Important: This is a sample of the policy document. To determine the precise terms, conditions and exclusions of your cover, please refer to the actual policy and any endorsement issued to you.

Conditions for Complete Critical Protect

Your policy

Complete Critical Protect is a plan that provides insurance protection against dread disease.

It pays dread disease benefit, recurrent benefit, vital function benefit, special benefit, juvenile benefit, critical impact benefit, guaranteed post-DD cover option, therapy support benefit, and death benefit.

You can choose either Protect 100 or Protect Max option. The option must be chosen at policy inception and cannot be changed.

You cannot cash in this policy.

1 What your policy covers

a Dread disease benefit

Dread disease consists of early stage, intermediate stage and advanced stage dread disease.

If the insured is diagnosed with a dread disease by a **specialist** during the term of this policy, **we** will pay the benefit according to its severity level shown in Table 1 if **you** have chosen Protect 100; and Table 2 if **you** have chosen Protect Max.

Table 1

Option	Severity Level	Benefit
Protect 100	Early stage dread disease and/or Intermediate stage dread disease	Total of 100% of **sum assured**
	Advanced stage dread disease	100% of **sum assured** less claim paid for: -Early stage and/or intermediate stage dread disease; and -Vital function benefit under section 1(c)

If **you** have chosen Protect 100, the total **we** will pay under the following benefits:

- dread disease benefit in section 1(a); and
- vital function benefit in section 1(c),

are aggregated and will not be more than 100% of the **sum assured**, less any amount **you** owe **us**.

This benefit will end once the total amount **we** have paid under the following benefits:

- dread disease benefit in section 1(a); and
- vital function benefit in section 1(c),

reaches 100% of the **sum assured**.

We will pay the early and/or intermediate stage dread disease under this benefit, subject to the following:

- dread disease benefit has not ceased at the time of any payment of the benefit;

- the insured survives at least 7 days after the date of diagnosis or date of surgery performed for a dread disease covered under this benefit, whichever is later;
- maximum of 1 claim for either the early stage dread disease or intermediate stage dread disease may be approved;
- vital function benefit of the corresponding dread disease which the same early and/or intermediate stage dread disease belongs to has not been claimed;
- if more than one dread disease covered under the dread disease benefit and/or impairments of the vital functions (under section 1(c)) are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases and/or impairments of the vital functions (under section 1(c)) that are diagnosed; and
- the amount **we** will pay for the early and/or intermediate stage dread disease of the same dread disease under this benefit will not be more than a total of S$350,000 for each insured, including all policies **we** have issued and paid for the same insured.

We will pay the advanced stage dread disease under this benefit, subject to the following:
- dread disease benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days after the date of diagnosis or date of surgery performed for a dread disease covered under this benefit, whichever is later;
- maximum of 1 claim for the advanced stage dread disease may be approved; and
- if more than one dread disease covered under the dread disease benefit and/or impairments of the vital functions (under section 1(c)) are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases and/or impairments of the vital functions (under section 1(c)) that are diagnosed.

If the insured is covered for any dread disease benefits or equivalent benefits under any policies (including this policy) which have been issued and paid (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived due to dread disease but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit. If the total of these benefits will exceed the Dread Disease Per Life Limit, **we** will first take into account the amounts due under the earlier policies, and then pay an amount to bring the total benefits to the Dread Disease Per Life Limit.

Table 2

Option	Severity Level	Benefit
Protect Max	Early stage dread disease and/or Intermediate stage dread disease	Total of 100% of **sum assured**
	Advanced stage dread disease	200% of **sum assured** less claim paid for: -Early stage and/or intermediate stage dread disease of the same dread disease; and -Vital function benefit of the corresponding dread disease under section 1(c)

If **you** have chosen Protect Max, the total **we** will pay under the following benefits:
- dread disease benefit in section 1(a);
- recurrent benefit in section 1(b); and

- vital function benefit in section 1(c),

are aggregated and will not be more than 1000% of the **sum assured**, less any amount **you** owe **us.**

This benefit will end once the total amount **we** have paid under the following benefits:

- dread disease benefit in section 1(a);
- recurrent benefit in section 1(b); and
- vital function benefit in section 1(c),

reaches 1000% of the **sum assured**.

We will pay the early and/or intermediate stage dread disease under this benefit, subject to the following:

- dread disease benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days after the date of diagnosis or date of surgery performed for a dread disease covered under this benefit, whichever is later;
- no claim has been approved for advanced stage of the same dread disease;
- maximum of 1 claim for either the early stage dread disease or intermediate stage dread disease of the same dread disease may be approved;
- maximum of 6 claims for the early stage and/or intermediate stage dread disease may be approved;
- vital function benefit of the corresponding dread disease which the same early and/or intermediate stage dread disease belongs to has not been claimed;
- if more than one dread disease covered under the dread disease benefit and/or recurrent condition (under section 1(b)) and/or impairments of vital function (under section 1(c)) are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases and/or recurrent condition (under section 1(b)) and/or impairments of the vital functions (under section 1(c)) that are diagnosed;
- the amount **we** will pay for the early and/or intermediate stage dread disease of the same dread disease under this benefit will not be more than a total of S$350,000 for each insured, including all policies **we** have issued and paid for the same insured; and
- the amount **we** will pay for the early and/or intermediate stage dread disease under this benefit will not be more than a total of S$1.05 million for each insured, including all policies **we** have issued and paid for the same insured.

We will pay the advanced stage dread disease under this benefit, subject to the following:

- dread disease benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days after the date of diagnosis or date of surgery performed for a dread disease covered under this benefit, whichever is later;
- only 1 claim is allowed for the advanced stage of each dread disease;
- if more than one dread disease covered under the dread disease benefit and/or recurrent condition (under section 1(b)) and/or impairments of vital function (under section 1(c)) are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases and/or recurrent condition (under section 1(b)) and/or impairments of the vital functions (under section 1(c)) that are diagnosed; and
- for **terminal illness (advanced stage)** and **loss of independent existence (advanced stage)**, the amount payable will be determined after deducting any claims paid under the dread disease benefit and vital function benefit in section 1(c). If the total claims paid under the dread disease benefit and vital function benefit in section 1(c) have reached 200% of the **sum assured** or more, no benefit will be payable for future claims under **terminal illness (advanced stage)** and **loss of independent existence (advanced stage).**

If the insured is covered for any dread disease benefits or equivalent benefits under any policies (including this policy) which have been issued and paid (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived due to dread disease but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit. If the total of these benefits will exceed the Dread Disease Per Life Limit, **we** will first take into account the amounts due under the earlier policies, and then pay an amount to bring the total benefits to the Dread Disease Per Life Limit.

For both Protect 100 and Protect Max:

- this benefit is subject to the waiting periods as set out in section 4(b); and
- this policy will continue even if this benefit ends.

b Recurrent benefit

This benefit is only applicable if **you** have chosen Protect Max.

If the insured is diagnosed with a recurrent condition in Table 3 during the term of this policy, **we** will pay 100% of the **sum assured**, less any amount **you** owe **us**.

Table 3

Item	Recurrent conditions
1	**Persistent Major Cancer**
2	**Recurrent Heart Attack of Specified Severity**
3	**Recurrent Stroke with Permanent Neurological Deficit**
4	**Repeated Open-Heart Heart Valve Surgery**
5	**Repeated Major Organ / Bone Marrow Transplantation**
6	**Repeated Coronary Artery By-pass Surgery**

We will pay the recurrent benefit as long as the following conditions are met:

- recurrent benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days after the date of diagnosis or date of surgery performed for a dread disease covered under this benefit, whichever is later;
- if more than one dread disease covered under the dread disease benefit (under section 1(a)) and/or recurrent condition and/or impairments of vital function (under section 1(c)) are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases (under section 1(a)) and/or recurrent condition and/or impairments of the vital functions (under section 1(c)) that are diagnosed; and
- maximum of 3 claims may be approved under this benefit.

If the insured is also covered for dread disease benefits or equivalent benefits under any policies which have been issued and paid in the past (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit.

Any amount paid under recurrent benefit or equivalent benefits under any policies which have been issued and paid (whether issued and paid by **us** or by any other insurer) will reduce the Dread Disease Per Life Limit.

We will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to the Dread Disease Per Life Limit.

The total **we** will pay under the following benefits:
- dread disease benefit in section 1(a);
- recurrent benefit in section 1(b); and
- vital function benefit in section 1(c),

are aggregated and will not be more than 1000% of the **sum assured**.

This benefit will end once:
- 300% of the **sum assured** has been fully paid out under this benefit; or
- the total amount **we** have paid under the following benefits:
  - dread disease benefit in section 1(a);
  - recurrent benefit in section 1(b); and
  - vital function benefit in section 1(c),

  reaches 1000% of the **sum assured**,

whichever is earlier.

This benefit is subject to the waiting periods as set out in section 4(c).

This policy will continue even if this benefit ends.

c Vital function benefit

If the insured is diagnosed with an impairment of heart, lungs or kidneys shown in Table 5 by a **specialist** during the term of this policy, **we** will pay the vital function benefit according to your chosen option in Table 4, less any amount **you** owe **us**.

