ophthalmologist, who is also a Medical Practitioner.

- e. In the case of loss of speech
 - i. The Permanent, total and irrecoverable loss of the ability to speak.
- f. In the case of loss of hearing
 - i. Permanent, total and irrecoverable loss of hearing resulting in inability of the Insured Person to hear sounds quieter than 90 decibels across frequencies between 500 Hz and 3,000 Hz when tested by a qualified audiologist.

65. **Valid Claim**

Any claim under this Policy which, according to the terms of the Policy, the Policyholder or Insured Person is entitled to receive a payment from the Company.

66. **War**

It means declared or undeclared hostile action between two or more nations or states.

Core Benefits

Please note that Policyholder or Insured Person must refer to the Policy Schedule for applicable Benefits to their Policy as not all the Benefits listed below will apply to their Policy.

Section 1. Accidental Death and Permanent Disabilities Benefit

If an Insured Person sustains a Bodily Injury that directly results in one of the events listed in the Schedule of Events below, within 12 months from the date of Accident, the Company will pay the Sum Insured as specified in the Policy Schedule subject to the applicable percentage as set out in the Schedule of Events.

SCHEDULE OF EVENTS

Item	Bodily Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified in the Policy Schedule
1	Accidental Death	100%
2	Permanent Total Disablement	150%
3	Paraplegia	160%
4	Quadriplegia	175%
5	Permanent Total Loss of two or more Limbs	150%
6	Permanent Total Loss of Sight of both eyes	150%
7	Permanent Total Loss of one Limb	125%
8	Permanent Total Loss of Sight of one eye	100%
9	Permanent Total Loss of hearing in:	
	a. Both ears	100%
	b. One ear	30%
10	Permanent Total Loss of the natural lens of one eye	75%
11	Permanent Total Loss of speech	75%
12	Permanent Total Loss of lower jaw by surgical treatment	40%

SCHEDULE OF EVENTS

Item	Bodily Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified in the Policy Schedule
13	Permanent Total Loss of one Thumb of either Hand:	
	a. Both joints	40%
	b. One joint	25%
14	Permanent Total Loss of each Finger of either Hand	
	a. Three joints	20%
	b. Two joints	15%
	c. One joint	10%
15	Permanent Total Loss of each Toe of either Foot	
	a. All Toes - one Foot	25%
	b. Big Toe- one or both joints	10%
	c. Other than Big Toe, each Toe	2%
16	Permanent Total Loss of kidney	25%
17	Permanent Total Loss of spleen	20%
18	Fractured leg or patella with established non-union	20%
19	Shortening of leg by at least 5 cm	10%
20	Permanent Facial Scar longer than 10cm	10%
21	Permanent Facial Scar longer than 5 cm	5%
22	Permanent disablement which is not provided for under Items 2-22 above	Such percentage of the Sum Insured payable, which the Company has absolute discretion in determining and in its opinion is consistent with the Sum Insured provided under above mentioned 'Items'. The maximum amount payable under Item 22 is 75% of the applicable Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. Once an Insured Person attains the age of 80, (a) the Sum Insured under the "Accidental Death and Permanent Disabilities" Benefit will be the lesser of 50% of the Sum Insured as specified in the Schedule of Events above or \$300,000; and (b) no claim will be payable under Item 2 of the Schedule of Events.
- b. If an Insured Person has an existing physical impairment or existing medical condition prior to the date of the Accident, the calculation of the Sum Insured payable for Items 2-22 of the Schedule of Events will be based on the difference between the Insured Person's physical impairment or medical condition before and after the covered Accident. The Company has absolute discretion in determining Sum Insured payable in the event the Insured Person has an existing physical impairment.
- c. Limitation on multiple benefits; If an Insured Person sustains one or more Bodily Injuries from the same Accident for which amounts are payable under more than one of the Items as listed in the above Schedule of Events, the maximum amount payable under all of the Items combined will not exceed 150% of the Sum Insured as shown on the Policy Schedule, unless a Valid Claim is payable under either of Items 3 or 4 of the Schedule of Events. In the event of a Valid Claim under Items 3 or 4 of the Schedule of Events, the maximum amount payable under all of the Items combined will not exceed 160% and 175% of the Sum Insured as shown on the Policy Schedule respectively.
- d. The Company will reduce any Sum Insured due for Accidental death by any payment which the Company has already made to the Insured Person under the Schedule of Events above for the same Accident.

- e. If an Insured Person sustains a Bodily Injury resulting in any 1 of the above Events where the percentage of the Sum Insured is 100% or more, the Company will not be liable under the Policy for any subsequent Bodily Injury to that Insured Person. The Policy will continue as if this Benefit had been cancelled for that Insured Person.
- f. The degree of disability under Item 22 of the Schedule of Events shall be as certified by not less than 3 Medical Practitioners, one of whom shall be the Insured Person's treating doctor and the other 2 shall be independent Medical Practitioners as nominated and selected by the Company.
- g. Any medical assessment required for the purpose of adjudicating a claim under this Benefit will be made, at the Company's sole discretion, by either the Insured Person's Medical Practitioner or an independent Medical Practitioner as nominated and selected by the Company. The Company may decide to use more than one independent Medical Practitioner and shall use the medical reports they provide to determine the percentage to be applied to the Sum Insured shown on the Policy Schedule.
- h. If a claim or series of claims from one Accident exceeds the Aggregate Limit – Unscheduled Conveyance or the Aggregate/Conveyance Limit shown on the Policy Schedule or Endorsements during any one Period of Insurance, the Company will pay the limit shown on the Policy Schedule or Endorsements or reduce each payable claim proportionately until the combined total does not exceed the applicable limit shown on the Policy Schedule or Endorsements.

Aggregate Limit – Unscheduled Conveyance shall not exceed the Aggregate/Conveyance Limit shown on the Policy Schedule or Endorsements.

AUTOMATIC INCREASE IN BENEFIT

The Sum Insured in respect of Items 1 to 22 of the Schedule of Events will, upon each annual renewal, increase each year by 5% of the Sum Insured in the prior year for each Insured Person under this Policy, provided that:

- a. no claim has been paid or notified for any Insured Person under this Policy during the Period of Insurance immediately preceding the renewal;
- b. the Policy has no interruption of cover, has not been terminated or cancelled at any time for any reason whatsoever in the preceding years;
- c. the Policy is renewed annually prior to the expiry of the previous Period of Insurance or, as provided for under 'Condition 12, Premium Payment Warranty' of the General Policy Conditions;
- d. such increases shall correspond to the number of annual renewals of the relevant expiring policy(ies);
- e. the maximum period for increase in the Sum Insured in respect of any 1 Insured Person shall be limited to 5 consecutive years or shall not exceed \$500,000 or its equivalent, whichever is lower; and
- f. the amount payable is subject to this Policy's Aggregate/Conveyance Limit (where applicable).

The increase in Sum Insured accrues from the time the Insured Person was first insured by the Company and they have been continuously employed by the Policyholder for at least 12 months prior to the Accident.

Section 2. Accidental Medical Reimbursement

If an Insured Person sustains a Bodily Injury, the Company will reimburse the Medical Expenses incurred to treat a Bodily Injury sustained by the Insured Person within 12 months from the date of Accident, up to the maximum Sum Insured shown on the Policy Schedule for any one Accident.

