

Table of cover

Benefits		Maximum benefit (\$\$) per insured person				
		Basic	Classic	Superior	Premium	Prestige
Section 1	Accidental death	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
Section 2	Double indemnity for accidental death on public transport	\$100,000	\$200,000	\$300,000	\$500,000	\$1,000,000
Section 3	Permanent disability (per policy year)	\$150,000	\$300,000	\$450,000	\$750,000	\$1,500,000
Section 4	Medical expenses for injury due to an accident					
	Overall section limit (per accident)	\$3,000	\$6,000	\$10,000	\$15,000	\$25,000
	Sub-limit for hospitalisation and day surgery (per accident)	\$3,000	\$6,000	\$10,000	\$15,000	\$25,000
	Sub-limit for outpatient treatment (per accident)	\$2,000	\$3,000	\$5,000	\$10,000	\$20,000
	Sub-limit for physiotherapy (per policy year)	\$1,000	\$1,500	\$2,500	\$4,000	\$6,500
Section 5	Treatment by a Chinese medicine practitioner or a chiropractor (per accident)					
	Overall section limit	\$500	\$750	\$1,000	\$1,250	\$1,500
	Sub-limit for treatment by a Chinese medicine practitioner or a chiropractor	\$50 per visit	\$75 per visit	\$100 per visit	\$125 per visit	\$150 per visit
Section 6	Mobility aids (per accident)	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
Section 7	Daily hospital income (per day; up to 365 days per policy year)	\$100	\$150	\$200	\$300	\$400
Section 8	ICU triple cover (per day; up to 30 days per accident)	\$300	\$450	\$600	\$900	\$1,200
Section 9	Weekly cash (per week; up to 104 weeks in a row)	\$100	\$150	\$200	\$300	\$500
Section 10	Emergency medical evacuation and sending you home (per policy year)	\$50,000				
Section 11	Trauma counseling expenses (per policy year)	\$5,000				
Section 12	Family support fund	\$5,000	\$10,000	\$15,000	\$25,000	\$35,000
Section 13	Modifying your home (per lifetime)	\$5,000	\$8,000	\$10,000	\$15,000	\$25,000
Section 14	Ambulance fee (per accident)					
	Overall section limit	\$200	\$400	\$600	\$800	\$1,000
	Sub-limit for transport home after hospitalisation	\$50	\$50	\$50	\$50	\$50
Section 15	Extra physiotherapy due to serious permanent disability (per policy year)	\$1,000	\$1,500	\$2,000	\$3,000	\$5,000
Section 16	Diagnostic procedures and tests due to broken bones or fractures (per accident)	\$1,000	\$1,500	\$2,000	\$3,000	\$5,000
Optional Benefits - Infectious disease cover						
Section 17	Death benefit for infectious disease cover	\$100,000	\$200,000	\$250,000	\$300,000	\$500,000
Section 18	Permanent disability for infectious disease cover (per policy year)	\$100,000	\$200,000	\$250,000	\$300,000	\$500,000
Section 19	Medical expenses for infectious disease cover					
	Overall section limit (per infectious disease)	\$3,000	\$6,000	\$10,000	\$15,000	\$25,000
	Sub-limit for hospitalisation and day surgery (per infectious disease)	\$3,000	\$6,000	\$10,000	\$15,000	\$25,000
	Sub-limit for outpatient treatment (per infectious disease)	\$2,000	\$3,000	\$5,000	\$10,000	\$20,000
	Sub-limit for physiotherapy (per policy year)	\$1,000	\$1,500	\$2,500	\$4,000	\$6,500
Section 20	Treatment by a Chinese medicine practitioner for infectious disease cover (per infectious disease)					
	Overall section limit	\$500	\$750	\$1,000	\$1,250	\$1,500
	Sub-limit for treatment by a Chinese medicine practitioner or a chiropractor	\$50 per visit	\$75 per visit	\$100 per visit	\$125 per visit	\$150 per visit
Section 21	Mobility aids for infectious disease cover (per infectious disease)	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000

<b>Section 22</b>	<b>Daily hospital income for infectious disease cover (per day; up to 365 days per policy year)</b>	\$100	\$150	\$200	\$300	\$400
<b>Section 23</b>	<b>ICU triple cover for infectious disease cover (per day; up to 30 days per infectious disease)</b>	\$300	\$450	\$600	\$900	\$1,200
<b>Section 24</b>	<b>Weekly cash for infectious disease cover (per week; up to 104 weeks in a row)</b>	\$100	\$150	\$200	\$300	\$500
<b>Section 25</b>	<b>Emergency medical evacuation and sending you home for infectious disease cover (per policy year)</b>	\$50,000				
<b>Section 26</b>	<b>Trauma counseling expenses for infectious disease cover (per policy year)</b>	\$5,000				
<b>Section 27</b>	<b>Family support fund for infectious disease cover</b>	\$5,000	\$10,000	\$15,000	\$25,000	\$35,000
<b>Section 28</b>	<b>Modifying your home for infectious disease cover (per lifetime)</b>	\$5,000	\$8,000	\$10,000	\$15,000	\$25,000
<b>Section 29</b>	<b>Ambulance fee for infectious disease cover (per infectious disease)</b> Overall section limit Sub-limit for transport home after hospitalisation	\$200 \$50	\$400 \$50	\$600 \$50	\$800 \$50	\$1,000 \$50
<b>Section 30</b>	<b>Extra physiotherapy due to serious permanent disability for infectious disease cover (per policy year)</b>	\$1,000	\$1,500	\$2,000	\$3,000	\$5,000
<b>Section 31</b>	<b>Diagnostic procedures and tests for infectious disease cover (per infectious disease)</b>	\$1,000	\$1,500	\$2,000	\$3,000	\$5,000

# Policy Conditions

## PA Assurance

### Your policy

This is **your** PA Assurance insurance **policy** and it contains details of benefits, conditions and exclusions relating to each **insured person**. The **policy** will form the basis on which **we** will settle all claims. It is only valid if **you** have paid the appropriate premium in full and **we** have issued **you** with a **schedule**.

Any statement, information or declaration the **policyholder** or **you** have given on behalf of the insured people, including any declaration made over the phone, or by fax, email or the internet at the time of application, will form the basis of the contract.

The **schedule**, **table of cover** and any further **endorsements** are all part of the **policy**.

Please keep this document in case **you** need to refer to it.

### Who is eligible?

This **policy** is only available to **you** if **you**:

- hold a valid Singapore identification document such as a Singapore National Registration Identification Card (NRIC), Employment Pass, Work Permit, Long Term Visit Pass or Student Pass;
- are living or working in Singapore, or away from Singapore for no more than 180 days at any one time;
- are between 15 days old and 70 years old (**we** may continue cover for **you** up to 80 years old at a reduced sum insured and **we** may apply new terms; depending on **our** decision and if **you** pay an extra premium); and
- have fully paid **your** premium.

### Things to remember

- **You** and the **policyholder** must reveal all facts **you** or the **policyholder** know or ought to know which may affect the insurance cover the **policyholder** is applying for. If not, **your policy** may not be valid.
- **We** do not cover claims arising from **sickness** unless they are due to **infectious diseases** and **you** have opted for **infectious disease** cover. **We** also do not cover claims arising from **pre-existing medical conditions**.
- For a policy with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us** for the rest of the **policy year**.

### Definitions

**Act of terrorism** means an act (which may include using or threatening force or violence) by any person or group, committed for political, religious, ideological or similar purposes, with the aim of influencing any government or to put the public, or any section of the public, in fear. Robberies or other criminal acts mainly committed for personal gain and acts arising mainly as a result of personal relationships will not be considered as an **act of terrorism**.