Table 4

Option	Benefit
Protect 100	100% of **sum assured** less claim paid for early stage and/or intermediate stage dread disease under under section 1(a)
Protect Max	200% of **sum assured** less claim paid for early stage and/or intermediate stage dread disease of the corresponding dread disease under section 1(a)

Table 5

Vital Function	Corresponding dread disease under dread disease benefit		
	Early stage dread disease	**Intermediate stage dread disease**	**Advanced stage dread disease**
Heart	**Cardiac pacemaker implantation**	**Cardiac defibrillator implantation**	**Heart attack of specified severity**
	Pericardiectomy		
Lungs	**Severe asthma**	**Surgical removal of one lung**	**End stage lung disease**
	Insertion of a vena cava filter		
Kidneys	**Surgical removal of one kidney**	**Chronic kidney disease**	**End stage kidney failure**

We will pay the vital function benefit, subject to the following:

- vital function benefit has not ceased at the time of any payment of the benefit;
- no claim has been approved for advanced stage dread disease (in section 1(a));
- the insured survives at least 7 days after the date of diagnosis on a vital function covered under this benefit; and
- if more than one dread disease covered under the dread disease benefit (under section 1(a)) and/or recurrent condition (under section 1(b)) and/or impairments of vital function are diagnosed on the same date, **we** will only approve one claim with the highest possible benefit payout regardless of the number of dread diseases (under section 1(a)) and/or recurrent condition (under section 1(b)) and/or impairments of the vital functions that are diagnosed.

If **you** have chosen Protect 100, the total **we** will pay under the following benefits:

- dread disease benefit section 1(a); and
- vital function benefit section 1(c),

are aggregated and will not be more than 100% of the **sum assured**.

This benefit will end once:

- a claim has been paid out under this benefit; or
- the total amount **we** have paid under the following benefits:
  - dread disease benefit in section 1(a); and
  - vital function benefit in section 1(c),

  reaches 100% of the **sum assured**,

whichever is earlier.

If the insured is also covered for dread disease benefits or equivalent benefits under any policies which have been issued and paid in the past (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit.

Any amount paid under vital function benefit or equivalent benefits under any policies which have been issued and paid (whether issued and paid by **us** or by any other insurer) will reduce the Dread Disease Per Life Limit.

We will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to the Dread Disease Per Life Limit.

If **you** have chosen Protect Max, the total **we** will pay under the following benefits:
- dread disease benefit in section 1(a);
- recurrent benefit in section 1(b); and
- vital function benefit in section 1(c),

are aggregated and will not be more than 1000% of the **sum assured**.

This benefit will end once:
- a claim has been paid out under this benefit; or
- the total amount **we** have paid under the following benefits:
  - dread disease benefit in section 1(a);
  - recurrent benefit in section (1b); and
  - vital function benefit in section 1(c),

  reaches 1000% of the **sum assured**,

whichever is earlier.

If the insured is also covered for dread disease benefits or equivalent benefits under any policies which have been issued and paid in the past (whether issued and paid by **us** or by any other insurer), the total of these benefits under all these policies cannot be more than S$3.6 million (including premiums waived but excluding bonuses). This limit of S$3.6 million is known as the Dread Disease Per Life Limit.

Any amount paid under vital function benefit or equivalent benefits under any policies which have been issued and paid (whether issued and paid by **us** or by any other insurer) will reduce the Dread Disease Per Life Limit.

We will first take into account the amounts due under the earlier policies, and then pay out only an amount to bring the total payments to the Dread Disease Per Life Limit.

For both Protect 100 and Protect Max:
- This benefit is subject to the waiting periods as set out in section 4(d); and
- This policy will continue even if this benefit ends.

d Special benefit

If the insured is diagnosed by a **specialist** with any of the conditions or has undergone any of the procedures shown in Table 6 before the insured reaches 85 age last birthday, **we** will pay the benefit shown in Table 6, less any amount **you** owe **us**.

Table 6

Item	Special Benefit	Benefit	Maximum Claim Limit
1	**Angioplasty and Other Invasive Treatment for Coronary Artery**	20% of **sum assured**	S$25,000
2	**Benign Tumour and Borderline Malignant Tumour**		
3	**Diabetic Complications**	30% of **sum assured**	S$30,000
4	**Severe Osteoporosis**		
5	**Severe Rheumatoid Arthritis**		
6	**Dengue Haemorrhagic Fever**		
7	**Crohn's Disease**		

8	**Ulcerative Colitis**		
9	**Breast Reconstructive Surgery following a Mastectomy**		
10	**Pheochromocytoma**		
11	**Zika**		
12	**Chikungunya Fever**		
13	**Chronic Relapsing Pancreatitis**		
14	**Hysterectomy due to Cancer**		
15	**Age-related Macular Degeneration with Visual Impairment**		
16	**Severe Presbycusis (Age-related Hearing Loss)**		
17	**Urinary Incontinence requiring Surgical Repair**		

For policies **we** have issued that have special benefit (or equivalent), **we** will pay no more than the maximum claim limit for the same condition or procedure listed in Table 6 for each insured (no matter how many policies **we** have issued to cover each insured).

We will pay the special benefit subject to the following:

- special benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days from the date of diagnosis or date of surgery performed, whichever is later;
- a claim for each condition or procedure can only be approved once; and
- maximum of 5 claims may be approved under this benefit.

This benefit is subject to the waiting periods as set out section 4(e).

This policy will continue even if this benefit ends.

e Juvenile benefit

If the insured is diagnosed with any of the conditions in Table 7 by a **specialist**, **we** will pay 20% of the **sum assured**, less any amount **you** owe **us,** as long as the diagnosis takes place before the insured reaches age 18 last birthday.

Table 7

Item	Juvenile conditions
1	**Osteogenesis Imperfecta**
2	**Severe Haemophilia**
3	**Insulin Dependent Diabetes Mellitus**
4	**Kawasaki Disease**
5	**Rheumatic Fever with Valvular Impairment**
6	**Type I Juvenile Spinal Amyotrophy**
7	**Wilson's Disease**
8	**Systemic Juvenile Rheumatoid Arthritis**
9	**Intellectual Impairment due to Sickness or Injury**
10	**Glomerulonephritis with Nephrotic Syndrome**
11	**Sanfilippo Syndrome**
12	**Bile Acid Synthesis Disorder**
13	**Pyruvate Dehydrogenase Complex Deficiency**
14	**Antley Bixler Syndrome**

15	**Beta Thalassemia Major**
16	**Autism of Specified Severity**
17	**Rabies**

For policies **we** have issued that have juvenile benefit, **we** will pay no more than S$30,000 for the same condition listed in Table 7 for each insured (no matter how many policies **we** have issued to cover each insured).

We will pay the juvenile benefit subject to the following:

- juvenile benefit has not ceased at the time of any payment of the benefit;
- the insured survives at least 7 days from the date of diagnosis or date of surgery performed, whichever is later;
- a claim for each condition can only be approved once; and
- maximum of 5 claims may be approved under this benefit.

This benefit is subject to the waiting period as set out in section 4(f).

This policy will continue even if this benefit ends.

f Critical impact benefit

If the insured undergoes **surgery** or suffers an **infection** before reaching age 85 last birthday and requires a stay in an **intensive care unit** (**ICU**) for a total of 4 days or more in one hospital admission, **we** will pay 20% of **sum assured**, less any amount **you** owe **us**.

We will pay the critical impact benefit subject to the following:

- the insured survives at least 7 days from the first day of admission to **ICU**; and
- the **surgery** or **infection** and the stay in the **ICU** must be directly due to the same cause and confirmed as **necessary medical treatment.**

We will not consider a stay in **ICU** as **necessary medical treatment** if the insured can be safely and adequately treated in any other facility.

For policies **we** have issued that have critical impact benefit, **we** will pay no more than S$50,000 for each insured (no matter how many policies **we** have issued to cover each insured).

You can only claim the critical impact benefit once.

This benefit is subject to the waiting period as set out in section 4(g).

This policy will continue even if this benefit ends.

g Guaranteed post-DD cover option

Upon diagnosis of the insured with:

- an advanced stage dread disease covered under dread disease benefit; or
- an impairment covered under vital function benefit,

a new term policy covering the insured may be taken up with only death and **terminal illness** benefits, without **us** having to assess the insured's health. Total and permanent disability will not be covered by the new term policy.

The waiting period of the new term policy is 2 years. If the event giving rise to a claim occurs during the 2 years waiting period, **we** will refund 100% of the premiums paid for the new term policy. The new term policy does not allow any reinstatement.

We will limit the **sum assured** for the new term policy to

- 100% of the original **sum assured** for this policy; or
- S$200,000 per life aggregating policies issued under the guaranteed post-DD cover option,

whichever is lower.

We will decide the type of new term policy to be offered and the insured must meet all the following conditions to take up this option:

- this option must be exercised within 6 months from the claim approval date or diagnosis date, whichever is later, of the advanced stage dread disease covered under dread disease benefit or impairment covered under vital function benefit;
- the insured must not have **terminal illness** at the time of taking up this option;
- the insured must be 60 years old last birthday or under at the time of taking up this option; and
- the relevant documents must be provided to support the diagnosis of advanced stage dread disease covered under dread disease benefit or impairment covered under vital function benefit.

h Therapy support benefit

If the insured is diagnosed by a **specialist** to undergo therapy shown in Table 8 during the term of this policy, **we** will pay additional 20% of the **sum assured,** less any amount **you** owe **us.**

Table 8

Item	Therapy
1	**Cell, Tissue or Gene Therapy**
2	**Proton Beam Therapy**

At most, **we** will pay this benefit two times and only one payout for each therapy. The entire treatment for each therapy must be done in Singapore.