Out of the Sum Insured shown on the Policy Schedule for this Benefit, the Company will only reimburse the cost for treatments by a Chinese Physician, chiropractor, podiatrist or physiotherapist (if the physiotherapy treatment is deemed Medically Necessary by the attending Medical Practitioner and given a written medical referral by them in respect of a Bodily Injury), up to the maximum sum of \$1,000 or the Sum Insured stated on the Policy Schedule for this Benefit, whichever is lesser.

If an Insured Person is entitled to a refund of all or part of such expenses from any other source, the Company will only pay the amount of expenses incurred over and above the refunded amount up to the Sum Insured shown in the Policy Schedule.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any cosmetic, plastic surgery or elective surgery or treatment, unless necessitated by a Bodily Injury caused by an Accident.
- b. Any medical transportation services.

Section 3. Weekly Indemnity for Temporary Total Disablement

If an Insured Person sustains a Bodily Injury resulting in Temporary Total Disablement, the Company will pay a weekly Sum Insured for the days of the Temporary Total Disablement as a result of such Bodily Injury as specified in the Policy Schedule up to a maximum of 104 consecutive weeks for any one Accident, provided:

- a. The Temporary Total Disablement is certified to occur within 12 months from the date of the Accident;
- b. The Insured Person is employed by the Policyholder at the time of the Accident and throughout the period of the claim; and
- c. The Insured Person is under the continuous care of and acting in accordance with the instructions or professional advice of the attending Medical Practitioner during the period of the claim.

For the avoidance of doubt, in the event an Insured Person sustains a Bodily Injury resulting in Temporary Total Disablement for less than a full week, the sum payable under this Benefit would be pro-rated.

Section 4. Weekly Indemnity for Temporary Partial Disablement

If an Insured Person sustains a Bodily Injury resulting in Temporary Partial Disablement, the Company will pay a weekly Sum Insured for the days of the Temporary Partial Disablement as a result of such Bodily Injury as specified in the Policy Schedule up to a maximum of 104 consecutive weeks for any one Accident, provided:

- a. The certified Temporary Partial Disablement follows immediately from Temporary Total Disablement and arising from the same Bodily Injury;
- b. The Insured Person is employed by the Policyholder at the time of the Accident and throughout the period of the claim; and
- c. The Insured Person is under the continuous care of and acting in accordance with the instructions or professional advice of the attending Medical Practitioner during the period of the claim.

Additional Benefits

Please note that Policyholder or Insured Person must refer to the Policy Schedule for applicable Benefits to their Policy as not all the Benefits listed below will apply to their Policy.

1. ACCIDENTAL HOSPITAL RECUPERATION

If an Insured Person sustains Bodily Injury, which within 30 days of an Accident solely and independently of any other cause, results in the Insured Person being Hospitalised for at least 24 consecutive hours on the recommendation of a Medical Practitioner but not for the purpose of convalescent rest, the Company will pay the Sum Insured as specified in the Policy Schedule. This Benefit is payable only once and no claim may be made under this Benefit for subsequent Hospitalisations resulting from the same Bodily Injury.

2. ACCIDENTAL LOSS OF TEETH

If an Insured Person sustains Bodily Injury that directly results in loss of Tooth or Teeth within 60 days from the date of Accident, the Company will pay up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Definitions - in addition to the General Policy Definitions applying to this Policy

A **Tooth** or **Teeth** means a sound and natural permanent tooth or teeth but does not include first or milk teeth, dentures, implants and dental fillings.

3. ACCOMPANYING FAMILY CORPORATE EVENTS COVER

This Policy extends to cover the Insured Person's Partner and Dependent Child(ren) for Bodily Injury sustained at a Corporate Event during the Period of Insurance, resulting in a Valid Claim payable under 'Accidental Death and Permanent Disabilities' Benefit. The maximum period of coverage is up to the first 5 consecutive days per Corporate Event and the Sum Insured is as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Corporate Event means an event organised and funded by the Policyholder where the Insured Person's Partner and Dependent Child(ren) are officially invited to attend such event.

4. ADDITIONAL ACCIDENTAL DEATH BENEFIT DUE TO GUNSHOT

If the Insured Person sustains a Bodily Injury due to Gunshot(s) from a Firearm that directly results in a Valid Claim for Item 1 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

- a. **Gunshot** means the act of discharging a Firearm.
- b. **Firearm** means rifles, shotguns or other portable guns. It does not include bombs or grenades containing an explosive charge.

5. ADDITIONAL ACCIDENTAL DEATH BENEFIT DUE TO NATURAL CATASTROPHE

If the Insured Person sustains a Bodily Injury due to Natural Catastrophe that directly results in a Valid Claim for Item 1 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Natural Catastrophe means cyclone, flood, hurricane, earthquake, landslide, tornado, tsunami, typhoon, volcanic eruption, windstorm, hailstorm and wildfire.

6. ADDITIONAL ACCIDENTAL DEATH BENEFIT WHILST TRAVELLING IN PUBLIC CONVEYANCE

If an Insured Person sustains a Bodily Injury when boarding, travelling in or exiting a Public Conveyance as a fare paying passenger that directly results in a Valid Claim for Item 1 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule.

7. ADDITIONAL ACCIDENTAL DEATH BENEFIT DUE TO TERRORISM

If the Insured Person sustains a Bodily Injury due to Terrorism that directly results in a Valid Claim for Item 1 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule.

The Accidental death of the Insured Person must not arise as a result of, or in connection with the Insured Person's collaboration or provocation of such act, and as a consequence of such act, could not reasonably have been avoided by the Insured Person.

8. AMBULANCE BENEFIT

If an Insured Person sustains a Bodily Injury and requires ambulance transportation as deemed Medically Necessary either:

- a. To the Hospital from the Accident site;
- b. From the Hospital to their Home upon discharge; or
- c. Between Hospitals as recommended by the attending Medical Practitioner,

the Company will reimburse the actual ambulance fees up to the maximum Sum Insured as specified in the Policy Schedule for any one Accident.

9. AUTOMOBILE EXTENSION

If Insured Person sustains a Bodily Injury due to an Automobile Accident, where the Insured Person was either a passenger or driver, that directly results in a Valid Claim under Item 1 or 2 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule, in addition to any sum that may be payable under Core Benefit: Accidental Death and Permanent Disabilities Benefit.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Automobile means a four-wheeled motor vehicle designed to run primarily on roads for passenger transportation and commonly propelled by an internal-combustion engine using a volatile fuel. It shall exclude e-hailing service vehicles booked via a mobile application and licensed taxis.

10. BEREAVEMENT COUNSELLING

If the Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events, the Company will reimburse the necessary expenses incurred for the Insured Person's Partner or Dependent Child(ren) as recommended by a Medical Practitioner, provided it is with the Company's consent, to attend either

- a. telephone counselling; or
 - b. face to face counselling; or
 - c. cognitive behavioural therapy,
- up to the maximum Sum Insured as specified in the Policy Schedule.

11. BURNS

If an Insured Person sustains a Bodily Injury resulting in one of the Events listed in the Table of Events below, the Company will pay the Sum Insured for the Event as specified in the Table of Events.