**Act of terrorism** also includes any act which is confirmed by the relevant government as an **act of terrorism**. Using nuclear, chemical or biological substances or weapons as a means of force or violence will also be considered an **act of terrorism**.

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

**Age** means **your** current **age** at the start date of the **policy**.

**Assistance company** means the company **we** have appointed to provide **you** with various emergency assistance services.

**Chinese medicine practitioner** means a legally licensed herbalist, acupuncturist or bone-setter who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you, your family member**, partner, business partner, employer, employee or agent.

**Chiropractor** means a legally licensed practitioner in chiropractic medicine who is registered and can practise within the scope of their licence under the laws of the country. This cannot be **you, your family member**, partner, business partner, employer, employee or agent.

**Community hospital** means any approved community hospital under the relevant national laws and regulations that provides an intermediate level of care for individuals who have simple illnesses which do not need specialist medical treatment and nursing care.

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

**Dependent** means the **insured person's**:

- legally married spouse;
- parent(s); or
- child(ren) under 18 years of age, or under 25 years of age; unmarried and not on full-time employment. For example, full-time students or national servicemen, whom are primarily dependent upon the **insured person** for maintenance and support.

**Endorsement** means an authorised amendment to this policy.

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

**Hijack** or **hijacked** means someone who takes, by force or threat of force or violence, a vehicle in which **you** are travelling.

**Home** means the residential address shown on the **insured person's** Singapore National Registration Identification Card (NRIC) or on any official document.

**Home country** means any country of which **you** are a citizen.

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

- has organised facilities for diagnosis, treatment and

major surgery;

- provides nursing services by registered nurses 24 hours a day;
- is under the supervision of one or more **medical practitioners**; and
- is not mainly a clinic, a **community hospital**, a secure place to care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the elderly or similar establishment.

**Infectious disease** means any of the following diseases which is diagnosed by a **medical practitioner** during the **period of insurance** and is supported by acceptable clinical, radiological, histological and laboratory evidence:

- Hand, foot and mouth disease (HFMD)
- Dengue fever (DHF)
- Influenza A (including Avian Influenza or 'bird flu')
- Mumps
- Rubella
- Tuberculosis
- Measles
- Malaria
- Anthrax infection
- Yellow fever
- Plague
- Melioidosis or 'soil disease'
- Rabies
- Legionnaires' disease
- Chikungunya
- Nipah viral encephalitis
- Japanese viral encephalitis
- Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease'
- Severe acute respiratory syndrome (SARS)
- Middle east respiratory syndrome coronavirus (MERS-CoV)
- Zika virus
- Chicken Pox
- Shingles
- MPox
- Herpangina
- Gastroenteritis

**We** will not cover any infectious diseases not listed above.

**Injury** means damage or harm caused to the body by an external force suffered during the **period of insurance** and which is caused only by an **accident**.

**Insured person** means the individual (or individuals) named in the **schedule** as the person (or people) who is insured under this **policy**.

**Intensive care unit (ICU)** means a section within a **hospital** which is designated by the **hospital** just to treat

patients in a critical condition and is equipped to provide special nursing and medical services not available elsewhere in the **hospital**. High Dependency Unit is not considered an **Intensive Care Unit**.

**Losing** means permanent and total loss of use, or loss by having part of the body (as listed in the scale of compensation table) cut or torn off, as confirmed by **our medical practitioner**.

**Losing hearing** means permanent and total loss of hearing, as confirmed by **our medical practitioner**.

**Losing a limb** means permanent and total loss of, or loss of use of, a hand at or above the wrist or a foot at or above the ankle. This must be confirmed by **our medical practitioner**.

**Losing sight** means total and permanent loss of use of an eye which means **you** are absolutely blind in that eye and which is beyond cure either by surgical or other treatment. This must be confirmed by **our medical practitioner**.

**Losing speech** means permanent and total loss of the ability to speak and which is beyond cure either by surgical or other treatment, as confirmed by **our medical practitioner**.

**Medical practitioner** means any person registered and legally qualified as a doctor by 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 licence and training. The **medical practitioner** should not be **you**, **your family member**, partner, business partner, employer, employee or agent.

**Occupation** means **your** full-time or part-time gainful employment or any other work for pay or profit as shown in the **schedule**.

**Outpatient medical treatment** means outpatient medical treatment which is necessary to treat an **injury** or **sickness**, that is recommended by a **medical practitioner** or a **specialist** and **you** do not need to stay in **hospital**. **Outpatient medical treatment** does not include day surgery.

**Payment frequency** means how often payment is made for the premium due. This can be monthly or yearly, depending on what the **policyholder** chooses.

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

**Permanently disabled** or **permanent disability** means suffering from one of the items of disablement listed in

the scale of compensation table in this **policy**, and which was caused by an **accident** or by an **infectious disease**, as long as:

- the disability lasts for 12 months in a row from the date of **accident** or date of diagnosis of the **infectious disease**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

**Permanent total disability** means total disability caused by an **accident** or the contraction of an **infectious disease** that:

- stops **you** from working in any job for a salary or wage or stops **you** from carrying out any business whatsoever; and
- lasts for 12 months in a row from the date of the **accident** or date of diagnosis of the **infectious disease**; and
- **our medical practitioner** confirms that it is not going to improve after 12 months.

**Policy** means this document, including any information provided or declaration made by the **policyholder** for and on behalf of the **insured person** (or people), the **schedule**, the **table of cover** and any **endorsements** we have issued under this **policy**.

**Policyholder** means the person named and who has made a declaration on behalf of the **insured person** and paid the premium as shown in the **schedule**.

**Policy year** means a period of 12 months from the start date as shown in the **schedule** and each further consecutive period of 12 months for which the **policy** applies from or for any period of cover as agreed between the **policyholder** and **us**.

**Pre-existing medical condition** means any injury or sickness, including any complications which may arise:

- a which **you** knew or should reasonably know about; including symptoms which existed before the start of **your policy**;
- b which **you** received diagnosis, consultation, medical treatment or prescribed drugs for within 12 months before the start of **your policy**; or
- c for which **you** have been asked to get medical treatment or medical advice by a **medical practitioner** within 12 months before the start of **your policy**.

**Pre-existing medical condition** does not apply to the **infectious diseases** which **you** have contracted and fully recovered from before the start of **your policy**.

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

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

**Public transport** means any:

- aircraft, helicopter, bus, coach, airport limousines, ferry, hovercraft, hydrofoil, ship, train, tram or underground train which are regularly scheduled and have fixed and established routes; or
- taxi (including licensed ride hailing services) which are operated by a regulated and licensed carrier or operator to transport fare-paying passengers.

**Recurring payment arrangement** means:

- a the premium is charged to a credit card, chosen by the **policyholder**, either on a monthly or yearly basis to pay the premiums due for the current **policy** or when it is renewed, depending on the **payment frequency** chosen by the **policyholder**; or
- b the premium is taken from a bank account chosen by the **policyholder** to pay the premiums due for the current **policy** or when it is renewed, by General Interbank Recurring Order (GIRO) on a yearly basis.

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

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

**Sickness** means worsening physical health not caused by an **accident**, for which **you** need the treatment of a **medical practitioner**.

**Schedule** means the document which proves that **you** have the insurance cover, listing among other things, details of the **insured person** (or people), the **policyholder**, the plan type, and the **period of insurance** covered under this **policy**.

**Table of cover** means the separate table showing the list of benefits **we** will pay **you** according to **your plan** while this **policy** is in force. It will depend on the terms, conditions, limits, exclusions and qualifications of this **policy**.