For policies **we** have issued that have therapy support benefit, **we** will pay no more than S$50,000 for each therapy listed (no matter how many policies **we** have issued and paid to cover each insured).

This benefit is subject to the waiting period as set out in section 4(h).

This policy will continue even if this benefit ends.

i Death benefit

During the term of this policy, if the insured dies, **we** will pay S$10,000, less any amount **you** owe **us**.

This policy will end when **we** make this payment.

2 Our responsibilities to you

Reducing the policy's sum assured

If **you** decide to reduce your **sum assured,** it cannot be less than the minimum amount set by **us**.

3 Your responsibilities

You will pay your first premium at the time **you** apply for this policy. **You** will then pay future premiums when they are due. **You** will have 30 days as a period of grace to make these payments for this policy to continue. If **we** are due to pay any benefits during this period, **we** will take off any unpaid premiums from the benefits.

If **you** still have not paid the premium after the period of grace, this policy will end.

If this policy and its riders (if any) end because **you** have not paid the premium, **you** can reinstate it within 36 months by paying the premiums **you** owe along with interest. This applies as long as **you** give **us** satisfactory proof of the insured's good health and there is no change in the risks covered by this policy. However, if **we** do not ask for the insured's health declaration or medical checks when **you** apply, **you** do not need to give **us** satisfactory proof of the insured's good health.

The premium that **you** pay for this policy is not guaranteed. **We** will give **you** at least 30 days' written notice before **we** make any change.

If **you** cancel this policy and its riders (if any) before the next premium is due, **we** will end this policy and its riders (if any) from the next premium due date and **we** will not refund any unused premium.

4 What you need to be aware of

a Suicide

This policy is not valid if the insured commits suicide within one year from the **cover start date**.

We will refund the total premiums paid, without interest, less any amounts **we** have paid **you**, and any amount **you** owe **us**, from the **cover start date**.

b Dread disease benefit

We only cover the dread disease **we** define in this policy. The full definition of an early stage, intermediate stage or advanced stage dread disease covered and the circumstances in which **you** can claim are given in this policy.

If **you** have chosen Protect 100, **we** will not pay the benefit if your claim arises from:

- an early and/or intermediate stage dread disease under **major cancer**, **heart attack of specified severity**, **other serious coronary artery disease**, or **coronary artery by-pass surgery**, where the insured suffered symptoms of, was investigated for, or was diagnosed with the disease any time before or within 90 days from the **cover start date,** whichever is earliest. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgery is diagnosed, and not the date of the surgery; or
- an advanced stage dread disease under **major cancer, heart attack of specified severity, coronary artery by-pass surgery** or **other serious coronary artery disease**, where the insured was diagnosed with the disease within 90 days from the **cover start date**, whichever is earliest. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgery is diagnosed, and not the date of the surgery.

If **you** have chosen Protect Max, **we** will not pay the benefit if your claim arises from:

- any early, intermediate or advanced stage dread disease which occurs within 12 months from the date of diagnosis or date of surgery performed, whichever is later, of the latest claim approved under:
  - dread disease benefit for another dread disease;
  - recurrent benefit; or
  - vital function benefit;
- an early and/or intermediate stage dread disease under **major cancer**, **heart attack of specified severity**, **other serious coronary artery disease**, or **coronary artery by-pass surgery**, where the insured suffered symptoms of, was investigated for, or was diagnosed with the disease any time before or within 90 days from the **cover start date**, whichever is earliest. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgery is diagnosed, and not the date of the surgery; or
- an advanced stage dread disease under **major cancer, heart attack of specified severity, coronary artery by-pass surgery** or **other serious coronary artery disease**, where the insured was diagnosed with the disease within 90 days from the **cover start date**, whichever is earliest. For **coronary artery by-pass surgery**, the date of diagnosis will be the date the medical condition that leads to the surgery is diagnosed, and not the date of the surgery.

c Recurrent benefit

We will not pay this benefit if your claim arises from:

- any recurrent condition covered under this benefit occurring within 24 months from the date of diagnosis or date of surgery performed, whichever is later, of the latest claim approved under:
  - dread disease benefit;
  - recurrent benefit; or
  - vital function benefit; or
- **persistent major cancer, recurrent heart attack of specified severity** or **repeated coronary artery by-pass surgery**, where the insured was diagnosed with the disease within 90 days from the **cover start date**. For **repeated coronary artery by-pass surgery**, the date of diagnosis will be

the date the medical condition that leads to the surgery is diagnosed, and not the date of the surgery.

d Vital function benefit

We will not pay this benefit if:

- your claim arises within 12 months from the:
  - date of diagnosis of early and/or intermediate stage dread disease of the latest claim approved under early and/or intermediate stage dread disease outside of the corresponding dread disease; or
  - date of surgery performed under early and/or intermediate stage dread disease of the latest claim approved under early and/or intermediate stage dread disease outside of the corresponding dread disease,

  whichever is later; or
- the insured is diagnosed with any impairment of a vital function covered under this benefit any time before or within 90 days from the **cover start date**.

e Special benefit

We will not pay this benefit if the insured suffered symptoms of, was investigated for, or was diagnosed with any conditions or conditions which requires a procedure under this benefit (except for **angioplasty and other invasive treatment for coronary artery**) any time before or within 90 days from the **cover start date**, whichever is earliest**.**

For **angioplasty and other invasive treatment for coronary artery, we** will not pay this benefit if the insured was diagnosed within 90 days from the **cover start date**. The date of diagnosis will be the date the medical condition that leads to the treatment is diagnosed, and not the date of the treatment.

f Juvenile benefit

We will not pay this benefit if the insured suffered symptoms of, was investigated for, or was diagnosed with any conditions covered under this benefit any time before or within 90 days from the **cover start date,** whichever is earliest**.**

g Critical impact benefit

We will not pay this benefit if the insured was suffering symptoms of, was investigated for, or was diagnosed with any **infection** or condition which requires **surgery** under this benefit any time before or within 90 days from the **cover start date,** whichever is earliest.

h Therapy support benefit

We will not pay this benefit if the insured suffered symptoms of, was investigated for, or was diagnosed with any condition which requires therapy under this benefit any time before or within 90 days from the **cover start date,** whichever is earliest.

i Making a claim

To make a claim for death benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the insured's death.

If this policy provides for accidental death or accidental total and permanent disability (TPD) benefit, **we** must be told of the claim and all relevant documents to support the claim must be given within thirty days after the insured's death or TPD. If **we** are not told of the claim or have not received all relevant documents within thirty days, **we** will not reject the claim if **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

To make a claim for other benefits, **we** must be told of the claim and all relevant documents to support the claim must be given within six months after the diagnosis or the event giving rise to the claim. If **we** are not told of the claim or have not received all relevant documents within six months, **we** will not reject the claim if **you** have a valid reason for the delay. **You** must also show that **you** have told **us** and given all relevant documents to support the claim to **us** as soon as reasonably possible.

If **we** are not told of the claim or have not received all relevant documents for any of your above claim within two years from the date of the event giving raise to the claim, **we** will not pay the claim.

When **we** pay a claim, **we** will not refund any premiums that have been paid.

j Refusing to pay a claim

After **you** have been continuously covered for two years from the **cover start date**, **we** will pay your claim unless:

- it is a case of fraud;
- **you** fail to pay a premium;
- the insured has a **material pre-existing condition** which **you** did not tell **us** about when **you** applied for this policy or rider if health declaration is required;
- **you** or the insured fail to tell **us** any significant information or information which is true, correct and complete which would have reasonably affected **our** decision to accept your application; or
- the claim is excluded or not covered under the terms of this policy or rider.

k Transferring the legal benefit of the policy

You cannot assign (transfer) this policy unless **you** tell **us** in writing and **we** agree to the assignment.

l Excluding third-party rights

Anyone not directly involved in this policy cannot enforce it under the Contracts (Rights of Third Parties) Act 2001.

5 Definitions (I)

Anniversary means the last day of every 12 months from the **policy entry date** for this policy.

Cover start date means the date:
- **we** issue the policy;
- **we** issue an endorsement to include or increase a benefit; or
- **we** reinstate the policy;

whichever is latest.

Infection means an invasion of human body by pathogenic microorganisms including bacteria, viruses, parasites and fungi.

Intensive care unit (ICU) means the intensive care unit of a hospital in Singapore. High-dependency unit and other accommodation ward are not considered an intensive care unit.

Material pre-existing condition means any condition that existed before the **cover start date** which would have reasonably affected **our** decision to accept your application and for which:
- the insured had symptoms that would have caused any sensible person to get medical treatment, advice or care;
- treatment was recommended by or received from a medical practitioner; or
- the insured had medical tests or investigations.

Necessary medical treatment means reasonable and common treatment which, in the professional opinion of a **specialist** in the relevant field of medicine, is appropriate and consistent with the symptoms, findings, diagnosis and other relevant clinical circumstances of the illness or injury and reduces the negative effect of the illness or injury on the insured's health.