Table of Events		
Events	Bodily Injury resulting in:	Percentage of Sum Insured payable per Insured Person as specified in the Policy Schedule
THIRD DEGREE BURNS		
1	Third Degree Burns of 20% or more of the total head surface	100%
2	Third Degree Burns of 40% or more of the total body surface	100%
3	Third Degree Burns of 25% or more but less than 40% of the total body surface	80%
4	Third Degree Burns of 15% or more but less than 25% of the total body surface	60%
SECOND DEGREE BURNS ¹		
5	Second Degree Burns of 10% or more of the total head surface	100%
6	Second Degree Burns of 40% or more of the total body surface	100%
7	Second Degree Burns of 25% or more but less than 40% of the total body surface	80%
8	Second Degree Burns of 15% or more but less than 25% of the total body surface	60%

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. An assessment of the percentage of body affected by burns will be determined by a Medical Practitioner using the Rules of Nines System or its equivalent medical assessment tool that is recognised by local authority.
- b. The maximum Sum Insured payable for above Events 1 to 4 for Third Degree Burns due to the same Bodily Injury is arrived at by adding together the various percentage but shall not exceed 100%.
- c. The maximum Sum Insured payable for above Events 5 to 8 for Second Degree Burns due to the same Bodily Injury is arrived at by adding together the various percentage but shall not exceed 100% of \$500,000 or 50% of the Sum Insured for Item 1 of the Schedule of Events, whichever is lesser.
- d. The Company will reduce any Sum Insured due for Accidental death by any payment which the Company has already made to the Insured Person under the Table of Events above for the same Accident.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with any first-degree burns, sunburn, in-door tanning, cosmetic tanning or burns resulting from any aesthetic procedures.

12. CATASTROPHE CRITICAL RESPONSE COUNSELLING

If Valid Claims under Item 1 of the Schedule of Events for 5 or more Insured Persons are payable for any one Accident, the Company will reimburse the necessary expenses incurred, with the Company's consent, for specialist counselling support services for any Insured Person up to the Sum Insured as specified in the Policy Schedule.

13. CHILD EDUCATION FUND

If an Insured Person sustains a Bodily Injury that directly results in a Valid Claim payable under Item 1 of the Schedule of Events, the Company will pay the Sum Insured for each Insured Person's surviving Dependent Child enrolled as a full-time student in a recognised Educational Institution at the time of Insured Person's death as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Educational Institution means any pre-school, school, vocational institute, polytechnic, college, university or institute of higher learning which is licensed to provide educational services by trained or qualified teachers. The Educational Institution must be approved to operate under the relevant Government authority for education.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. Supporting documents showing the surviving Dependent Child(ren's) enrolment in an Educational Institution at the time of Insured Person's death must be provided to the Company.

14. CHILDCARE BENEFIT

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 2 to 9a of the Schedule of Events, and the Insured Person at the date of the Accident had Dependent Child(ren), the Company will pay the Insured Person the actual and reasonable expenses necessarily incurred for the services of a registered childcare provider up to the maximum Sum Insured as specified in the Policy Schedule regardless of the number of Dependent Child(ren), but only in respect of additional expenses that would not otherwise have been incurred.

15. COMATOSE STATE BENEFIT

If an Insured Person sustains a Bodily Injury that results in a Comatose State while being Hospitalised within 30 days from the date of Accident, the Company will pay the Insured Person the Sum Insured as specified in the Policy Schedule for any one Accident.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Comatose State (i.e., Coma) means a state of profound unconsciousness, characterised by the absence of spontaneous eye openings, response to painful stimuli, and vocalisation. This diagnosis must be supported by the attending Medical Practitioner with evidence of all of the following:

- a. no response to external stimuli for at least 30 days;
- b. life support measures are necessary to sustain life; and
- c. brain damage resulting in Permanent Neurological Deficit which must be assessed at least 30 days after the onset of the coma.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. The Insured Person must be diagnosed to be in a Comatose State while Hospitalised and continue to be an In-patient for the whole duration of the Comatose State for this Benefit to be payable.
- b. The Comatose State must be supported by the attending Medical Practitioner's report outlining the cause and period of the Insured Person's Comatose State.
- c. This Benefit is payable once for any one Accident.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with any Coma resulting from drugs or alcohol abuse, or for a medically induced Comatose State.

16. COMPASSIONATE INCOME BENEFIT

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events and the Insured Person is survived by their Partner, Parent or Dependent Child(ren), the Company will pay a critical income monthly as per the Sum Insured as specified in the Policy Schedule, up to a maximum of 12 consecutive months.

17. CORPORATE IMAGE PROTECTION

If, the Insured Person or a group of Insured Persons sustains Bodily Injury(ies) in the same Accident that is likely to result in a Valid Claim under Item 1 or 2 of the Schedule of Events, the Company will reimburse the Policyholder for the actual costs (other than the Policyholder's own internal costs) incurred for the engagement of image and/or public relations consultants and/or the release of information through the media. Costs must be incurred within 15 days of, and directly in connection with, the Accident causing such Bodily Injury(ies), to protect and/or positively promote the Policyholder's business and image. The Company will reimburse up to the maximum Sum Insured as specified in the Policy Schedule with respect to any one Accident or set of circumstances and is subject to the Policyholder giving the Company a signed undertaking that any amount paid to the Policyholder will be repaid to the Company, if it is later found that a Valid Claim did not or will not eventuate.

18. CREDIT CARD INDEMNITY

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 1 or 2 under Schedule of Events, the Company will reimburse the outstanding credit card expenses (less any arrears payments from prior months) as on the date of Accident incurred by the Insured Person on one of the Insured Person's existing credit cards up to the Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. This Benefit is only payable upon producing the supporting documents to the Company.
- b. This Benefit is only paid once in a Period of Insurance.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with any administration fees or costs or credit card repayments that are overdue and unpaid by the Insured Person prior to the occurrence of the Accident. This includes any interest or penalties applicable on such overdue and unpaid credit card repayments.

19. DEATH DUE TO DENGUE FEVER

If an Insured Person is diagnosed with dengue fever during the Period of Insurance that directly results in their death within 60 days from diagnosis of dengue fever, the Company will pay the Sum Insured as specified in the Policy Schedule.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with a death of any Insured Person having been covered under this Policy for less than 30 consecutive days from the date when cover under this Policy commences.

20. DENGUE FEVER RECUPERATION ALLOWANCE

If an Insured Person is diagnosed with dengue fever during the Period of Insurance that directly results in their Hospitalisation, the Company will pay an additional Sum Insured as specified in the Policy Schedule to assist the Insured Person financially with household bills.

There will only be one payment for this Benefit per Insured Person per Period of Insurance.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with a death of any Insured Person having been covered under this Policy for less than 30 consecutive days from the date when cover under this Policy commences.

21. DEPENDENT CHILD SUPPORT

If the Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events and is survived by their Dependent Child(ren), the Company will pay the Sum Insured for each surviving Dependent Child subject to the maximum Sum Insured as specified in the Policy Schedule.

22. DOMESTIC ASSISTANCE BENEFIT

If an Insured Person sustains a Bodily Injury that results in the Insured Person's Permanent inability to perform at least 3 out of the 6 Activities of Daily Living, the Company will reimburse for any one Accident, the costs of engaging domestic assistance services required by the Insured Person to assist with their Activities of Daily Living at the Insured Person's residence, up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

The domestic assistance provided must be verified as Medically Necessary by the attending Medical Practitioner and must be hired from a registered service provider. It cannot be provided by an Insured Person's Relative or domestic helper and does not include care or assistance in a nursing home or convalescent home.