**Temporary disability** or **temporarily disabled** means disability caused by an **injury** which directly disables and prevents **you** from taking part in any **occupation** temporarily. For avoidance of doubt, being able to partially perform part or some of the usual duties associated with the **occupation** would not constitute being temporarily disabled.

**We, our, us, and Income Insurance** means Income Insurance Limited.

**You, your and yours** means the **insured person** (or people) referred to in the **schedule**.

**Your plan** means the plan (with specific limits) that **you** chose at the time **you** applied for this **policy**.

## What your policy covers

This **policy** will protect **you** financially when a death or **injury** happens during the **period of insurance**.

The amount **we** will pay depends on the conditions and maximum benefit limits of **your plan** as set out in the **table of cover**.

## A Main benefits

### Section 1 – Accidental death

If **you** are involved in an **accident** and due only to this **accident** **you** die within 12 months from the date of the **accident**, **we** will pay **your** legal personal representative up to the maximum limits as shown in section 1 of the **table of cover**.

#### What we do not pay under section 1

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 1 if:

- 1 the death or the disability resulting in the death is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**;
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the **policy**; or
- 3 **we** have already paid for death benefit under section 17 for the same event.

### Section 2 – Double indemnity for accidental death on public transport

If there is an **accident** involving the **public transport** while **you** are on board as a fare-paying passenger, and due only to this **accident** **you** die within 12 months from the date of the **accident**, **we** will pay **your** legal personal representative up to the maximum limit as shown in section 2 of the **table of cover**.

**We** will reduce any compensation due under this section by any payment which **we** have already made to **you** under section 3 for the same **accident**.

#### What we do not pay under section 2

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 2 if:

- 1 the death or disability resulting in the death is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**;
- 2 the death is caused directly or indirectly before the start of the **policy**.

### Section 3 – Permanent disability

If **you** are involved in an **accident** which causes **you** an **injury** and due only to this **accident** **you** become **permanently disabled** within 12 months from the date of the **accident**, **we** will pay **you** up to the maximum limits as shown in section 3 of the **table of cover** using the scale of compensation table as shown below.

#### Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 3 in the table of cover of your plan
a	<b>Permanent total disability</b>	100%
b	<b>Losing sight</b> of both eyes	100%
c	<b>Losing two limbs</b>	100%
d	<b>Losing sight</b> of one eye, except perception of light	50%
e	<b>Losing one limb</b>	50%
f	<b>Losing speech</b>	50%
g	<b>Losing hearing</b> in both ears	50%
h	<b>Losing</b> four fingers and thumb of one hand	50%
i	<b>Losing</b> four fingers of one hand	40%
j	<b>Losing hearing</b> in one ear	20%
k	<b>Losing</b> a thumb - 2 phalanges - 1 phalanx	25% 10%
l	<b>Losing</b> one index finger - 3 phalanges - 2 phalanges - 1 phalanx	15% 10% 5%
m	<b>Losing</b> any one other finger - 3 phalanges - 2 phalanges - 1 phalanx	10% 7% 3%
n	<b>Losing</b> metacarpals - first or second - third, fourth or fifth	3% 2%
o	<b>Losing</b> all toes of one foot	15%
p	<b>Losing</b> a great toe - 2 phalanges - 1 phalanx	5% 3%
q	<b>Losing</b> any one other toe	3%
<b>Third-degree burns</b>		
r	Head - Damage as a percentage of total body surface area	

	- equal to or greater than 8%	100%
	- equal to or greater than 5% but less than 8%	75%
	- equal to or greater than 2% but less than 5%	50%
s	Body - Damage as a percentage of total body surface area	
	- equal to or greater than 20%	100%
	- equal to or greater than 15% but less than 20%	75%
	- equal to or greater than 10% but less than 15%	50%
<b>We will not pay you</b> any compensation if the disability is not listed in the scale of compensation.		
The total of all percentages of the sum insured due under this section will not be more than 100% during any one <b>policy year</b> .		

**We** will reduce any compensation due for **accidental** death under section 1 and 2 by any payment which **we** have already made to **you** under the scale of compensation within the same **policy year**.

**We** will not pay **you** extra compensation for any specific item which is part of a greater item due under this **policy**. For example, **we** will pay **you** for **losing your** upper limb, but **we** will not pay **you** again for **losing your** finger or thumb.

#### What we do not pay under section 3

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 3 if:

- 1 the disability is caused directly or indirectly by **sickness** (for example, a heart attack or stroke) and not by an **injury**;
- 2 the disability is caused directly or indirectly by any physical disability which existed before the start of the **policy**; or
- 3 **we** have already paid for **permanent disability** benefit under section 18 for the same event.

### Section 4 – Medical expenses for injury due to an accident

- a If **you** suffer an **injury** and need to get medical treatment, **we** will pay for the costs of medical, surgical, **hospital, dental treatment**, physiotherapy and nursing fees, recommended or asked for by a **medical practitioner** for **you** to be treated, up to the

limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, whichever comes first.

- b **We** will also pay for the reasonable costs of medical reports if **we** ask **you** to provide **us** with the medical reports when **you** make a claim under section 4a. **You** can only claim under section 4b if **we** are also paying **you** for the medical expenses for **injury** due to an **accident** under section 4a.

The total amount **we** will pay under sections 4a and 4b will not be more than the sub-limit and limit shown in the **table of cover** for any one **accident**.

#### What we do not pay under section 4

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 4 if:

- 1 the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack or a stroke) and not by an **injury**;
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**; or
- 3 **we** have already paid for the medical expenses under section 19 for the same event.

### Section 5 – Treatment by a Chinese medicine practitioner or a chiropractor

If **you** suffer an **injury** and need to get treatment by a **Chinese medicine practitioner** or **chiropractor**, **we** will pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner** or **chiropractor**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, whichever comes first.

For avoidance of doubt, **we** may in determining whether the treatment is reasonable and necessary, request photographic evidence relating to **your injury**.

The total amount **we** will pay under section 5 will not be more than the sub-limit and limit shown in the **table of cover** for any one **accident**.

#### What we do not pay under section 5

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 5 if:

- 1 the medical treatment is caused directly or indirectly by **sickness** (for example, a heart attack or a stroke)



and not by an **injury**;

- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**; or
- 3 **we** have already paid for the medical expenses under section 20 for the same event.
- 4 Claims not resulting from **injuries**. E.g., such as bodily harm or damage sustained from strains, stress, repetitive motions, overuse, poor posture, inadequate warm-up and cool-down and inappropriate training techniques where no external force is involved.

## Section 6 – Mobility aids

If **you** suffer an **injury** and within 12 months from the date of **accident**, **you** need to use mobility aids such as wheelchairs, walking aids or similar which are necessary for **your** mobility and are prescribed by a **medical practitioner**, **we** will pay the actual cost incurred for buying or renting the mobility aids, up to the maximum limits as shown in the **table of cover** for any one **accident**.

### What we do not pay under section 6

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 6 if:

- 1 **we** have already paid for the mobility aids under section 21 for the same event.

## Section 7 – Daily hospital income

If **you** are staying in a **hospital** as an inpatient due to an **injury**, **we** will pay the benefit as shown in the **table of cover** for each complete 24-hour period that **you** stay as an inpatient in the **hospital**, for up to 365 days in each **policy year**. This benefit will end once **you** are discharged from the **hospital**.

### What we do not pay under section 7

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 7 if:

- 1 **we** have already paid for daily hospital income benefit under section 22 for the same hospitalization stay.