The treatment:
- must be provided in line with generally accepted standards of good medical practice in Singapore, be consistent with current standards of professional medical care, and have proven medical benefits;
- must not be for the convenience of the insured or **specialist**, this includes but is not limited to treatment that can reasonably be provided out of a hospital but is provided as an inpatient treatment;
- must not be for medical trials and/or experimental, investigational or research in nature. This includes but is not limited to experimental therapy, pioneering or new medical techniques, surgical techniques, physiotherapy, medical devices, medicinal products, whether or not these have been approved and/or issued with a clinical trial certificate by the Ministry of Health or the Health Sciences Authority or other regulatory bodies in Singapore. **We** reserve the right to determine whether a treatment, service or expense is medically necessary; and
- must not be preventive, or for health screening or promoting good health, this includes but is not limited to dietary replacement or supplement.

Policy entry date means the 'Policy entry date' shown in the policy schedule.

Policy term means the 'Policy term' shown in the policy schedule.

Registered medical practitioner means a doctor who is qualified in western medicine and is legally licensed in Singapore or has the qualifications recognised by the Singapore Medical Council.

Specialist means a **registered medical practitioner** who has the extra qualifications and expertise needed to practise as a recognised specialist of diagnostic techniques, treatment and prevention, in the particular field of medicine that such specialist is being consulted for and providing any advice or determination on (including diagnosis, certification and recommendation).

Sum assured means the 'Sum assured' shown in the policy schedule.

Surgery means any surgical operations listed in Ministry of Health's surgical operations fees table 1 to 7 as at the date of the surgery.

We, us, our means Income Insurance Limited.

You means the policyholder shown in the policy schedule.

5 Definitions (II)

Activities of Daily Living (ADLs)

(i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
(ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
(iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
(iv) Mobility - the ability to move indoors from room to room on level surfaces;
(v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
(vi) Feeding - the ability to feed oneself once food has been prepared and made available.

Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the insured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the insured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

6 Definition of early, intermediate and advanced stage dread diseases

6.1 Major Cancer		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Carcinoma-in-situ (CIS) Carcinoma-in-situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma-in-situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (where there is severe dysplasia without Carcinoma-in-situ) does not meet the required definition and are specifically excluded. Carcinoma-in-situ of the skin (both Melanoma &	• Carcinoma-in-situ of Specified Organs Treated with Radical Surgery The actual undergoing of a "Radical Surgery" to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment. "Radical Surgery" is defined in this policy as the total and complete removal of one of the following organs: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (colectomy) or stomach (gastrectomy). The diagnosis of the carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard. Early prostate cancer that is histologically described using the TNM Classification as T1a, T1b or T1c, or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia	• Major Cancer A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term Major Cancer includes, but is not limited to, leukaemia, lymphoma and sarcoma. Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition. For the above definition, the following are excluded: • All tumours which are histologically classified as any of the following: – Pre-malignant; – Non-invasive; – Carcinoma-in-situ (Tis) or Ta; – Having borderline malignancy; – Having any degree of malignant potential; – Having suspicious malignancy; – Neoplasm of uncertain or unknown behavior; or

Non-melanoma) and Carcinoma-in-situ of the biliary system (both intrahepatic and extrahepatic) are specifically excluded. All Neuroendocrine tumours histologically classified as below T1N0M0 (TNM Classification) and all pituitary neuroendocrine tumours (PitNET) are excluded. This coverage is available to the first occurrence of CIS only. All tumours in the presence of HIV infection is excluded.	(PIN) are specifically excluded. The surgery must be certified to be absolutely necessary by an oncologist. Partial surgical removal such as lumpectomy and partial mastectomy, partial prostatectomy and partial gastrectomy are specifically excluded. Carcinoma-in-situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the carcinoma-in-situ must always be supported by a histopathological report. Furthermore, the diagnosis of carcinoma-in-situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard. All tumours in the presence of HIV infection is excluded.	– All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia; • Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond; • Malignant melanoma that has not caused invasion beyond the epidermis; • All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification; • All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; • All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below; and all pituitary neuroendocrine tumours (PitNET) except Metastatic PitNET and Pituitary Carcinoma; • All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below; • All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below; • Chronic Lymphocytic Leukaemia less than RAI Stage 3; • All bone marrow malignancies which do not
• Early Prostate Cancer Prostate cancer that is histologically described using the TNM Classification as T1N0M0 or prostate cancers described using another equivalent classification. • Early Thyroid Cancer Thyroid cancer that is histologically described using the TNM Classification as T1N0M0 or thyroid cancers described using another equivalent classification. • Early Bladder Cancer Bladder cancer that is histologically described using the TNM Classification as T1N0M0 or bladder cancers described using another equivalent classification. Non-invasive papillary urothelial carcinoma of the bladder (stage Ta) is excluded. • Early Chronic Lymphocytic Leukaemia Chronic lymphocytic leukaemia (CLL) RAI Stage 1		

or 2. CLL RAI stage 0 or lower is excluded. • Neuroendocrine Tumours All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or neuroendocrine tumours described using another equivalent classification. All neuroendocrine tumours histologically classified as below T1N0M0 and all pituitary neuroendocrine tumour (PitNET) are excluded. • Gastro-Intestinal Stromal tumours All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual. • Bone Marrow Malignancies All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment. The diagnosis of the above early cancers must be established by histological evidence and be confirmed by a **specialist** in the relevant field. All tumours in the presence of HIV infection is excluded.		require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and • All tumours in the presence of HIV infection.

6.2 Heart Attack of Specified Severity		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Cardiac Pacemaker Implantation Implantation of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist. The insertion of any type of temporary cardiac pacing is specially excluded.	• Cardiac Defibrillator Implantation Implantation of a permanent cardiac defibrillator that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac defibrillator must be certified as absolutely necessary, beneficial, and effective by a consultant cardiologist.	• Heart Attack of Specified Severity Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack: • History of typical chest pain; • New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block; • Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above; • Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company. For the above definition, the following are excluded: • Angina; • Heart attack of indeterminate age; and • A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.
• Pericardiectomy The undergoing of a Pericardiectomy as a result of pericardial disease or undergoing of any surgical procedure requiring keyhole cardiac surgery. Both of these surgical procedures must be certified to be absolutely necessary by a **specialist** in the relevant field.		

		Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

6.3 Stroke with Permanent Neurological Deficit		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Brain Aneurysm Surgery (via Craniotomy or Endovascular procedures) The actual undergoing of surgical repair of an intracranial aneurysm or surgical removal of an arterio-venous malformation via craniotomy or endovascular procedures. The surgical intervention must be certified to be absolutely necessary by a **specialist** in the relevant field.	• Carotid Artery Surgery The actual undergoing of endarterectomy of the common carotid artery which has been necessitated as a result of at least 80% narrowing of the carotid artery as diagnosed by an arteriography or any other appropriate diagnostic test that is available. Endarterectomy of blood vessels other than the common carotid artery is specifically excluded. Percutaneous carotid angioplasty is excluded.	• Stroke with Permanent Neurological Deficit A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in **permanent neurological deficit**. This diagnosis must be supported by all of the following conditions: • Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and • Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke. The following are excluded: • Transient Ischaemic Attacks; • Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease; • Vascular disease affecting the eye or optic nerve; • Ischaemic disorders of the vestibular system; and • Secondary haemorrhage within a pre-existing cerebral lesion.
• Cerebral Shunt Insertion The actual undergoing of surgical implantation of a shunt from the ventricles of the brain to relieve raised pressure in the cerebrospinal fluid. The need of a shunt must be certified to be absolutely necessary by a consultant neurologist.		

6.4 Coronary Artery By-pass Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Keyhole Coronary By-pass Surgery (but not MIDCAB) or Coronary Artery Atherectomy or Transmyocardial Laser Revascularisation or Enhanced External Counterpulsation Device Insertion The actual undergoing for the first time for the correction of the narrowing or blockage of one or more coronary arteries via "keyhole" surgery (but not MIDCAB), atherectomy, transmyocardial laser revascularisation or enhanced external counterpulsation. All other surgical procedures will be excluded from this benefit. A claim approved under early stage of coronary artery by-pass surgery will terminate all benefits under early stage of **other serious coronary artery disease.** MIDCAB refers to Minimally Invasive Direct Coronary Artery Bypass.	Not applicable.	• Coronary Artery By-pass Surgery The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter based techniques, 'keyhole' or laser procedures are excluded.

6.5 End Stage Kidney Failure		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Surgical Removal of One Kidney The complete surgical removal of one kidney necessitated by any illness or accident. The need for the surgical removal of the kidney must be certified to be absolutely necessary by	• Chronic Kidney Disease Chronic kidney disease with permanently impaired renal function diagnosed by a **specialist** in the relevant field, with laboratory evidence of severely decreased with an eGFR	• End Stage Kidney Failure Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

a nephrologist. Kidney donation is excluded.	level of less than 15 ml/min/1.73m^2 body surface area, persisting for a period of at least 6 months.	