23. EMERGENCY TRAVEL EXPENSES

If the Insured Person sustains a Bodily Injury which results in the Insured Person being Hospitalised whilst Overseas and for a minimum period of 5 consecutive days, the Company will reimburse the reasonable and actual accommodation and travel expenses incurred by the Insured Person's Partner and/or Dependent Child(ren) to visit the Insured Person at the Hospital up to the maximum Sum Insured as specified in the Policy Schedule for any one Period of Insurance.

This Benefit extension applies only to a Policy with a Period of Insurance of at least 12 months and up to the maximum Sum Insured specified during any one Period of Insurance.

24. EXECUTOR EMERGENCY CASH BENEFIT

In the event an Insured Person sustains a Bodily Injury that directly results in their Accidental death and a Valid Claim under Item 1 of the Schedule of Events is likely to be payable, upon the request of the Policyholder, the Company will pay the Sum Insured as specified in the Policy.

25. FRACTURE

If an Insured Person sustains a Bodily Injury which results in one of the Fractures listed in the Table of Fractures below, the Company will pay the Sum Insured for the Fracture as specified in the Table of Fractures.

Table of Fractures		Percentage of Sum Insured payable per Insured Person as specified in the Policy Schedule	
		Complete & Compound Fractures	All Other Fractures
1	Spine (excluding Coccyx)	100%	30%
2	Neck	100%	30%
3	Hip	100%	30%
4	Pelvis (excluding thigh)	100%	30%
5	Skull	100%	30%
6	Upper Leg	60%	20%
7	Sternum	60%	20%
8	Shoulder Blade	60%	20%
9	Collarbone	30%	15%
10	Rib	30%	15%
11	Upper Arm	30%	15%
12	Kneecap	30%	15%
13	Forearm (excluding Colles-type Fractures)	20%	10%
14	Lower Leg	20%	10%
15	Jaw	20%	10%
16	Wrist	10%	5%
17	Cheekbone	10%	5%
18	Foot (excluding toes or heel)	10%	5%
19	Finger, thumb and toe (excluding Colles-type Fractures)	10%	5%
Maximum percentage of Sum Insured payable in any one Accident		100%	

The percentage of the amount reflected in the Table of Fractures above is payable for each Event from 1 to 19 regardless of the number of Fractures suffered on each Bone Site.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

- a. **All Other Fractures** means any Fracture other than a Complete Fracture, Compound Fracture or Hairline Fracture which is not otherwise excluded by this Policy.

- b. **Bone Site** means the bone(s) or body part as listed in Fractures 1 to 19 in the Table of Fractures in this Benefit.
- c. **Coccyx** means the four fused vertebrae located at the bottom of the spine.
- d. **Colles Type Fracture** means a wrist Fracture that occurs when the radius bone in your forearm breaks. It's also known as a distal radius Fracture, transverse wrist Fracture, or a dinner-fork deformity of the wrist.
- e. **Complete Fracture** means a Fracture in which the bone is broken completely across with no connection left between the bone pieces.
- f. **Compound Fracture** means a Fracture where the bone breaks through the skin. This is also known as an open Fracture.
- g. **Fracture** means a complete or incomplete break in the continuity of a bone and is diagnosed by a Medical Practitioner through radiological evidence and diagnostic techniques.
- h. **Hairline Fracture** means small or thin crack(s) on the outer layer of the bone. This is also called a fissure Fracture.
- i. **Pathological Fracture** means a complete or incomplete break in the continuity of a bone, in an area where disease has caused weakening of the affected bone.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. The diagnosis of a listed Event from the Table of Fractures above by a Medical Practitioner must be made within 30 days from the date of Accident.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any Fracture caused by osteoporosis or any Pathological Fracture. If osteoporosis or Pathological Fracture is first diagnosed by a Medical Practitioner during the Period of Insurance, the Company will pay the Sum Insured for the first diagnosed Fracture after diagnosis; however, all subsequent Fractures will not be covered by this Policy.
- b. Any Fractures classed as Hairline Fracture, stress Fracture or fatigue Fracture.
- c. Any Fractures involving body parts or bone sites not listed in the Table of Fractures above.

26. FUNERAL EXPENSES

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule for all reasonable funeral, burial or cremation associated expenses.

27. HIV DUE TO BLOOD TRANSFUSION

If an Insured Person sustains a Bodily Injury requiring a blood transfusion, and is accidentally infected with the Human Immunodeficiency Virus (HIV) within 30 days from the date of Accident, the Company will pay the Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

This Benefit is payable provided:

- a. the blood transfusion was Medically Necessary or given as part of Insured Person's medical treatment;
- b. the blood transfusion was received in Singapore;
- c. 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;
- d. the Insured Person does not suffer from thalassemia major or haemophilia;
- e. proof of the Accident giving rise to the infection is reported to the Company within 30 days of the Accident taking place; and
- f. 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.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. any treatment rendering the HIV inactive or non-infectious; or
- b. any HIV infection resulting from any other means including sexual activity and the use of intravenous drugs.

28. INDEPENDENT FINANCIAL ADVICE BENEFIT

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 1 to 11 of the Schedule of Events within 12 months from the date of Accident, the Company will reimburse additionally up to the maximum Sum Insured as specified in the Policy Schedule for the actual costs incurred for professional financial planning advice provided by a qualified financial planner.

The financial planner cannot be the Policyholder, an Insured Person, or Insured Person's Relative.

29. INJURY RESULTING IN SURGERY

If an Insured Person sustains a Bodily Injury that directly results in them undergoing any Medically Necessary surgery Overseas as listed in the table below within 12 months from the date of Accident, the Company will pay the Sum Insured as specified in the Policy Schedule for any one Accident.

Events	Type of surgery	Percentage of Sum Insured payable per Insured Person as specified in the Policy Schedule
1	Craniotomy	100%
2	Amputation of a Limb	100%
3	Fracture of Limb requiring open reduction	50%
4	Dislocation of Joint requiring open reduction	25%
5	Any other surgical procedure carried out under general anesthetic	5%

30. INPATIENT SURGERY AND/OR TREATMENT DUE TO THIRD DEGREE BURNS

If an Insured Person sustains a Bodily Injury that results in Third Degree Burns, the Company will reimburse additionally for non-elective surgical medical expenses incurred to treat the Third Degree Burns up to the maximum Sum Insured as specified in the Policy Schedule. This Policy will only pay for a claim for the same event either under this Benefit or Additional Benefit: Non-Elective Surgical Medical Expenses, if applicable.

31. LOSS OF OR DAMAGE TO PERSONAL BELONGINGS DUE TO ASSAULT

If Insured Person sustains a Bodily Injury as a result of an unprovoked assault that results in loss or damage to their clothing and personal articles, the Company will reimburse the actual costs incurred for the replacement of the lost or damaged clothing and personal articles up to the maximum Sum Insured as specified in the Policy Schedule. For the avoidance of doubt, the Company will only pay up to \$1,000 for any loss relating to cash, cash equivalents or bank notes of any kind during any one Period of Insurance.