## Section 8 – ICU Triple Cover

If **you** are staying in an **intensive care unit (ICU)** of a **hospital** as an inpatient due to an **injury**, **we** will pay the benefit as shown in the **table of cover** for each day that **you** stay as an inpatient in the **ICU**, up to 30 days for each

**accident**. This benefit will end once **you** are discharged from the **ICU**.

The total amount **we** will pay each day under section 8 will not exceed the sum insured under the **table of cover** for any one **accident**.

### What we do not pay under section 8

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 8 if:

- 1 the claim is made for **ICU** triple cover in excess of 30 days for the same **accident**.
- 2 **we** have already paid for the same under section 23 for the same event.

## Section 9 – Weekly cash

If **you** suffer an **injury** and become **temporarily disabled**, **we** will pay **you** the lower of either:

- a) **your** basic weekly salary (this does not apply if **you** are a student, homemaker, or retiree) or
- b) the cash benefit as shown in the **table of cover** for each full week of **temporary disability** as confirmed by a **medical practitioner**, up to a continuous period of 104 weeks.

If the period of **temporary disability** is one full week or more, **we** will pay a pro-rated sum for the remaining period that does not extend to a full week.

### What we do not pay for under section 9

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 9 if:

- 1 the claim is caused directly or indirectly by **temporary disability** that lasts for less than seven days in a row;
- 2 the date of **your** first medical consultation or treatment is more than seven days from the date of the **accident**;
- 3 the claim is made for any subsequent blocks of **temporary disability** when **you** have made a claim under this section for the same **accident**;
- 4 **you** are unemployed at the time of the **accident** (this does not apply to students, homemakers, or retirees); or
- 5 **we** have already paid any weekly cash benefit under section 24 for the same event.

## Section 10 – Emergency medical evacuation and sending you home

### Emergency medical evacuation

- a If **you** are in a life-threatening condition because of an **injury you** suffered while outside Singapore and **our assistance company** believes it is medically necessary to move **you** to the nearest medical facility for treatment (whether overseas or in Singapore), **we** will pay for the necessary expenses to move **you**. This applies to using an air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method to move **you** to the nearest medical facility for treatment.
- b If **you** need to return to Singapore for recuperation or continued treatment after **you** have been moved to a medical facility outside Singapore as in 10a above, **we** will also pay for the necessary expenses **our assistance company** spends when they use air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method to return **you** to Singapore. If **we** can use **your** existing return ticket to Singapore, **we** will only pay for the administrative fees charged by the airline or travel agent for changing **your** travel dates or destinations.
- c **Our assistance company** will make all decisions on the most appropriate method of transport and the destination to move **you** to. The decision will be based only on the medical necessity and the severity of **your** medical condition.

### Sending you home

- a If **you** die after suffering an **injury** while outside Singapore, **we** will pay for the necessary expenses **our assistance company** spends to return **your** body to Singapore or to **your home country**.

The total amount **we** will pay under section 10 will not be more than the limit shown in the **table of cover** for each **policy year**.

#### What we do not pay under section 10

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 10 if:

- 1 **we** have already paid for the same under section 25 for the same event.

## Section 11 – Trauma counseling expenses

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 3 due to an **injury** and need counseling within 90 days from the date of the **accident**, as confirmed by a **medical practitioner**, **we** will pay for the cost of the counseling up to the limit as shown in the **table of cover** for each **policy year**.

#### What we do not pay under section 11

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 11 if:

- 1 **we** have already paid for expenses for trauma counseling under section 26 for the same event.

## Section 12 – Family support fund

If **you** suffer an **injury** and due only to this **injury you** die within 12 months from the date of the **accident**; or suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation under section 3 due to an **injury**, **we** will pay **your** legal personal representative a lump sum as shown in the **table of cover** for the benefit of **your dependent**.

#### What we do not pay under section 12

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 12 if:

- 1 **you** do not leave behind any surviving **dependent** on the date of **accidental** death; or
- 2 **we** have already paid for the same under section 27 for the same event.

## Section 13 – Modifying your home

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 3 due to an **injury**, **we** will pay for the reasonable cost of modifying **your home**, where necessary, to help **you** move around. **We** will pay up to the limit shown in the **table of cover**. The modification must be completed and the proof of spending must be sent to **us** within six months from the date of the **permanent disability** as confirmed by a **medical practitioner**.

#### What we do not pay under section 13

Besides the general exclusions listed in part 2 of the

general conditions, **we** will also not pay under section 13 for the following.

- 1 Modifications to **your home** which do not help **you** to move around.
- 2 Modifications to a **home** which **you** do not live in.
- 3 Damages arising from the modification work.
- 4 **Home** modification expenses under section 13 if **we** have already paid for the **home** modification expenses under section 28 for the same event.

## Section 14 – Ambulance fee

- a If **you** have to pay for ambulance charges for transport to a **hospital** or for follow-up medical treatment after an **injury**, **we** will pay the actual ambulance fees, up to the limit shown in the **table of cover** for any one **accident**.
- b If **you** have to pay for taxi (including private hire vehicles) or medical transport home after **hospitalisation** following an **injury**, **we** will pay the actual transport fees, up to the limit shown in the **table of cover** for any one **accident**.

The total amount **we** will pay under section 14 will not be more than the sub-limit and limit shown in the **table of cover** for any one **accident**.

### What we do not pay under section 14

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 14 if:

- 1 **we** have already paid for the same under section 29 for the same event.

## Section 15 – Extra physiotherapy due to serious permanent disability

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 3 due to an **injury** and need physiotherapy within 90 days from the date of the **accident**, as confirmed by a **medical practitioner**, **we** will pay for the cost of the physiotherapy up to the limit as shown in the **table of cover** for each **policy year**.

### What we do not pay under section 15

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 15 if:

- 1 **we** have already paid for the same under section 30 for the same event.

## Section 16 – Diagnostic procedures and tests due to broken bones or fractures

If **you** suffer from broken bones or fractures due to an **injury**, **we** will pay for the costs of diagnostic procedures and tests recommended or asked for by a **medical practitioner** for **you** to be treated, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of the **accident**, whichever comes first.

The total amount **we** will pay under section 16 will not be more than the limit shown in the **table of cover** for any one **accident**.

### What we do not pay under section 16

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 16 if:

- 1 **we** have already paid for the same under section 31 for the same event.

## Optional Benefits - Infectious disease cover

### Section 17 – Death benefit for infectious disease cover

If **you** contract an **infectious disease** and due only to this **infectious disease** **you** die within 12 months from the date of diagnosis of the **infectious disease**, **we** will pay **your** legal personal representative up to the maximum limits as shown in section 17 of the **table of cover**.

### What we do not pay under section 17

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 17 if:

- 1 the death or the disability resulting in the death is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or stroke) and not by an **infectious disease**;
- 2 the death is caused directly or indirectly by any physical disability which existed before the start of the **policy**; or
- 3 **we** have already paid for death benefit under section 1 for the same event.

## Section 18 – Permanent disability for infectious disease cover

If **you** contract an **infectious disease** and due only to this **infectious disease** **you** become **permanently disabled** within 12 months from the date of diagnosis of the **infectious disease**, **we** will pay **you** up to the maximum limits as shown in section 18 of the **table of cover** using the scale of compensation table as shown below.