6.6 Irreversible Aplastic Anaemia		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Reversible Aplastic Anaemia Acute reversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with any one of the following: • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.	• Myelodysplastic Syndrome or Myelofibrosis Myelodysplastic Syndrome or Myelofibrosis requiring regular and permanent transfusion of blood products for severe recurrent anaemia. Diagnosis of Myelodysplastic Syndrome (MDS) or Myelofibrosis must be confirmed by haematologist as a result of marrow biopsy. The condition must be deemed incurable and blood transfusion support must be an indefinite requirement. Myelodysplastic Syndrome or Myelofibrosis in the presence of HIV infection is excluded.	• Irreversible Aplastic Anaemia Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: • Blood product transfusion; • Bone marrow stimulating agents; • Immunosuppressive agents; or • Bone marrow or haematopoietic stem cell transplantation. The diagnosis must be confirmed by a haematologist.

6.7 End Stage Lung Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Severe Asthma Evidence of an acute attack of severe asthma with persistent status asthmaticus that requires hospitalisation and assisted ventilation with a mechanical ventilator for a continuous period of at least 4 hours on the advice of a respiratory **specialist**.	• Surgical Removal of One Lung Complete surgical removal of a lung as a result of an illness or an accident of the insured. Partial removal of a lung is not included in this benefit.	• End Stage Lung Disease End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following: • FEV_1 test results which are consistently less than 1 litre; • Permanent supplementary oxygen therapy for hypoxemia;
• Insertion of a Vena Cava Filter		

The surgical insertion of a vena cava filter after there has been documented proof of recurrent pulmonary emboli. The need for the insertion of a vena cava filter must be certified to be absolutely necessary by a **specialist** in the relevant field.		• Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO_2 \leq 55mmHg$); and • Dyspnea at rest. The diagnosis must be confirmed by a respiratory **specialist**.

6.8 End Stage Liver Failure		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Liver Surgery Partial hepatectomy of at least one entire lobe of the liver that has been found necessary as a result of illness or accident as suffered by the insured. Liver disease secondary to alcohol, drug abuse or liver donation is excluded.	• Liver Cirrhosis Cirrhosis of Liver with a HAI-Knodell Score of 6 and above as evident by liver biopsy. The diagnosis of liver cirrhosis must be unequivocally confirmed by a hepatologist and based on the histological findings of the liver biopsy. Liver disease secondary to alcohol or drug abuse is excluded.	• End Stage Liver Failure End stage liver failure as evidenced by all of the following: • Permanent jaundice; • Ascites; and • Hepatic encephalopathy. Liver disease secondary to alcohol or drug abuse is excluded.

6.9 Coma		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Coma for 48 Hours Coma that persists for at least 48 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 48 hours; • The use of life support measures to sustain life; and • Brain damage resulting in **permanent neurological deficit** which must be assessed at least 30 days after the onset of the coma.	• Severe Epilepsy Severe Epilepsy confirmed by all of the following: • Diagnosis made by a consultant neurologist by the use of Electroencephalography (EEG), Magnetic Resonance Imaging (MRI), Position Emission Tomography (PET) or any other appropriate diagnostic test that is available; • There must be documentation of	• Coma A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 96 hours; • Life support measures are necessary to sustain life; and • Brain damage resulting in **permanent neurological**

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse or self-inflicted injuries are excluded.	recurrent unprovoked tonic-clonic or grand mal seizures of more than 5 attacks per week, and be known to be resistant to optimal therapy as confirmed by drug serum-level testing; and • The insured must have been taking at least 2 prescribed antiepileptic (anti-convulsant) medications for at least 6 months on the recommendation of a consultant neurologist. Febrile or absence (petit mal) seizures alone will not satisfy the requirement of this definition.	**deficit** which must be assessed at least 30 days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse or self-inflicted injuries are excluded.
	• Coma for 72 Hours Coma that persists for at least 72 hours. This diagnosis must be supported by evidence of all of the following: • No response to external stimuli for at least 72 hours; • The use of life support measures to sustain life; and • Brain damage resulting in **permanent neurological deficit** which must be assessed at least 30 days after the onset of the coma. For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse or self-inflicted injuries are excluded.	

6.10 Deafness (Irreversible Loss of Hearing)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Irreversible Partial Loss of Hearing Irreversible partial loss of hearing in both ears as a result of illness or accident. The diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) **specialist**. Partial means "the loss of hearing to the extent that the quietest sound that can be heard is 60 decibels or greater across all frequencies". Irreversible means “cannot be reasonably restored to 40 decibels or lower by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention.”	• Cochlear Implant Surgery The actual undergoing of a surgical cochlear implant as a result of permanent damage to the cochlea or auditory nerve. The surgical procedure as well as the insertion of the implant must be certified to be absolutely necessary by an Ear, Nose, Throat (ENT) **specialist**.	• Deafness (Irreversible Loss of Hearing) Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, and Throat (ENT) **specialist**. Total means “the loss of hearing to the extent that the quietest sound that can be heard is 80 decibels or greater across all frequencies”. Irreversible means “cannot be reasonably restored to 40 decibels or lower by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention”.
• Cavernous Sinus Thrombosis Surgery The actual undergoing of a surgical drainage for Cavernous Sinus Thrombosis. The presence of Cavernous Sinus Thrombosis as well as the requirement for surgical intervention must be certified to be absolutely necessary by a **specialist** in the relevant field.		

6.11 Open-Heart Heart Valve Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Percutaneous Valvuloplasty or Valvotomy	• Percutaneous Valve Replacement or Device Repair	• Open-Heart Heart Valve Surgery

The actual undergoing of simple percutaneous balloon valvuloplasty or valvotomy without any deployment of device or prosthesis necessitated by damage of the heart valve as confirmed by a **specialist** in the relevant field and established by a cardiac echocardiogram. All other surgical corrective methods will be excluded from this benefit.	This benefit is payable where a heart valve is replaced or repaired by the deployment of a permanent device or prosthesis by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous balloon valvuloplasty and other percutaneous repair procedures where no new valve or any percutaneous device or prosthesis is deployed are excluded.	The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterisation or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist. The open-heart surgery refers to an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities. For the above definition, the following operation or procedures are excluded: • The operation or procedure performed via endoscopic or keyhole surgery. • The operation or procedure performed via catheterisation.

6.12 Irreversible Loss of Speech		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Permanent (or Temporary) Tracheostomy The performance of tracheostomy for the treatment of lung disease or airway disease or as a ventilatory support measure following major trauma or burns. The insured must have been a patient in a designated **intensive care unit** under the care of a medical **specialist**. The benefit is only payable if the tracheostomy is required to remain in place and functional for a period of	• Loss of Speech due to Any Cause Total and irrecoverable loss of the ability to speak due to injury or disease. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) **specialist**. All psychiatric related causes are excluded.	• Irreversible Loss of Speech Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) **specialist**. All psychiatric related causes are excluded.

three months. This benefit would not be payable in addition to any **ICU**, **Major Head Trauma, Major Burns, End Stage Lung Disease** or **Major Cancer** Benefit.		

6.13 Major Burns		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Mild Severe Burns • Second degree (partial thickness of the skin) burns covering at least 20% of the surface of the insured's body; or • Third degree (full thickness of the skin) burns covering at least 50% of the face of the insured.	• Moderately Severe Burns Third degree (full thickness of the skin) burns covering at least 10% of the surface of the insured's body which requires skin grafting.	• Major Burns Third degree (full thickness of the skin) burns covering at least 20% of the surface of the insured's body.

6.14 Major Organ / Bone Marrow Transplantation		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Small Bowel Transplant The receipt of a transplant of at least one metre of small bowel with its own blood supply via a laparotomy resulting from intestinal failure.	• Major Organ / Bone Marrow Transplant (on waitlist) This benefit covers those who are on an official organ transplant waiting list for the receipt of a transplant of: • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney or pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.	• Major Organ / Bone Marrow Transplantation The receipt of a transplant of: • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.
• Corneal Transplant The receipt of a transplant of a whole cornea due to irreversible scarring resulting in reduced visual acuity, which cannot be corrected with other methods.		

	This benefit is limited to those on the official waitlist for organ transplant on Ministry of Health Singapore list of hospitals only.	

6.15 Multiple Sclerosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Early Multiple Sclerosis There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist and supported with diagnostics/laboratory reports which unequivocally confirm the diagnosis to be Multiple Sclerosis. Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.	• Mild Multiple Sclerosis There must be a definite diagnosis of Multiple Sclerosis confirmed by a neurologist. The diagnosis must be supported by all of the following: • Investigations that unequivocally confirm the diagnosis to be Multiple Sclerosis; • Multiple neurological deficits which occurred over a continuous period of at least 3 months Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and HIV are excluded.	• Multiple Sclerosis The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following: • Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and • Multiple neurological deficits which occurred over a continuous period of at least 6 months. Other causes of neurological damage such as systemic lupus erythematosus (SLE) and HIV are excluded.