This extension applies only to a Policy with a Period of Insurance of at least 12 months and up to the maximum Sum Insured as specified in the Policy Schedule during any one Period of Insurance.

Where reasonably possible the Insured Person must report all losses to the police or obtain a property irregularity report, whichever is appropriate.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. more than \$1,000 for any one article, pair or set;
- b. any manuscripts, plans, drawings, designs, patterns, models or moulds;
- c. any bonds, negotiable instruments, securities, business books or computer systems records;
- d. any loss due to chipping, scratching or breakage of glass, china or other fragile articles;
- e. any loss or damage due to:
 - i) moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration,
 - ii) mechanical or electrical failure or breakdown,
 - iii) any process of cleaning, dying, restoring, repairing or alteration;
- f. any loss of or damage to vehicles, their accessories or spare parts; and
- g. any loss or damage caused by delay, detention or confiscation by order of any public authority.

32. MAJOR HEAD TRAUMA

If an Insured Person sustains a Bodily Injury to the head resulting in Major Head Trauma, the Company will pay up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

Major Head Trauma is an Accidental head injury resulting in Permanent Neurological Deficit to be assessed no sooner than 6 weeks from the date of the Accident. This diagnosis must be confirmed by a Medical Practitioner who is a neurologist that the neurological deficit is likely to continue for more than 12 consecutive months from the date of the Accident and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. any spinal cord injury; and
- b. any head injury due to any other causes.

33. MOBILITY ASSISTANCE

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 2 to 7 of the Schedule of Events, the Company will reimburse the actual reasonable costs incurred for:

- a. purchasing or renting Mobility Aid(s);
- b. modification to their personal motor vehicle; or
- c. necessary alterations and renovations in Insured Person's usual place of residence. This includes but not limited to installation of ramps for wheelchair access, internal guide rails and other similar disability aids,

for the sole purpose of coping with their disablement, up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Definitions - In addition to the General Policy Definitions applying to this Policy

- a. **Mobility Aid(s)** means medical equipment prescribed by the Medical Practitioner as Medically Necessary for the Insured Person to engage in Activities of Daily Living, including but not limited to Prosthetic Devices, orthopaedic braces, crutches, wheelchairs, walking aids and hospital beds.
- b. **Prosthetic Devices** are artificial devices replacing body parts, including but not limited to, leg, arm, back, and neck braces and artificial legs.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

This Benefit is payable:

- a. only once in an Insured Person's lifetime.
- b. alterations and installments to the Insured Person's personal vehicle can only be carried out to one personal vehicle.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any damages arising from the alteration, installment, or renovation work.
- b. Any rent or purchase of Mobility Aid(s), alteration or renovation in Insured Person's Home or personal vehicle not confirmed in writing by a Medical Practitioner or allied health professionals referred by a Medical Practitioner that any alteration or renovation is Medically Necessary to aid in Insured Person's mobility.
- c. Any rent or purchase of Mobility Aid(s), alteration or renovation in Insured Person's Home or personal vehicle that is not for the sole purpose of coping with their disablement.

34. NON-ELECTIVE SURGICAL MEDICAL EXPENSES

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 2 to 9a) of the Schedule of Events, the Company will reimburse for any non-elective surgical medical expenses incurred up to the maximum Sum Insured as specified in the Policy Schedule, provided that such non-elective surgical Medical Expenses incurred are not recoverable from any other source.

This Policy will only pay for a claim for the same event either under this Benefit or Additional Benefit: Inpatient Surgery and/ or Treatment due to Third Degree Burns, if applicable.

35. ORPHAN BENEFIT

If the Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events, and the Insured Person's Partner passes away in the same Accident, in the event they are survived by their Dependent Child(ren), the Company will pay the Sum Insured as specified in the Policy Schedule for the Dependent Child(ren).

36. PARENT CARE BENEFIT

If the Insured Person sustains a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events and is survived by a Parent(s), the Company will pay the Sum Insured as specified in the Policy Schedule for each surviving Parent, up to a maximum of 2 surviving Parents for each Insured Person.

37. PARTNER RETRAINING BENEFIT

If an Insured Person sustains Bodily Injury resulting in a Valid Claim payable under Item 1 or 2 of the Schedule of Events, the Company will reimburse, at the Policyholder's request, up to the maximum Sum Insured as specified in the Policy Schedule for the actual costs incurred for the training or retraining of the Insured Person's Partner who is unemployed at the time of the Accident:

- a. for the purpose of obtaining gainful employment;
- b. to improve their employment prospects; or
- c. to enable them to improve the quality of care they can provide to the Insured Person.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

This Benefit is payable provided that:

- a. the Partner is aged under 65 years at the commencement of such training; and
- b. the training is provided by a Singapore recognised institution with qualified skills to provide such training; and
- c. all such expenses are incurred within 24 months from the date of Accident for which the claim depends.

38. PHYSIOTHERAPY COSTS

If an Insured Person sustains a Bodily Injury that results in a Valid Claim under Items 2 to 9a) of the Schedule of Events and if physiotherapy treatment is deemed Medically Necessary by the attending Medical Practitioner and the Insured Person has a written medical referral from the attending Medical Practitioner to the physiotherapist, the Company will reimburse the cost of physiotherapy treatments up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

- a. This benefit will only apply after the physiotherapy maximum payout under Core Benefit: Accidental Medical Reimbursement has been fully claimed.
- b. The Company will not pay under this Benefit any claim in connection with any treatment or services provided by the Insured Person, the Insured Person's business partner or agent, Insured Person's employer or employee or Relative.

39. RECRUITMENT EXPENSE

If Insured Person sustained a Bodily Injury that results in a Valid Claim under Item 1 of the Schedule of Events, the Company will reimburse the actual reasonable costs incurred by the Policyholder for the recruitment of an employee to replace the Insured Person on a permanent basis up to the maximum Sum Insured as specified in the Policy Schedule. For the avoidance of doubt, this Benefit does not provide cover for any remuneration paid to the replacement employee. Such costs must be incurred within 3 months from the date of Accident and be necessary for the continuation of the Policyholder's business. This cover is subject to the Policyholder giving the Company a signed undertaking that any amount paid to the Policyholder will be repaid to the Company, if it is later found that a Valid Claim did not or will not eventuate.

40. REPATRIATION OF MORTAL REMAINS

If an Insured Person sustains a Bodily Injury whilst Overseas that results in a Valid Claim under Item 1 under of the Schedule of Events within 30 days from date of Accident, the Company will reimburse the actual reasonable cost of returning the Insured Person's mortal remains to their Home Country or Country of Residence up to the maximum Sum Insured as specified in the Policy Schedule.

Specific Exclusions - In addition to the General Policy Exclusions applying to this Policy

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

- a. Any expenses incurred for religious rites or ceremonies; and

- b. Any expenses incurred for body retrieval or recovery.

41. TRAUMA COUNSELLING BENEFIT

If an Insured Person witnesses or becomes a victim of a traumatic event such as an armed robbery, assault or Terrorism during the Period of Insurance, the Company will reimburse the necessary expenses incurred, with the Company's consent, for specialist counselling support services for the Insured Person up to the Sum Insured as specified in the Policy Schedule, provided that the:

- a. incident is reported to the police within 24 hours;
- b. treatment is certified as necessary by the attending Medical Practitioner for the wellbeing of the Insured Person; and
- c. trauma counselling is provided by a registered psychologist or psychiatrist within 365 days from the date of the traumatic event.