### Scale of compensation

Item	Description of disability	Percentage of sum insured as shown under section 18 in the table of cover of your plan
a	<b>Permanent total disability</b>	100%
b	<b>Losing sight</b> of both eyes	100%
c	<b>Losing two limbs</b>	100%
d	<b>Losing sight</b> of one eye, except perception of light	50%
e	<b>Losing one limb</b>	50%
f	<b>Losing speech</b>	50%
g	<b>Losing hearing</b> in both ears	50%
h	<b>Losing</b> four fingers and thumb of one hand	50%
i	<b>Losing</b> four fingers of one hand	40%
j	<b>Losing hearing</b> in one ear	20%
k	<b>Losing</b> a thumb	
	- 2 phalanges	25%
	- 1 phalanx	10%
l	<b>Losing</b> one index finger	
	- 3 phalanges	15%
	- 2 phalanges	10%
	- 1 phalanx	5%
m	<b>Losing</b> any one other finger	
	- 3 phalanges	10%
	- 2 phalanges	7%
	- 1 phalanx	3%
n	<b>Losing</b> metacarpals	
	- first or second	3%
	- third, fourth or fifth	2%
o	<b>Losing</b> all toes of one foot	15%
p	<b>Losing</b> a great toe	
	- 2 phalanges	5%
	- 1 phalanx	3%
q	<b>Losing</b> any one other toe	3%
<b>We will not pay you any compensation if the disability is not listed in the scale of compensation.</b>		

The total of all percentages of the sum insured due under this section will not be more than 100% during any one **policy year**.

**We** will reduce any compensation due for death benefit for **infectious disease** cover by any payment which **we** have already made to **you** under the scale of compensation within the same **policy year**.

**We** will not pay **you** extra compensation for any specific item which is part of a greater item due under this **policy**. For example, **we** will pay **you** for **losing your** upper limb, but **we** will not pay **you** again for **losing your** finger or thumb.

### What we do not pay under section 18

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 18 if:

- 1 the disability is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or stroke) and not by an **infectious disease**;
- 2 the disability is caused directly or indirectly by any physical disability which existed before the start of the **policy**; or
- 3 **we** have already paid for **permanent disability** benefit under section 3 for the same event.

## Section 19 – Medical expenses for infectious disease cover

- a If **you** contract an **infectious disease** and need to get medical treatment, **we** will pay for the costs of medical, surgical, **hospital, dental treatment**, physiotherapy and nursing fees, recommended or asked for by a **medical practitioner** for **you** to be treated, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of diagnosis of the **infectious disease**, whichever comes first.
- b **We** will also pay for the reasonable costs of medical reports if **we** ask **you** to provide **us** with the medical reports when **you** make a claim under section 19a. **You** can only claim under section 19b if **we** are also paying **you** for the medical expenses for **infectious disease** cover under section 19a.

The total amount **we** will pay under sections 19a and 19b will not be more than the sub-limit and limit shown in the **table of cover** for any one **infectious disease**.

### What we do not pay under section 19

Besides the general exclusions listed in part 2 of the

general conditions, **we** will also not pay any claim under section 19 if:

- 1 the medical treatment is caused directly or indirectly by **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**;
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**; or
- 3 **we** have already paid for the medical expenses under section 4 for the same event.

## Section 20 – Treatment by a Chinese medicine practitioner for infectious disease cover

If **you** contract an **infectious disease** and need to get treatment by a **Chinese medicine practitioner**, **we** will pay for the reasonable and necessary expenses for treatment by a **Chinese medicine practitioner**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of diagnosis of the **infectious disease**, whichever comes first.

The total amount **we** will pay under section 20 will not be more than the sub-limit and limit shown in the **table of cover** for any one **infectious disease**.

### What we do not pay under section 20

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 20 if:

- 1 the medical treatment is caused directly or indirectly by an **injury** or **sickness** (for example, a heart attack or a stroke) and not by an **infectious disease**;
- 2 the medical treatment is caused directly or indirectly by any physical disability which existed before the start date of the **policy**; or
- 3 **we** have already paid for the medical expenses under section 5 for the same event.

## Section 21 – Mobility aids for infectious disease cover

If **you** contract an **infectious disease** and within 12 months from the date of diagnosis of the **infectious disease**, **you** need to use mobility aids such as wheelchairs, walking aids or similar which are necessary for **your** mobility and are prescribed by a **medical practitioner**, **we** will pay the actual cost incurred for buying or renting the mobility aids, up to the maximum limits as shown in the **table of cover** for any one **infectious disease**.

### What we do not pay under section 21

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 21 if:

- 1 **we** have already paid for the mobility aids under section 6 for the same event.

## Section 22 – Daily hospital income for infectious disease cover

If **you** are staying in a **hospital** as an inpatient due to an **infectious disease**, **we** will pay the benefit as shown in the **table of cover** for each complete 24-hour period that **you** stay as an inpatient in the **hospital**, for up to 365 days in each **policy year**. This benefit will end once **you** are discharged from the **hospital**.

### What we do not pay under section 22

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 22 if:

- 1 **we** have already paid for daily hospital income benefit under section 7 for the same hospitalization stay.

## Section 23 – ICU Triple Cover

If **you** are staying in an **intensive care unit (ICU)** of a **hospital** as an inpatient due to an **infectious disease**, **we** will pay the benefit as shown in the **table of cover** for each day that **you** stay as an inpatient in the **ICU**, up to 30 days for each **infectious disease**. This benefit will end once **you** are discharged from the **ICU**.

The total amount **we** will pay each day under section 23 will not exceed the sum insured under the **table of cover** for any one **infectious disease**.

### What we do not pay under section 23

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 23 if:

- 3 the claim is made for **ICU triple cover** in excess of 30 days for the same **infectious disease**.
- 4 **we** have already paid for the same under section 8 for the same event.

## Section 24 – Weekly cash for infectious disease cover

If **you** are given medical leave by a **medical practitioner** or a relevant authority asks for **you** to be quarantined, confined or isolated because of an **infectious disease** **you** contract, **we** will pay **you** the lower of either:

- a) **your** basic weekly salary (this does not apply if **you** are a student, homemaker, or retiree) or
- b) the cash benefit as shown in the table of cover for each full week of medical leave as confirmed by the **medical practitioner** or each full week of quarantine, confinement or isolation as confirmed by the relevant authority, up to a continuous period of 104 weeks.

If the period of **medical leave** is one full week or more, **we** will pay a pro-rated sum for the remaining period that does not extend to a full week.

#### What we do not pay for under section 24

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 24 if:

- 1 **your** medical leave or the quarantine, confinement or isolation is less than seven days in a row;
- 2 the claim is made for any subsequent blocks of medical leave or quarantine, confinement or isolation when **you** have made a claim under this section for the same **infectious disease**;
- 3 the claim is made for any quarantine, confinement or isolation **you** decide to impose yourself; or
- 4 **we** have already paid for any weekly cash benefit under section 9 for the same event.

### Section 25 – Emergency medical evacuation and sending you home for infectious disease cover

#### Emergency medical evacuation

- a If **you** are in a life-threatening condition because of an **infectious disease** **you** contracted while outside Singapore and **our assistance company** believes it is medically necessary to move **you** to the nearest medical facility for treatment (whether overseas or in Singapore), **we** will pay for the necessary expenses to move **you**. This applies to using an air ambulance, surface ambulance, regular air transport, railroad, land or sea transport or any other appropriate method to move **you** to the nearest medical facility for treatment.
- b If **you** need to return to Singapore for recuperation or continued treatment after **you** have been moved to a medical facility outside Singapore as in 25a above, **we** will also pay for the necessary expenses **our assistance company** spends when they use air ambulance, surface ambulance, regular air transport,

railroad, land or sea transport or any other appropriate method to return **you** to Singapore. If **we** can use **your** existing return ticket to Singapore, **we** will only pay for the administrative fees charged by the airline or travel agent for changing **your** travel dates or destinations.