6.16 Muscular Dystrophy		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Spinal Cord Disease or Injury resulting in Bowel and Bladder Dysfunction Spinal cord disease or chorda equina injury resulting in permanent bowel dysfunction and bladder dysfunction requiring permanent regular self-catheterisation or a permanent urinary conduit. The diagnosis must be supported by a consultant neurologist and the permanency assessed at six months.	• Moderately Severe Muscular Dystrophy The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least two of the six **"Activities of Daily Living"** for a continuous period of at least six months.	• Muscular Dystrophy The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the insured to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"** for a continuous period of at least 6 months. For the purpose of this definition, "aided" shall

	For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.	mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.17 Idiopathic Parkinson's Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Early Parkinson's Disease The unequivocal diagnosis of idiopathic Parkinson's Disease by a **specialist** in the relevant field. This diagnosis must be supported by all of the following condition: • The disease cannot be controlled with medication Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. The coverage of this condition will cease at age 85 of the insured.	• Moderately Severe Parkinson's Disease The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. The diagnosis must be supported by all of the following conditions: • the disease cannot be controlled with medication, and • inability of the insured to perform (whether aided or unaided) at least two of the six **"Activities of Daily Living"** for a continuous period of at least six months. Drug-induced or toxic causes of Parkinsonism or all other causes of Parkinson's Disease are excluded. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.	• Idiopathic Parkinson's Disease The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions: • The disease cannot be controlled with medication; and • Inability of the insured to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"** for a continuous period of at least 6 months. For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.18 Surgery to Aorta		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Large Asymptomatic Aortic Aneurysm Large asymptomatic abdominal or thoracic aortic	• Minimally Invasive Surgery to Aorta The actual undergoing of surgery via minimally	• Surgery to Aorta The actual undergoing of major surgery to repair or correct an aneurysm,

aneurysm or aortic dissection as evidenced by appropriate imaging technique. The aorta must be enlarged greater than 55mm in diameter and the diagnosis must be confirmed by a consultant cardiologist.	invasive or intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta, as evidenced by a cardiac echocardiogram or any other appropriate diagnostic test that is available and confirmed by a consultant cardiologist. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.	narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

6.19 Alzheimer's Disease / Severe Dementia		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Diagnosis of Alzheimer's Disease or Dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be 24 or less out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. The insured must have been placed on disease modifying treatment prescribed by a **specialist** and must be under the continuous care of a **specialist**. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the insurer's appointed doctor. The following are excluded:	• Moderately Severe Alzheimer's Disease or Dementia A definite diagnosis of Alzheimer's disease or dementia due to irreversible organic brain disorders by a consultant neurologist. The Mini Mental State Examination score must be less than 20 out of 30; or the insured must have undergone two neuropsychometric tests performed six months apart with a battery of tests which clearly define the severity of the impairment. There must also be permanent clinical loss of the ability to do all the following: • Remember; • Reason; and • Perceive, understand, express and give effect to ideas. This diagnosis must be supported by the clinical confirmation of an	• Alzheimer's Disease / Severe Dementia Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the insured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company's appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.

• Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage. The coverage of this condition will cease at age 85 of the insured.	appropriate consultant and supported by **our** appointed doctor. The following are excluded: • Non-organic diseases such as neurosis and psychiatric illnesses; and • Alcohol related brain damage.	

6.20 Fulminant Hepatitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Fulminant Hepatitis A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: • Rapid decreasing of liver size as confirmed by abdominal ultrasound; • Necrosis involving entire lobules, leaving only a collapsed reticular framework; • Rapid deterioration of liver function tests; • Deepening jaundice; and • Hepatic encephalopathy.

6.21 Motor Neurone Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Peripheral Neuropathy This refers to severe peripheral motor neuropathy arising from anterior horn cells resulting in significant motor weakness, fasciculation and muscle wasting. The diagnosis must be confirmed by a consultant neurologist as a result of nerve conduction studies and result in a	• Early Motor Neurone Disease Refers to a progressive degeneration of the corticospinal tracts and anterior horn cells or bulbar efferent neurones. These include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral	• Motor Neurone Disease Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral

permanent need for the use of walking aids or a wheelchair. Diabetic neuropathy and neuropathy due to alcohol is excluded.	sclerosis. A neurologist must make the definite diagnosis of a Motor Neurone Disease and this diagnosis must be supported by appropriate investigations.	sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in **permanent neurological deficit**.

6.22 Primary Pulmonary Hypertension		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Early Pulmonary Hypertension Primary or secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.	• Secondary Pulmonary Hypertension Secondary pulmonary hypertension with established right ventricular hypertrophy leading to the presence of permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than	• Primary Pulmonary Hypertension Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. The diagnosis must be established by cardiac catheterisation by a consultant cardiologist.	ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.	Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

6.23 HIV Due to Blood Transfusion and Occupationally Acquired HIV		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• HIV due to Assault or Occupationally Acquired HIV A. Infection with the Human Immunodeficiency Virus (HIV) which resulted from a physical or sexual assault occurring after the **cover start date**, provided that all the following conditions are met: • The incident must be reported to the appropriate authority and that a criminal case must be opened; • Proof of the assault giving rise to the infection must be reported to **us** within 30 days of the assault taking place; • Proof that the assault involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented assault; and • This proof must include a negative HIV antibody test conducted within five days of the assault.	• HIV due to Organ Transplant Infection with the Human Immunodeficiency Virus (HIV) through an organ transplant, provided that all of the following conditions are met: • The organ transplant was medically necessary or given as part of a medical treatment; • The organ transplant was received in Singapore after the **cover start date**; and • The source of the infection is established to be from the Institution that provided the transplant and the Institution is able to trace the origin of the HIV to the infected transplanted organ. This benefit will not apply where a cure has become available prior to the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.	• HIV Due to Blood Transfusion and Occupationally Acquired HIV A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met: • The blood transfusion was medically necessary or given as part of a medical treatment; • The blood transfusion was received in Singapore after the **cover start date**; and • 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. B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after **cover start date**

B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accidental incident occurring after the **cover start date**, whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore with the requirement that appropriate care is being exercised, provided that all the following conditions are met: • Proof that the incident has been reported to the appropriate authority; • Proof of the accident giving rise to the infection must be reported to **us** within 30 days of the accident taking place; • Proof that the accident involved a definite source of the HIV infected fluids; and • 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 five days of the accident. HIV infection resulting from any other means including consensual sexual activity or the use of intravenous drug is excluded. This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any		whilst the insured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction: • Proof that the accident involved a definite source of the HIV infected fluids; • Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and • HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the insured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore). This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

treatment that renders the HIV inactive or non-infectious.		

6.24 Benign Brain Tumour		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Surgical Removal of Pituitary Tumour (by Transsphenoidal/Transnasal Hypophysectomy) The actual undergoing of surgical removal of a pituitary tumour by transsphenoidal / transnasal hypophysectomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Partial removal of pituitary microadenoma (tumour of size 1cm or below in diameter) is specifically excluded.	• Surgical Removal of Pituitary Tumour (by Open Craniotomy) The actual undergoing of total surgical removal of a pituitary tumour by open craniotomy necessitated as a result of symptoms associated with increased intracranial pressure caused by the tumour or where surgical removal is considered necessary upon the advice of a consultant endocrinologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. Surgical removal of the pituitary by transsphenoidal hypophysectomy is excluded.	• Benign Brain Tumour Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met: • It has undergone surgical removal or, if inoperable, has caused a **permanent neurological deficit**; and • Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The following are excluded: • Cysts; • Abscess; • Angioma; • Granulomas; • Vascular Malformations; • Haematomas; and • Tumours of the pituitary gland, spinal cord and skull base.
• Surgery for Subdural Haematoma The actual undergoing of burr hole surgery to the head to drain subdural haematoma as a result of an accident. The need for the burr hole surgery must be certified to be absolutely necessary by a **specialist** in the relevant field.		

6.25 Severe Encephalitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Encephalitis Severe inflammation of brain substance (cerebral	• Mild Encephalitis Severe inflammation of brain substance (cerebral	• Severe Encephalitis Severe inflammation of brain substance (cerebral

hemisphere, brainstem or cerebellum) requiring hospitalisation. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.	hemisphere, brainstem or cerebellum) caused by viral infection resulting in neurological deficit and there must be evidence of hospitalisation for at least two weeks. The neurological deficit must persist for at least six weeks. The diagnosis must be confirmed by a consultant neurologist and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.	hemisphere, brainstem or cerebellum) and resulting in **permanent neurological deficit** which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests. Encephalitis caused by HIV infection is excluded.

6.26 Severe Bacterial Meningitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord which requires hospitalisation. This diagnosis must be confirmed by: • the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • a consultant neurologist. Bacterial meningitis in the presence of HIV infection is excluded.	• Mild Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in neurological deficit and there must be evidence of hospitalisation for at least two weeks. The neurological deficit must persist for at least six weeks. This diagnosis must be confirmed by: • proof of meningeal infection must be provided to **us** by the results of a lumbar puncture and the offending organism must be identified; and • a consultant neurologist. Bacterial meningitis in the presence of HIV infection is excluded.	• Severe Bacterial Meningitis Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and **permanent neurological deficit**. The neurological deficit must persist for at least six weeks. This diagnosis must be confirmed by: • The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and • A consultant neurologist. Bacterial meningitis in the presence of HIV infection is excluded.

6.27 Blindness		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Irreversible Loss of Sight in One Eye Permanent and irreversible loss of sight in one eye as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in one eye using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in one eye. The blindness must be confirmed by an ophthalmologist. Blindness resulting from alcohol or drug misuse will be excluded.	• Optic Nerve Atrophy with Low Vision The unequivocal diagnosis of optic nerve atrophy affecting both eyes. There must also be permanent and irreversible loss of sight to both eyes to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart. The optic nerve atrophy and degree of visual loss of sight must be certified by an ophthalmologist. Optic nerve atrophy resulting from alcohol or drug misuse will be excluded.	• Blindness (Irreversible Loss of Sight) Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist. The blindness must not be correctable by surgical procedures, implants or any other means.