42. UNEXPIRED MEMBERSHIP BENEFIT

If an Insured Person sustains a Bodily Injury that results:

- a. in a Valid Claim payable under Items 1 to 9a) of the Schedule of Events; or
- b. in Temporary Total Disablement and/or Temporary Partial Disablement for which a Medical Practitioner certifies in writing that this will continue for a minimum period of 26 weeks under this Policy,

and there is medical evidence showing that the Insured Person is unable to continue their participation in any sport or gym activity for which they have pre-paid a membership, association or registration fee, the Company will pay a pro-rata refund of such fees paid for the current season or membership period, up to the maximum Sum Insured specified in the Policy Schedule.

43. VISITOR'S BENEFIT

If a third party (excluding Employee(s) of the Policyholder) visits the Policyholder's premises in Singapore in a business capacity during the Period of Insurance and sustains a Bodily Injury resulting in Accidental death which would, had the third party been an Insured Person, have resulted in a Valid Claim under Item 1 of the Schedule of Events in this Policy, the Company will pay the Sum Insured as specified in the Policy Schedule provided that:

- a. the said third party has made a claim against the Policyholder; and
- b. the Policyholder is legally liable for the Bodily Injury sustained by the third party.

44. WORK FROM HOME PROTECTION (ADDITIONAL BENEFIT PAYOUT)

If an Insured Person sustains a Bodily Injury while working from Home and that results in a Valid Claim under Items 1 to 9a) of the Schedule of Events, the Company will pay the Sum Insured as specified in the Policy Schedule.

Specific Conditions - In addition to the General Policy Conditions applying to this Policy

This Benefit is payable if the Insured Person's Home address is the same as the home address declared to the Policyholder prior to Policy Effective Date.

General Policy Exclusions

The Company shall not pay under this Policy any claim arising from, resulting in or in connection with:

1. Any War, Civil War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), Insurrection, Rebellion or Revolution.
2. An Insured Person's suicide or attempted suicide, intentional self-inflicted injury whether sane or insane, deliberate or reckless exposure to danger (except in an attempt to save human life) or attempt to commit or if committed any criminal or illegal act.
3. An Insured Person engaging in a sport in a professional capacity or where such person would or could earn income or remuneration from engaging in such sport, which in totality could account for more than 15% of their annual income from all sources.
4. An Insured Person employed by the armed or air forces, navy, police, fire service, civil defence forces, with the exception of peace time reservist duty (under Section 14 of the Enlistment Act 1970 of the Republic of Singapore).

General Policy Extensions

This Policy shall extend to cover the following, subject to:

- a. any restrictions mentioned below, and
- b. all other terms and conditions of the Policy remaining unchanged.

1. STRIKE, RIOT, CIVIL COMMOTION AND TERRORISM

This Policy is extended to cover the Insured Person for a Bodily Injury sustained as a result of Strike, Riot, Civil Commotion or Terrorism. The Company will not pay under this Policy any claim arising from, resulting in or in connection with the Insured Person's own participation or provocation of any such act or if such act could reasonably have been avoided by the Insured Person.

2. HIJACK, MURDER AND ASSAULT

This Policy is extended to cover the Insured Person for a Bodily Injury sustained as a result of being a victim of hijack, murder or assault. The Company will not pay under this Policy any claims arising from, resulting in or in connection with Insured Person's own participation or provocation of any such act.

3. DROWNING

This Policy is extended to cover the Insured Person for a Bodily Injury as a result of Accidental drowning. The Company will not pay under this Policy any claim arising from, resulting in or in connection with the Insured Person's own wilful or intentional act.

4. SUFFOCATION OR INHALATION OF SMOKE, POISONOUS FUMES OR GASES

This Policy is extended to cover the Insured Person for a Bodily Injury as result of accidental suffocation or inhalation of smoke, poisonous fumes or gases. The Company will not pay under this Policy any claim arising from, resulting in or in connection with the Insured Person's own wilful or intentional act.

5. EXPOSURE

This Policy is extended to cover the Insured Person for Accidental death or Permanent Disabilities resulting from a Bodily Injury that directly resulted from unexpected exposure to natural elements following an Accident.

6. MISCARRIAGE DUE TO AN ACCIDENT

This Policy is extended to cover the Insured Person for Accidental miscarriage as a result of a Bodily Injury and which is not attributed to any natural causes and/or Sickness relating to pregnancy or childbirth.

7. DISAPPEARANCE BENEFIT

This Policy is extended to cover the Insured Person's disappearance after an Accident if the Insured Person's body has not been found within 12 months after the date of disappearance provided that such disappearance was reported to the relevant authorities, the Company will presume that the Insured Person died from this Accident. This is subject to a signed undertaking by the Insured Person's legal representative that if this presumption is subsequently found to be wrong, any payment made under this Policy will be refunded to the Company upon demand.

8. ACCIDENTAL POISONING (INCLUDING FOOD AND DRINK POISONING)

This Policy is extended to cover the Insured Person for Bodily Injury directly as a result of accidental food or drink poisoning.

9. INSECT/ANIMAL BITES

This Policy is extended to cover the Insured Person for Bodily Injury directly resulting from insect or animal bites. This excludes any claims in connection with any Sickness other than dengue fever.

10. MOTORCYCLING

This Policy is extended to cover an Insured Person for Bodily Injury sustained as a result of riding on a motorcycle either as a licensed rider or a pillion-rider, provided that at the time of the Accident, the Insured Person is wearing a safety helmet, abiding by all applicable road laws of that country that they are travelling in, and not engaging in or practising for any racing or hill climbing contests, reliability trials, sand speed or duration testing.

11. RESERVIST TRAINING

This Policy is extended to cover the Insured Person for Bodily Injury sustained directly resulting from serving peace time Singapore reservist duty (under Section 14 of the Enlistment Act 1970 of the Republic of Singapore).

General Policy Conditions

1. CONDITION PRECEDENT TO LIABILITY

The Policyholder and Insured Person must follow the terms, provisions and conditions of this Policy in order to qualify for any payment under this Policy. The Policyholder and Insured Person's failure to do so will invalidate all claims made under this Policy.

It is a condition precedent to cover under this Policy that any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) before the expiry of the Premium Warranty Period.

2. ADDITION AND DELETION OF INSURED PERSONS AND PREMIUM ADJUSTMENT

If this Policy is administered on an "named basis" as specified in the Policy Schedule, the following provisions shall apply:

- a. Any addition or revision in Sum Insured of the Insured Person is to be declared in writing to the Company by the Policyholder prior to the commencement of coverage. Additional pro-rata premium will be charged to the Policyholder from the effective date of coverage specified in the written notice to the Company;
- b. Any deletion of the Insured Person is to be declared in writing to the Company by the Policyholder as soon as possible within 90 days of effective date of deletion or termination of employment. Pro-rata premium will be refunded to the Policyholder from the effective date of deletion specified in the written notice to the Company.