- c **Our assistance company** will make all decisions on the most appropriate method of transport and the destination to move **you** to. The decision will be based only on the medical necessity and the severity of **your** medical condition.

#### Sending you home

- a If **you** die after contracting an **infectious disease** while outside Singapore, **we** will pay for the necessary expenses **our assistance company** spends to return **your** body to Singapore or to **your home country**.

The total amount **we** will pay under section 25 will not be more than the limit shown in the **table of cover** for each **policy year**.

#### What we do not pay under section 25

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 25 if:

- 1 **we** have already paid for the same under section 10 for the same event.

### Section 26 – Trauma counseling expenses for infectious disease cover

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 18 due to an **infectious disease** and need counseling within 90 days from the date of diagnosis of the **infectious disease**, as confirmed by a **medical practitioner**, **we** will pay for the cost of the counseling up to the limit as shown in the **table of cover** for each **policy year**.

#### What we do not pay under section 26

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 26 if:

- 1 **we** have already paid for expenses for trauma counseling under section 11 for the same event.

### Section 27 – Family support fund for infectious disease cover

If **you** contract an **infectious disease** and due only to this

**infectious disease** **you** die within 12 months from the date of diagnosis of the **infectious disease**; or suffer a **permanent disability** which entitles **you** to a 50% or more percentage of sum insured as shown in the scale of compensation under section 18 due to an **infectious disease**, **we** will pay **your** legal personal representative a lump sum as shown in the **table of cover** for the benefit of **your dependent**.

#### **What we do not pay under section 27**

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 27 if:

- 1 **you** do not leave behind any surviving **dependent** on the date of death due to **infectious disease**; or
- 2 **we** have already paid for the same under section 12 for the same event.

### **Section 28 – Modifying your home for infectious disease cover**

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 18 due to an **infectious disease**, **we** will pay for the reasonable cost of modifying **your home**, where necessary, to help **you** move around. **We** will pay up to the limit shown in the **table of cover**. The modification must be completed and the proof of spending must be sent to **us** within six months from the date of the **permanent disability** as confirmed by a **medical practitioner**.

#### **What we do not pay under section 28**

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay under section 28 for the following.

- 1 Modifications to **your home** which do not help **you** to move around.
- 2 Modifications to a **home** which **you** do not live in.
- 3 Damages arising from the modification work.
- 4 **Home** modification expenses under section 28 if **we** have already paid for the **home** modification expenses under section 13 for the same event.

### **Section 29 – Ambulance fee for infectious disease cover**

- a If **you** have to pay for ambulance charges for transport to a **hospital** or for follow-up medical treatment after contracting an **infectious disease**, **we** will pay the actual ambulance fees, up to the limit shown in the **table of cover** for any one **infectious disease**.
- b If **you** have to pay for taxi (including private hire

vehicles) or medical transport home after hospitalisation after contracting an **infectious disease**, **we** will pay the actual transport fees, up to the limit shown in the **table of cover** for any one **infectious disease**.

The total amount **we** will pay under section 29 will not be more than the sub-limit and limit shown in the **table of cover** for any one **infectious disease**.

#### **What we do not pay under section 29**

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 29 if:

- 1 **we** have already paid for the same under section 14 for the same event

### **Section 30 – Extra physiotherapy due to serious permanent disability for infectious disease cover**

If **you** suffer a **permanent disability** which entitles **you** to 50% or more percentage of the sum insured as shown in the scale of compensation table under section 18 due to an **infectious disease** and need physiotherapy within 90 days from the date of diagnosis of the **infectious disease**, as confirmed by a **medical practitioner**, **we** will pay for the cost of the physiotherapy up to the limit as shown in the **table of cover** for each **policy year**.

#### **What we do not pay under section 30**

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 30 if:

- 1 **we** have already paid for the same under section 15 for the same event.

### **Section 31 – Diagnostic procedures and tests for infectious disease cover**

If **you** are suspected to have contracted an **infectious disease**, **we** will pay for the costs of diagnostic procedures and tests recommended or asked for by a **medical practitioner** for **you** to be treated provided that **you** are confirmed to be suffering from an **infectious disease**, up to the limit shown in the **table of cover** or up to a period of 12 months from the date of diagnosis of the **infectious disease**, whichever comes first.

The total amount **we** will pay under section 31 will not be more than the limit shown in the **table of cover** for any one **infectious disease**.

**You** can only claim under this section if **we** are paying **you** for the medical expenses for **infectious disease** cover benefit under section 19.

### What we do not pay under section 31

Besides the general exclusions listed in part 2 of the general conditions, **we** will also not pay any claim under section 31 if:

- 1 **we** have already paid for the same under section 16 for the same event.

## General conditions which apply to the whole policy

### 1 Benefit extensions

#### a Act of terrorism cover

If any of the losses covered under sections 1 to 31 arises from or in relation to an **act of terrorism**, **we** will still cover the loss, up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if **you** did not take part in the **act of terrorism** or make an agreement with other people to carry out the act.

#### b Riot, strike, civil commotion, hijack, murder and assault

If **you** suffer an **injury** or die because of an **accident** during a riot, strike, civil commotion, **hijack**, murder or assault, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. This extension is only valid if **you** did not take part in any criminal act or make an agreement with other people to carry out these acts.

#### c Disappearance

If **your** body is not found within 12 months after the sinking, wrecking or destruction of the **public transport** in which **you** are travelling during the **period of insurance**, **we** will consider **you** to be dead and pay the appropriate death benefit shown in the **table of cover** as described in section 1.

The payment of the death benefit is made to **your** legal personal representatives after they have signed an undertaking to **us** to guarantee that if **you** are subsequently found to be alive they will, when asked, return to **us** the sums that **we** have paid under this extension.

#### d Exposure

If **you** suffer an **injury** or die because **you** were exposed to natural elements due to an **accident**, **we** will pay up to the limit shown in the relevant

section in the **table of cover**.

#### e Food poisoning

If **you** suffer or die from **accidental** food poisoning during the **period of insurance**, **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

#### f Suffocation by smoke, poisonous fumes, gas or drowning

If **you** suffer an **injury** or die from **accidentally** breathing in smoke, poisonous fumes, gas or by drowning, **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

#### g Miscarriage due to an accident or infectious disease

If **you** suffer a miscarriage or if **you** die from the miscarriage caused by an **accident** or **infectious disease** (only applicable if you have opted for **infectious disease** cover), **we** will pay up to the limit described in the relevant section as shown in the **table of cover**. This extension is only valid if the event does not arise because of **your** deliberate act.

#### h Insect/animal bites, stings or attacks

If **you** die or suffer an **injury** from a bite, sting or attack or such similar event from an insect or animal during the **period of insurance**, **we** will pay up to the limit shown in the relevant section as shown in the **table of cover**. For avoidance of doubt, except for **infectious disease**, any illness, disease, bacterial or viral infections which is certified by a **medical practitioner** to be contracted by **you** as a result of such bite, sting or attack or such similar event by an insect or animal shall also be deemed an **injury** for the purposes of this benefit extension.

This extension does not apply if the bite, sting or attack results in an **infectious disease**.