6.28 Major Head Trauma		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Facial Reconstructive Surgery The actual undergoing of re-constructive surgery above the neck (restoration or re-constructive of the shape of and appearance of facial structures which are defective, missing or damaged or misshapen) performed by a **specialist** in the relevant field to correct disfigurement as a direct result of an accident. The need for surgery must be certified to be absolutely necessary by a **specialist** in the relevant field and the treatment must require hospitalisation and surgery	• Open Craniotomy Undergoing of open craniotomy as a consequence of Major Head Trauma for the treatment of depressed skull fractures or major intracranial injury. Burr hole surgery is excluded from this benefit. Self-inflicted injuries, alcohol or drug abuse are excluded.	• Major Head Trauma 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 consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other

under general anaesthetic. Treatment relating to teeth and/or any other dental restoration alone is excluded, surgery for isolated nasal fractures is excluded and surgery to facial skin wounds is excluded unless this involves major full thickness skin grafting or the construction of flaps. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury. Self-inflicted injuries, alcohol or drug abuse are excluded.		cause and is the sole cause of the head Injury. The following are excluded: • Spinal cord injury; and • Head injury due to any other causes.

6.29 Paralysis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Total and Irreversible Loss of use of at least One Entire Limb Total and irreversible loss of use of at least one entire limb due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.	• The Medically Necessary Amputation of One Limb above the Knee or Elbow The medically necessary amputation of one limb above the knee or elbow. Self-inflicted injuries are excluded.	• Paralysis (Irreversible Loss of Use of Limbs) Total and irreversible loss of use of at least two entire limbs due to injury or disease persisting for a period of at least six weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist. Self-inflicted injuries are excluded.

6.30 Terminal Illness		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Terminal Illness **Terminal illness**, and **terminally ill**, means

		"any condition caused by illness or injury, where at the time of claim, despite all reasonable medical treatment, the insured is expected to live for no more than 12 months." The **specialist** medical practitioner treating the condition must provide supporting evidence of the condition, possible medical treatment, the prognosis after undergoing the possible medical treatment, and certify that the insured is expected to live for no more than 12 months despite all possible medical intervention. **We** reserve the right to appoint an independent medical **specialist** who is an expert in the condition to confirm the diagnosis and prognosis. **Terminal Illness** in the presence of HIV infection is excluded.

6.31 Progressive Scleroderma		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Early Progressive Scleroderma A rheumatologist must make the definite diagnosis of progressive systemic scleroderma, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy or equivalent confirmatory test and serological evidence. The following are excluded:	• Progressive Scleroderma with CREST syndrome A rheumatologist must make the definite diagnosis of systemic sclerosis with CREST syndrome, based on clinically accepted criteria. This diagnosis must be unequivocally supported by biopsy or equivalent confirmatory test and serological evidence. The disease must involve the skin with deposits of calcium (calcinosis), skin thickening	• Progressive Scleroderma A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a consultant rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic

• Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome.	of the fingers or toes (sclerodactyly) and also involve the oesophagus. There must also be telangiectasia (dilated capillaries) and Raynaud's Phenomenon causing artery spasms in the extremities. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); and • Eosinophilic fasciitis.	proportions to involve the heart, lungs or kidneys. The following are excluded: • Localised scleroderma (linear scleroderma or morphea); • Eosinophilic fasciitis; and • CREST syndrome.

6.32 Persistent Vegetative State		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Persistent Vegetative State (Apallic Syndrome) Universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a consultant neurologist. This condition has to be medically documented for at least one month.

6.33 Systemic Lupus Erythematosus with Lupus Nephritis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Systemic Lupus Erythematosus with Lupus Nephritis The unequivocal diagnosis of Systemic Lupus Erythematosus (SLE) based on recognised diagnostic criteria and supported with clinical and laboratory evidence. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus

		erythematosus which involve the kidneys (Class III to Class VI Lupus Nephritis, established by renal biopsy, and in accordance with the RPS/ISN classification system). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology. The RPS/ISN classification of lupus nephritis: Class I: Minimal mesangial lupus nephritis Class II: Mesangial proliferative lupus nephritis Class III: Focal lupus nephritis (active and chronic; proliferative and sclerosing) Class IV: Diffuse lupus nephritis (active and chronic; proliferative and sclerosing; segmental and global) Class V: Membranous lupus nephritis Class VI: Advanced sclerosis lupus nephritis

6.34 Other Serious Coronary Artery Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Coronary Artery Disease The narrowing of the lumen of two or three coronary arteries by a minimum of 60%, as proven by invasive coronary angiography or any other	Not applicable.	• Other Serious Coronary Artery Disease The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a

appropriate diagnostic test that is available, regardless of whether or not any form of coronary artery surgery has been recommended or performed. The occurrence of the stenosis of the involved coronary arteries must be detected in a single invasive coronary angiography report performed in one sitting. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded. A claim approved under early stage of other serious coronary artery disease will terminate all benefits under early stage of **coronary artery by-pass surgery**.		minimum of 60%, as proven by invasive coronary angiography, regardless of whether or not any form of coronary artery surgery has been performed. The occurrence of the stenosis of the involved coronary arteries must be detected in a single invasive coronary angiography report performed in one sitting. Diagnosis by Imaging or non-invasive diagnostic procedures such as CT scan or MRI does not meet the confirmatory status required by the definition. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. The branches of the above coronary arteries are excluded.

6.35 Poliomyelitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Poliomyelitis The occurrence of Poliomyelitis where the following conditions are met: • Poliovirus is identified as the cause, • Paralysis of the limb muscles or respiratory muscles must be present

		and persist for at least 3 months. The diagnosis must be confirmed by a consultant neurologist or **specialist** in the relevant medical field.

6.36 Loss of Independent Existence		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Loss of Independent Existence A condition as a result of a disease, illness or injury whereby the insured is unable to perform (whether aided or unaided) at least 3 of the 6 **"Activities of Daily Living"**, for a continuous period of 6 months. This condition must be confirmed by the company's approved doctor. Non-organic diseases such as neurosis and psychiatric illnesses are excluded. For the purpose of this definition, “aided” shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

6.37 Chronic Adrenal Insufficiency (Addison’s Disease)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Chronic Adrenal Insufficiency (Addison’s Disease) An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The

		disorder must be confirmed by a registered doctor who is a **specialist** in endocrinology through one of the following: • ACTH simulation tests; • insulin-induced hypoglycaemia test; • plasma ACTH level measurement; • Plasma Renin Activity (PRA) level measurement. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

6.38 Cardiomyopathy (Class IV)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	• Early Cardiomyopathy An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class III of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not cause undue	• Cardiomyopathy (Class IV) An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist, and resulting in permanent and irreversible physical impairment of Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment. The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance. The NYHA Classification of Cardiac Impairment: Class I: No limitation of physical activity. Ordinary physical activity does not

	fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.	cause undue fatigue, dyspnea, or anginal pain. Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Cardiomyopathy that is directly related to alcoholic and drug abuse is excluded.

6.39 Medullary Cystic Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Medullary Cystic Disease Medullary Cystic Disease where the following criteria are met: • the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis; • clinical manifestations of anaemia, polyuria, and

		progressive deterioration in kidney function; and • the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy. Isolated or benign kidney cysts are specifically excluded from this benefit.

6.40 Tuberculosis Meningitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Tuberculosis Meningitis Tuberculosis Meningitis refers to meningitis proven to be caused by mycobacterium tuberculosis that causes a **permanent neurological deficit** that results in either: • severe cognitive impairment documented by standard neuropsychological that results in the need for continuous supervision; or • physical impairment that results in a permanent inability to perform at least one (1) of the six (6) **"Activities of Daily Living"**. Meningitis occurring in the presence of HIV infection is excluded.

6.41 Progressive Supranuclear Palsy		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Progressive Supranuclear Palsy A degenerative neurological disease characterised by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia.	Not applicable.	• Progressive Supranuclear Palsy Supranuclear Palsy occurring independently of all other causes and resulting in a **permanent neurological deficit**, which is directly responsible for a permanent

The unequivocal diagnosis of Less Severe Progressive Supranuclear Palsy must be confirmed by a consultant neurologist. The condition must result in the permanent inability to perform, without assistance, at least two (2) out of six (6) **"Activities of Daily Living"**. These conditions have to be medically documented for at least 30 consecutive calendar days.		inability to perform at least three (3) of the six (6) **"Activities of Daily Living"**. The diagnosis of Progressive Supranuclear Palsy must be confirmed by a **specialist** who is a consultant neurologist.

6.42 Elephantiasis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Elephantiasis The end-stage lesion of filariasis, characterised by massive swelling in the tissues of the body as a result of obstructed circulation in the blood or lymphatic vessels. Unequivocal diagnosis of Elephantiasis must be: • clinically confirmed by a **specialist** in the appropriate medical specialty; and • supported by laboratory confirmation of microfilariae. Lymphedema caused by infection with any other disease(s), trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

6.43 Infective Endocarditis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Infective Endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least mild heart valve incompetence (heart valve regurgitant) or mild heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.	Not applicable.	• Infective Endocarditis Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: • Positive result of the blood culture proving presence of the infectious organism(s); • Presence of at least moderate heart valve incompetence (heart valve regurgitant) or moderate heart valve stenosis attributable to Infective Endocarditis; and • The unequivocal diagnosis and the severity of valvular impairment are confirmed by a consultant cardiologist and supported by echocardiogram or other reliable imaging technique.