If this Policy is administered on an "unnamed basis" as specified in the Policy Schedule, the following provisions shall apply:

- a. Any new Insured Person whom the Policyholder may employ during the Period of Insurance will be automatically covered from the day such employee is employed by the Policyholder, provided that such employee is within an occupation category similar in nature to that specified in the Policy Schedule. Any existing Insured Person shall automatically cease to be covered upon his resignation, cessation or termination of employment. The Policyholder shall provide written proof of employment to the Company in the event of a claim.
- b. The Policyholder undertakes to declare the actual headcounts/Sum Insured at the end of each Period of Insurance to the Company for premium adjustment purposes, which will be done on an average basis. The adjustment of premium will be calculated based on the headcount/total sum insured declared at the end of the Period of Insurance less the headcount/total sum insured at the beginning of the Period of Insurance and dividing this balance by 2.

The adjustment of Premium upwards or downwards, as the case may be, is subject to the Company's minimum policy premium of \$500 (excluding GST), unless otherwise agreed and endorsed.

3. REASONABLE CARE

The Policyholder and Insured Persons must take all reasonable steps to prevent and mitigate any accident or loss including complying with any law, by-law, ordinance or regulation that concerns the safety of persons or property.

4. GOVERNING LAW

This Policy will be governed and interpreted in accordance with Singapore laws.

5. ALTERATION OF RISK

The Policyholder must inform the Company as soon as possible if circumstances occur to result in a material change in risk which may include, but not be limited to, any change in the nature of business of the Policyholder and/or in the nature of the employment or occupation of the Insured Person(s). The Company reserves the right at the time of notification to decide whether to provide cover and, if so, to establish a separate rate and premium, and, if appropriate, terms to provide coverage for any such change. The Policyholder shall pay any additional premium that is required.

6. CLERICAL ERRORS

Clerical errors made by the Company shall not invalidate insurance otherwise validly inforce, nor continue insurance otherwise not validly inforce.

7. ASSIGNMENT

The Policyholder must not assign this Policy or any rights described within this Policy unless agreed by the Company in writing.

8. CURRENCY

Premiums and Benefits payable under this Policy shall be in Singapore Dollars unless otherwise stated in the Policy Schedule or any subsequent Endorsements.

- a. Premium: All premiums must be paid in Singapore dollars and to be administered through the Singapore registered Policyholder and/or entities registered in Singapore only.
- b. Claims: All payments will be made in Singapore dollars. Settlement in foreign currencies will only be made if the Policyholder or Insured Person is not in Singapore at the time of payment. The rate of exchange will be based on the prevailing exchange rate published on: www.oanda.com/currency/converter on the date of claims settlement. The Policyholder or Insured Person will bear all the administration and costs of conversion. All claims are to be administered through the Singapore registered Policyholder and/or entities registered in Singapore only.

9. OFFSET CLAUSE

If Insured Person is entitled to receive a reimbursement of all or part of claimed expenses from any other source for any of the Benefits in this Policy, the Company will only be liable for the excess of the amount recoverable from such other source or insurance, up to the maximum Sum Insured specified in the Policy Schedule. This condition is only applicable to Benefits whereby payment is on a reimbursement basis.

10. INTEREST ON AMOUNTS PAYABLE

The Company will not pay interest on any amount paid under this Policy.

11. MAINTENANCE OF RECORDS

The Policyholder shall maintain records of material information of each Insured Person. These records may include, but not be limited to, substantiation and corroboration of the Insured Person's earnings, receipts, statements or medical certificates relating to a claim, injury reports, claim forms and any other relevant documentation. The Company has the right to examine these records at any time during the Period of Insurance and within 3 years after the expiration of the Period of Insurance or until the adjustment and settlement of all claims, whichever is later.

12. PREMIUM PAYMENT WARRANTY

- a. Notwithstanding anything herein contained but subject to sub-clause b below, if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within 60 days of the inception date of the coverage under the policy or, renewal thereof.
- b. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the 60-day period referred to above, then:-
 - i. the cover under the policy or renewal is automatically terminated immediately after the expiry of the said 60-day period;
 - ii. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - ii. the Company will be entitled to a pro-rata time on risk premium subject to a minimum of \$25.00.
- c. If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the Period of Insurance.

13. RIGHTS OF THIRD PARTIES

A person who is not party to this Policy including specifically any Insured Person has no right whether under the Contract (Rights of Third Parties) Act 2001 or otherwise to enforce any term of this Policy.

14. MISREPRESENTATION OR FRAUD

Any fraud, deliberate dishonesty or deliberate hiding of any information connected with the application, proposal and declaration (if provided) for this Policy, for ongoing/subsequent disclosures or in connection with a claim made, will make this Policy invalid. In this event, the Company will not refund any premiums paid and the Company will not consider making payments for any claims submitted to the Company. The Company will report the matter to the Police if deemed necessary.

The Company also reserves the right to recover any amount paid to the Policyholder/Insured Person in respect to any fraudulent claims submitted.

15. SANCTIONS

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

16. SETTLEMENT OF DISPUTES

- a. Any dispute, difference or question which may arise at any time hereafter in relation to the true construction of the policy or the parties' rights or liabilities will be referred to and finally resolved by arbitration in Singapore within 12 months from the date any claim is rejected under this Policy.
- b. The arbitration 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. The seat of the arbitration shall be Singapore. The Tribunal shall consist of 1 arbitrator. The language of the arbitration shall be English.

17. DISCHARGE OF LIABILITY

The Company shall not be committed by any notice or any trust charge, a lien, assignment or other dealing with the Policy and the receipt of the Policyholder or Insured Person for any Sum Insured payable herein shall in all cases be effectual discharge of liability of the Company.

18. TO WHOM INDEMNITY IS PAYABLE

All indemnities of this Policy are payable to the Policyholder or at Policyholder's written request to the Insured Person. The process of claim including settlement will be handled directly between the Company and the Policyholder whose sole discharge will constitute full and final discharge of the claim lodged.

19. TERMINATION AND RENEWAL

This Policy will continue to be in force until the end of the Period of Insurance. This Policy may be renewed for consecutive periods by the payment of the premium prior to the expiry of the Period of Insurance or as provided under General Policy Condition 12: Premium Payment Warranty. We reserve the right to decline the renewal, or amend premium rates, Benefits, terms and conditions of this Policy at the end of any Period of Insurance.

20. DATA PRIVACY

The Insured Person and/or Policyholder has/have agreed and consented that the Company may collect, use and process the Insured Person's and/or Policyholder's personal information (whether obtained in the application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) its group companies; (ii) its (or its group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, the Insured Person and/or Policyholder's authorized agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in the Company's Data Privacy Policy which include:

- a. Processing, underwriting, administering and managing the Insured Person and/or Policyholder's relationship with the Company;
- b. Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- c. Compliance with legal or regulatory obligations, risk management procedures and the Company internal policies;
- d. Managing the Company infrastructure and business operations; and
- e. Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the full version of the Company's Data Privacy Policy found at <https://www.aig.sg/privacy>.

If you have any questions about the Company's collection, use and disclosure of personal information you may contact the Company Data Protection Officer at singaporedataprotectionofficer@aig.com.

21. FEEDBACK

Every effort is made by the Company to ensure that the Policyholder and Insured Person receive a high standard of service. For any feedback, the Policyholder or an Insured Person can send to: AIG Contact Us - <https://secure.aig.com.sg/contactus/>. The Policyholder should quote its name, the Insured Person's name and policy number as shown on the Policy Schedule.