### 2 General exclusions

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

- a **you** deliberately injuring yourself, committing suicide or attempting suicide while sane or insane, **your** criminal act, provoked assault, deliberate acts or putting yourself in danger (unless **you** are trying to save human life);
- b the effect or influence of alcohol or drugs;
- c pregnancy, childbirth, abortion, miscarriage (except as provided in general condition - 1g above) or all complications or death arising from



these conditions;

- d** mental problems or insanity;
- e** illness, disease (except for **infectious disease** if applicable), bacterial or viral infections even if contracted **accidentally**;
- f** sexually transmitted infections, human immunodeficiency virus (HIV) or any HIV-related illness including acquired immunity deficiency syndrome (AIDS) or any mutant derivatives or variations of this however they are caused;
- g** medical or surgical procedure to treat **your sickness** unless it is caused by **infectious disease**, if applicable;
- h** cosmetic (aesthetic) or plastic surgery or treatment, or any treatment which relates to or is needed because of previous cosmetic treatment but, this exclusion does not apply to reconstructive surgery if:
  - it is carried out to restore function or appearance after an **accident** or **infectious disease**, whichever is applicable;
  - it is done at a medically appropriate stage after the **accident** or **infectious disease**, whichever is applicable; and the cost of the treatment is approved by **us** in writing before it is done;
- i** **pre-existing medical conditions** or **infectious disease** or physical problems which existed before the start of **your policy**;
- j** **you** taking part in flying or other aerial activities except as a fare-paying passenger in a licensed passenger-carrying aircraft;
- k** **you** taking part in any professional sports or in any sports for which **you** would or could earn or receive any form of pay;
- l** **you** taking part in any kind of speed contest or racing (other than on foot);
- m** an **accident** while **you** are driving or riding on a motor race track;
- n** **you** taking part in any dangerous activities or sports including caving, potholing, rock climbing (except on man-made walls) or mountaineering which involves using ropes, any underwater activities involving underwater breathing apparatus (except scuba diving for leisure purpose with a diving buddy or instructor and no deeper than 30 meters below sea level), sky diving, cliff diving, BASE (building, antenna, span, earth) jumping, paragliding, hang-gliding, parachuting;
- o** any recreational activity where the following conditions are not met:
  - **you** must comply with all safety procedures, such as wearing safety equipment and

following rules and regulations; whether specifically advised or generally expected of a reasonable person, and

- where guidance and supervision of licensed guides or instructors are available, the recreational activity must be carried out under the guidance and supervision of licensed guides or instructors of the tour operator or activity provider;
- p** the consequences of war, revolution or any similar event;
- q** radioactivity or damage from any nuclear fuel, material or waste;
- r** **you** failing to take reasonable efforts to avoid **injury** or contracting the **infectious disease** or to minimize claims under this **policy**;
- s** any **accident** which arises in the course of **your occupation** if it falls within the following categories or involves the following activities: vessel workers, ship or navy crew, marine salvage crew, offshore oil rig workers, professional divers, professional sportspeople, cheer leaders, jockeys, stevedores, people directly involved in making or handling explosives, people who are working outdoor at heights above 15 meters, unless **we** have agreed in writing;
- t** **you** using any ATV (all-terrain vehicle) unless **we** agree in writing; or
- u** **infectious disease** diagnosed within 14 days from the start date of this **policy**;
- v** any **infectious disease** which has been announced as:
  - an epidemic by the health authority in Singapore or the Government of the Republic of Singapore; or
  - a pandemic by the World Health Organisation (WHO);in the affected countries, from the date of announcement until the epidemic or pandemic ends.

If **we** refuse to pay a claim as a result of any of the exclusions listed above and **you** disagree with **our** decision, **you** are responsible for proving that **we** are legally responsible for the claim. If any part of any exclusion is found to be invalid or **we** cannot enforce it, it will not affect the rest of the exclusions.

### 3 Cover

This **policy** covers **you** while in Singapore and while outside Singapore for no more than 180 days in a row at a time from the date of departure from Singapore. If **you**

plan to stay longer than 180 days in a row outside Singapore, **we** may agree to extend the cover, depending on **our** decision and the extra premium.

## 4 Changing your plan

**You** may write and ask to change the plan at **your** next **policy** renewal if **we** approve and if **we** have not paid out any claim under this **policy**. If **we** do approve **your** request, **we** will tell **you** when the change in plan will take place.

## 5 Premium

- a The premium that the **policyholder** pays for this **policy** can change. If **we** change the premium for this **policy**, **we** will write to the **policyholder** based on their last-known address or email address, at least 30 days before the change is to take place, to tell the **policyholder** what the new premium is.
- b Premium due dates
  - (i) The premium is due on or before the start of this **policy** and if this **policy** is renewed, the start date of the next **policy year**. If the **policyholder** has chosen a monthly **recurring payment arrangement**, the premium is due on the dates shown in the debit note or tax invoice issued to the **policyholder**.
- c Recurring premium payment
  - (i) The **policyholder** can pay the premium due for this **policy** using the **recurring payment arrangement** they have chosen.
  - (ii) Before the premium due date, **we** will charge the premium to a credit card or take the premium by GIRO from a bank account chosen by the **policyholder**.
  - (iii) The **policyholder** can change the chosen **payment frequency** and **recurring payment arrangement** by calling **us** or writing to **us** at least 21 days before the end of the **policy year**. The change will take effect from the start date of next **policy year**.

## 6 Payment before cover warranty

**We** (or **our** intermediary) must receive the premium due on or before:

- a the start of this **policy**;
- b the start date of next **policy year**, if this **policy** is renewed; and
- c the subsequent premium due dates as shown in the debit note or tax invoice (which applies only if the **policyholder** chooses the monthly **recurring payment arrangement**).

If **we** or the intermediary do not receive the premium due on the dates as described above, this **policy** will not be valid and renewed and **we** will not pay any benefits.

## 7 Renewal

If this **policy** is renewed, **we** will provide the new terms and conditions (if applicable) for the next **policy year** before the start date of the next **policy year**.

If **we** did not receive any request to cancel the **policy** as set out in general condition 8(c), **we** will collect the premium using the last **recurring payment arrangement** chosen by the **policyholder**.

This **policy** will apply for as long as **we** can successfully take the premium before the premium due date.

## 8 Cancellation and refund

- a For **policy** cancellation, **we** will not refund any premium if a claim has been made under this **policy**.
- b If **we** cancel the **policy**
  - (i) **We** can cancel this **policy** by giving the **policyholder** seven days' written notice. **We** will consider that the **policyholder** has received this cancellation notice on the same day if **we** deliver the notice by hand, mail, fax or email.
  - (ii) **We** will cancel this **policy** on the date the premium is due if **we** do not receive the premium due or **we** are not successful in taking the premium from the credit card or GIRO account the **policyholder** has chosen.

If **we** cancel this **policy** because the premium has not been paid, **you** may apply for a new **policy**. However, **your** application will depend on **us** accepting it based on **your** latest physical or medical conditions.

- c If there is no claim under this **policy** and the **policyholder** wishes to cancel the **policy**
  - (i) Monthly **recurring payment arrangement**
    - The **policyholder** may cancel this **policy** by calling **us** or writing to **us** and cancellation will be effective from the date **we** receive the notice of cancellation.
    - For cancellation after the 14-day free-look period (under general condition 18), **we** must receive the notice of cancellation no later than 21 days before the next monthly premium due date. The **policy** will then be cancelled

on the day the monthly premium is due.

- But, if **we** receive the notice of cancellation less than 21 days before the next monthly premium due date, the **policy** will be cancelled on the following month when the premium is due.

Cancellation of policy with monthly premium payment - For example	
Period of insurance	22 Sep 2019 to 21 Sep 2020
Monthly premium due date	22 (Sep, Oct, Nov, Dec, Jan, Feb and so on)
If we receive the notice of cancellation:	
on 1 Oct 2019	cancellation will take effect on 22 Oct 2019.
on 20 Oct 2019	cancellation will take effect on 22 Nov 2019

## (ii) Yearly payment arrangement

- The **policyholder** may cancel this **policy** by calling **us** or writing to **us** and cancellation will apply from the date **we** receive the notice of cancellation.
- For cancellation after the 14-day free look period (under general condition 18) and:
  - Before the start date of the **policy**; premium less \$10.90 (after GST).
  - After the start date of the **policy**, **we** will work out the premium as follows.

Period of insurance (in days) still left to run	85% of the premium paid
Original period of insurance of the policy	×

- **We** will not refund any premium below \$38.15 (after GST).

If **we** refund premiums, **we** will do so to the **policyholder**.

## 9 Paying Benefits

**We** will pay the benefits listed in this **policy** only if **you** have:

- met general condition 6; and
- given **us** satisfactory proof of the claim.

For a **policy** with a monthly **recurring payment arrangement**, before **we** can pay the claim, **we** will first take from the claim amount any premium owed to **us** for the rest of the **policy year**.

**We** will pay all benefits shown in the **table of cover** to **you** unless:

- you** die as described in section 1, section 2, section 12, section 17 or section 27, in which case **we** will pay the benefits to **your** legal personal representative; or
- you** are evacuated as a result of a medical emergency or sent home as described in section 10 or section 25, in which case **we** will pay **our assistance company** the expenses they pay in transporting **you**.

When **we** pay the benefits as described above, **we** will have no further legal responsibility to **you** under this **policy** for the claim.

## 10 Misrepresentation

**We** will end this **policy** if the **policyholder** or **you** misrepresent or misdescribe any circumstance which affects **your** health condition, **occupation**, country of residence or pursuits or any information which may affect **our** decision to accept **your** application.

## 11 Changes in circumstance

If there is any change in circumstances affecting **your** risk, **you** must give **us** immediate written notice and pay any extra premium that **we** may ask for. In particular, **you** must tell **us** about any change in **your** health condition, **occupation** or the country where **you** are living in.

**We** can choose not to pay the claim if **you** have failed to inform **us** of any change in circumstances affecting **your** risk.

## 12 Fraud

**You** must not act in a fraudulent way. **We** will take the action shown below if **you**, or anyone acting for **you**:

- make a claim under the **policy** knowing the claim to be false or fraudulently exaggerated in any way;
- make a statement to support a claim knowing the statement to be false in any way;
- send **us** a document to support a claim knowing the document to be forged or false in any way; or make a claim for any **loss** or damage caused by **your** deliberate act or with **your** knowledge.

**We** may do the following.

- We** will not pay the claim.
- We** will not pay any other claim which has been

or will be made under the **policy**.

- c **We** may declare the **policy** invalid.
- d **We** can recover from **you** the amount of any claim **we** have already paid under the **policy**.
- e **We** will not refund **your** premium.
- f **We** may not allow **you** to buy other policies from **us**.
- g **We** may report **you** to the police.

### 13 Reasonable care

**You** must take all reasonable precautions to avoid an **injury** or **infectious disease** and take all practical steps to minimize claims.

### 14 Duplication of cover

Unless we agree in writing, if at the time of any incident which results in a claim under this **policy** the **insured person** has more than one (1) PA Assurance **policy** with **us**, **we** will consider the **insured person** to be insured under the policy which provides the highest benefit level and **we** will apply the benefits payable in accordance with that insurance **policy** and no other PA Assurance **policy** that the **insured person** is covered under.

### 15 Other insurance

If at the time of any incident which results in a claim under this **policy** **you** have another insurance covering the same loss, **we** will not pay more than **our** share.

(This does not apply to section 1 - **accidental** death, section 2 – double indemnity for accidental death on public transport, section 3 - **permanent disability**, section 7 - daily hospital income, section 8 - ICU triple cover, section 9 - weekly cash, section 12 - family support fund, section 17 - death benefit for **infectious disease** cover, section 18 - permanent disability for **infectious disease** cover, section 22 - daily hospital income for **infectious disease** cover, section 23 - ICU Triple cover for **infectious disease** cover, section 24 - weekly cash for **infectious disease** cover or section 27 - family support fund for **infectious disease** cover).

### 16 Taking over your rights

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

## 17 Claims conditions

- a **You** must tell **us** as soon as possible, and in any case within 30 days, about any event which may give rise to a claim under this **policy**.
- b If **you** can recover all or part of the medical expenses from other sources, **we** will only pay **you** the amount that **you** cannot recover.
- c **We** pay all claims in Singapore dollars. If **you** suffer a loss which is in a foreign currency, **we** will convert the amount into Singapore dollars at the exchange rate which **we** will decide on at the date of the loss.

## 18 What you need to provide when you send us your claim

**You** or **your** legal personal representative must supply all information, reports, original invoices and receipts, evidence, medical certificates, documents (such as translation of a foreign-language document into the English language), confirmed by oath if necessary, **we** may need before **we** assess **your** claim. **We** may refuse to refund any expense which **you** cannot provide original receipts or invoices for.

## 19 Free-Look period

**We** will give the **policyholder** 14 days from the time they receive this **policy** to decide whether to continue with it. If the **policyholder** does not want to continue and there is no claim made under this **policy**, he/she may call or write to **us** to cancel this **policy**. The **policyholder** will get a full refund of the premium paid. **We** consider that this **policy** has been delivered (and received) on the same day **we** email it, or seven days after **we** post it. This condition does not apply to policy renewals.

## 20 Ending the policy

The **policy** will end immediately when:

- a **we** cancel this **policy** under general conditions 6, 8(b) or 12;
- b **you** cancel this **policy** under general condition 8(c);
- c **we** have paid 100% of the sum insured under section 1, section 2 or section 17;
- d **you** no longer satisfy any of the eligibility requirements set unless **we** have agreed in writing to provide cover;
- e before entering into the **policy**, **you** or the **policyholder** fail to reveal all facts **you** or they know or ought to know which may affect this

policy; or  
f we do not renew this policy.

## 21 Excluding third-party rights

A person or company who is not covered by this policy has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce this policy.

## 22 Currency and interest

All dollar amounts shown in the policy and schedule are in Singapore dollars (S\$). We will not add interest to any amount we pay under this policy.

## 23 Dealing with disputes

If the policyholder is not satisfied with our final decision on your claim, the policyholder shall refer the case to the Financial Industry Disputes Resolution Centre Ltd (FIDREC), an independent and impartial institution specializing in solving disputes between financial institutions and consumers. Their website address is: [www.fidrec.com.sg](http://www.fidrec.com.sg)

If the dispute cannot be referred to or dealt with by FIDREC, the dispute must be referred to and decided using arbitration in Singapore in line with the Arbitration Rules of the Singapore International Arbitration Centre which apply at that point of time. We will not be legally responsible under your policy unless you have first received an award under arbitration.

## 24 Prohibited persons

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

- we are entitled not to accept your application; and
- if any policy is issued, we are entitled to end the policy, not pay any benefit or not allow any transaction to be carried out under the policy. We will not refund any unutilised premium when the policy is ended.

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

The policyholder or you will need to inform us immediately if there is any change in any relevant person's identity, status or identity documents.

## 25 Governing law

Singapore law will apply to this policy.

## 26 Feedback procedure

### Making yourself heard

We are committed to providing you with an exceptional level of service and customer care.

We realise that things can go wrong and there may be times when you feel that we have not provided the service you expected. When this happens, we want to hear about it so that we can try to put things right.

Please send your feedback to: [www.income.com.sg/enquiry](http://www.income.com.sg/enquiry)

## Our promise to you

We will:

- acknowledge your complaint promptly;
- investigate quickly and thoroughly;
- keep you informed of our progress; and
- do everything possible to deal with your complaint.

### Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income Insurance or visit the GIA / LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).