Cancellation and Refund

Cancellation Right of Company

The Company can cancel this Policy:

1. by giving 30 days' prior written notice to the Policyholder's last known address or via email.
2. immediately if the Policyholder fails to make the premium payment within the period stated under General Policy Condition 12: Premium Payment Warranty. No Benefits will be payable for any claim that occurs during a period for which premium was not received.

On cancellation of the Policy:

- a. If no claim has been made, the Company will refund the pro-rated premium for the remaining Period of Insurance to the Policyholder but in no event will be less than the Company's minimum policy premium of \$500 (excluding GST), unless otherwise agreed and endorsed.
- b. If a claim has been paid by the Company in the current Period of Insurance, no return premium will be paid.
- c. If an incident has occurred that could give rise to a claim under this Policy, then no return premium will be considered until the Company and the Policyholder finalise the claim and subsequently, if the claim is paid, no return premium will be paid to the Policyholder.

Cancellation Right of the Policyholder

Provided there is no claim made on the Policy, the Policyholder can cancel this Policy by giving 30 days' prior written notice to the Company. Such cancellation shall become effective on the date the notice is received or on the date specified in such notice, whichever is the earlier.

On cancellation of the Policy by the Policyholder, the Company will refund any portion of the premium paid that has not been deemed to be earned by the Company. The premium deemed to be earned will be calculated as a percentage of total premium as set out below, but in no event will be less than the Company's minimum premium.

Period Covered not exceeding	Short period rates of annual Premium
2 months	40% of annual premium
3 months	50% of annual premium
4 months	60% of annual premium
5 months	70% of annual premium
6 months	75% of annual premium
Over 6 months	100% of annual premium

The Policyholder is not allowed to cancel a Policy which has a Period of Insurance of less than 1 year. Cancellation shall be without prejudice to any event giving rise to a claim under this Policy prior to the effective date of such cancellation.

Automatic Termination of Policy

This Policy will automatically terminate for an Insured Person on the date:

- a. this Policy is cancelled for reasons stated under section 'Cancellation & Refund';
- b. the Policyholder requests that an Insured Person be removed from this Policy;
- c. where the Insured Person ceases their employment, affiliation, or association with the Policyholder as declared by the Policyholder;
- d. of an Insured Person's death, from any cause;
- e. the Insured Person ceases to satisfy any of the requirements as specified under section 'Eligibility';
- f. the Insured Person is paid the maximum Sum Insured for certain Benefits where such termination of the Policy is specified under the Specific Conditions of that Benefit; or
- g. any fraud or misrepresentation to the Company discovered as mentioned under General Policy Condition 14: Misrepresentation or Fraud.

Claims Procedure

Steps To Make A Claim

The Policyholder must notify the Company immediately after the event which could give rise to a claim under 'Claim Notification' and prepare the relevant basic supporting documents according to the nature of claim as specified below:

- a. <https://www.aig.sg/personal-claims/pa-health-claim>; or
- b. Complete the claim form which can be downloaded from the Company's website www.aig.sg and submit the claims evidence to the Company within 90 days after the event which could give rise to a claim under 'Claims Evidence/ Information' to: AIG Asia Pacific Insurance Pte Ltd, 78 Shenton Way, #09-16, Singapore 079120.

The Company may request for additional documents depending on nature and circumstances of the claim in which case the Company will contact the Claimant.

Compliance

The Company shall not be liable for any consequences arising by reason of the Insured Person's failure to obtain or follow a Medical Practitioner's advice and use such appliances or remedies as may be prescribed in the event of a Bodily Injury when making a claim.

Claim Notification

- a. The Company must be notified as soon as it is reasonably practical and in any event within 30 days after the date of Accident which leads to a claim.
- b. Failure to comply with a. above may result in the Company's rejection of all or part of the claim. Reasons include, but are not limited to, if it is made so long after the event that the Company is unable to investigate it fully. Failure to comply with a. above may also result in the Insured Person not receiving the full amount claimed if the amount payable changes as a result of the delay.

Burden of Proof

If the Company alleges that by reason of any of the exclusions listed, an event is not covered by this Policy, the burden of proving the contrary shall be on the Claimant.

Claims Evidence / Information

- a. The Company must be provided with all reasonable and necessary evidence required by the Company to support a claim within 90 days after the date of Accident which leads to a claim. Information provided to the Company to support a claim includes but is not limited to original reports, invoices and receipts, medical

certificates and other documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary. If the information supplied is insufficient, the Company will confirm the additional information required.

- b. If the Company does not receive the information it requires within the time period advised, the Company may reject the claim or withhold payment in the likelihood of a valid claim until the information it requires has been received.
- c. Where medical certificates or reports are required, the Company will only accept original medical certificates or reports issued by the attending Medical Practitioner. For avoidance of doubt, medical certificates or reports issued by other practitioners, including traditional medical practitioners, traditional Chinese medicine practitioner or chiropractors will not be accepted except as provided under Core Benefit: Accidental Medical Reimbursement.
- d. The Company may refuse to refund any expense for which the Claimant cannot provide original receipts and invoices.
- e. The Company may require the Insured Person undergo a medical examination by Medical Practitioners nominated and selected by the Company, before the initial or additional Sum Insured can be paid, at the Claimant's own expense.
- f. The Company may at their expense arrange an autopsy unless this is illegal in the country in which the autopsy is to be performed.

Settlement of Claim

- a. A claim will be paid in accordance to the Policy terms and conditions. It can only be made once the Company has received the information it requires to investigate and verify the claim (including information supplied) and it is satisfied that the claim falls within the Policy. A claim will generally be paid immediately unless the claim is for events like Permanent Disabilities or for any periodic payment which will be paid according to the terms set out in the Policy.
- b. The Sum Insured for each Benefit is payable as specified on the Policy Schedule. Any claim payment that the Company makes under this Policy will not exceed the limit shown in the Policy Schedule for the claim event. The Sum Insured under each Benefit is included only for the events specified in the Policy Schedule.
- c. Unless otherwise specified in this Policy, all payments or reimbursements are payable to the Policyholder or at Policyholder's written request to the Insured Person.
- d. In the course of the Company's claims process, the Claimant is to render full cooperation to the Company and to its appointed service providers, vendors and experts, including providing face to face interviews, if and when required.

Subrogation

In the event that a third party is held liable for all or part of any claim paid under this Policy, the Company may exercise its legal right to pursue the third party to recover its outlay. The Claimant, upon the Company's request, will agree to and permit the Company to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. The Company will pay the costs and expenses involved in exercising its right against the third party.

Rights to recovery

If the Company makes a payment and subsequently is made aware that the claim is not payable, the Company has the right to recover the amount paid from the Policyholder and/or Insured Person.

Policy Owners' Protection Scheme

The statement below applies to the Group Personal Accident coverage only: 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 AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC websites (www.AIG.sg or www.gia.org.sg or www.sdic.org.sg).



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Contact:

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AIG Building
78 Shenton Way #09-16**

**Call: +65 6419 3000
(9am to 5pm on weekdays,
excluding public holidays)**

Email: A&H-GroupBenefits@aig.com

**You can also contact your insurance
intermediary for more information.**