6.44 Multiple Root of Brachial Plexus Injury		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Multiple Root of Brachial Plexus Injury The complete and permanent loss of use and sensory functions of an upper extremity caused by injury of two (2) or more nerve roots of the brachial plexus through accident or disease. Complete injury of two (2) or more nerve roots should be confirmed by electrodiagnostic study or imaging technique done by

		physiatrist or consultant neurologist.

6.45 Surgery for Idiopathic Scoliosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Surgery for Idiopathic Scoliosis The unequivocal diagnosis of idiopathic scoliosis is confirmed by an orthopaedic surgeon. This scoliosis condition means that the spine curvature angle is equal or more than 40 Cobb angle degree. Surgery to correct abnormal spine curvature to its normal shape (as a straight line viewed from the back) is actually performed. The following conditions are excluded: • Scoliosis due to injury or other disease • Kyphosis • Lordosis

6.46 Idiopathic Pulmonary Fibrosis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Idiopathic Pulmonary Fibrosis Chronic, progressive form of interstitial lung disease characterised by fibrosis and worsening of lung function. The diagnosis must be supported by evidence of all of the following: • Lung function test consistently showing FVC ≤50% and DLCO ≤35% of predicted value.

		• Permanent supplementary oxygen therapy of at least eight (8) hours per day. • The unequivocal diagnosis must be confirmed with lung biopsy and by a **specialist** in respiratory medicine.

6.47 Resection of the whole small intestine (duodenum, jejunum and ileum)		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Resection of the whole small intestine (duodenum, jejunum and ileum) Complete surgical removal of the whole small intestine including the duodenum, jejunum and ileum as a result of illness or an accident of the insured. Partial removal of the small intestine is excluded in this benefit.

6.48 Brain Surgery		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Brain Surgery Brain surgery refers to the actual undergoing of a craniotomy and medically necessary surgery to the brain under general anaesthesia on the recommendation by a qualified **specialist** in the relevant field. Brain Surgery as a result of an accident or burr hole surgery solely to remove a blood clot is excluded. Procedures performed through radiosurgery and endovascular procedures is excluded. This benefit is

		excluded if payment is done under **Benign Brain Tumour** condition or **Major head trauma**.

6.49 Creutzfeldt-Jakob Disease		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Less Severe Creutzfeldt-Jakob Disease An incurable brain infection that causes rapidly progressive deterioration of mental function and movement, which is unequivocally diagnosed by a consultant who is a consultant neurologist as Creutzfeldt-Jakob Disease based on clinical assessment and • Electroencephalography (EEG) or • imaging or • lumbar puncture. Disease caused by human growth hormone treatment is excluded.	• Moderately Severe Creutzfeldt-Jakob Disease The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least two (2) of the six (6) **"Activities of Daily Living".** Disease caused by human growth hormone treatment is excluded.	• Creutzfeldt-Jakob Disease The occurrence of Creutzfeldt-Jakob Disease or Variant Creutzfeldt-Jakob Disease where there is an associated neurological deficit, which is solely responsible for a permanent inability to perform at least three (3) of the six (6) **"Activities of Daily Living"**. Disease caused by human growth hormone treatment is excluded.

6.50 Acquired Brain Damage		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Acquired Brain Damage Acquired brain damage refers to a condition where all of the following conditions must be met: • the insured has attained the age of four (4) years old or above; • brain imaging studies and neuro-psychological testing appropriate to the insured's age have confirmed the presence of moderate to severe brain damage; and

		• the development of the insured is delayed by the equivalent of at least two (2) years and there is a need for special childcare and special schooling as confirmed by a **specialist** in the relevant field. Brain damage as a result of congenital causes is excluded. Coverage will end on the policy **anniversary** occurring on or immediately following the insured's twenty-first (21st) birthday.

6.51 Adrenalectomy for Adrenal Adenoma		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Adrenalectomy for Adrenal Adenoma The actual undergoing of Adrenalectomy for treatment of poorly controlled systemic hypertension that was secondary to an aldosterone secreting adrenal adenoma and was uncontrolled by medical therapy. The adrenalectomy would have to be deemed necessary for the management of poorly controlled hypertension by a **specialist**.

6.52 Biliary Atresia having undergone Liver Transplantation		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Biliary Atresia (on diagnosis) Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the extra-hepatic biliary tree that	Not applicable.	• Biliary Atresia having undergone Liver Transplantation Biliary atresia (BA) is a progressive, idiopathic, fibro-obliterative disease of the

presents with biliary obstruction. The Diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.		extra-hepatic biliary tree that presents with biliary obstruction and has undergone liver transplantation or is on a registered liver transplantation waiting list. The diagnosis should be confirmed by a gastroenterologist with supporting evidence including imaging, laboratory tests and liver biopsy. Biliary atresia due to other disease is excluded.

6.53 Chronic Auto-Immune Hepatitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Chronic Auto-Immune Hepatitis A chronic necro-inflammatory liver disorder of unknown cause associated with circulating autoantibodies and a high serum globulin level. The diagnosis must be based on all of the following criteria: • hypergammaglobulinemia • the presence of at least one of the following autoantibodies: – Anti-Nuclear Antibody; – Anti-smooth muscle antibodies; – Anti-actin antibodies; – Anti-LKM-1 antibodies; – Anti-LC1 antibodies; or – Anti-SLA/LP antibodies

		• Liver Biopsy confirmation of the Diagnosis of autoimmune hepatitis This is only covered if the insured is treated with Immunosuppressive therapy for six (6) months duration or is documented to be under the care of **specialist** in gastroenterology or hepatology for six (6) months duration.

6.54 Generalised Tetanus		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Generalised Tetanus Tetanus is an illness characterised by an acute onset of hypertonia, painful muscular contractions (including but not limited to the muscles of the jaw and neck) and generalised muscle spasms caused by tetanus toxin that is produced by Clostridium tetani bacterium infection. The diagnosis of Generalised Tetanus due to tetanus toxin must be confirmed by a **specialist**. All the following criteria must be met to qualify for this benefit: (a) Constant mechanical ventilation is instituted for at least three (3) days as a medically necessary treatment for Generalised Tetanus due to tetanus toxin; and (b) Tetanus immune Globulin is administered.

6.55 Occupationally Acquired Hepatitis B or C		
Early Stage	**Intermediate Stage**	**Advanced Stage**
Not applicable.	Not applicable.	• Occupationally Acquired Hepatitis B or C Infection with the Hepatitis B or C virus which resulted from an accident occurring after the **cover start date** whilst the insured was carrying out the normal professional duties of his or her occupation, provided that all of the following are proven to **our** satisfaction: • Proof of the accident giving rise to the infection must be reported to **us** within thirty (30) days of the accident taking place; • Proof that the accident involved a definite source of the Hepatitis B or C infected fluids; • There is a need for antiviral therapy as a consequence of proven sero-conversion; and • Hepatitis B or C infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit is only payable when the occupation of the insured is a **specialist**, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic. **We** would not be liable if there had been failure to observe any proper defined procedural practice or

		occupation required vaccination practices.

6.56 Myasthenia Gravis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Myasthenia Gravis An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met: (a) Presence of permanent muscle weakness categorised as Class III, IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and (b) The diagnosis of myasthenia gravis and categorisation are confirmed by a **specialist** who is a neurologist. Myasthenia Gravis Foundation of America Clinical Classification: Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere. Class II: Eye muscle weakness of any severity, mild weakness of other muscles. Class III: Eye muscle weakness of any severity, moderate weakness of other muscles. Class IV: Eye muscle weakness of any	Not applicable.	Not applicable.

	severity, severe weakness of other muscles.		
Class V:	Intubation needed to maintain airway.		

6.57 Necrotising Fasciitis		
Early Stage	**Intermediate Stage**	**Advanced Stage**
• Necrotising Fasciitis The occurrence of necrotising fasciitis where the following conditions are met: • the usual clinical criteria of necrotising fasciitis are met; • the bacteria identified is a known cause of necrotising fasciitis; and • there is widespread destruction of muscle and other soft tissues that results in a total and permanent loss of function of the affected body part.	Not applicable.	Not applicable.

7 Recurrent dread disease benefit

7.1 Persistent Major Cancer	Persistent Major Cancer means cancer for which any of the following conditions are met: 1. The **Major Cancer (Advanced Stage)** persists since first diagnosis; 2. The **Major Cancer (Advanced Stage)** relapses, that is, though recovered temporarily (in remission), the same **Major Cancer (Advanced Stage)** recurs at the same organ as the preceding **Major Cancer (Advanced Stage)**; 3. Metastasis of the preceding **Major Cancer (Advanced Stage)** to other parts of the body; or 4. The new **Major Cancer (Advanced Stage)** is unrelated to the preceding **Major Cancer (Advanced Stage)**. Persistent Major Cancer must be confirmed by a **specialist** oncologist on the basis of histopathological diagnosis. Clinical Persistent Major Cancer can only be adopted if histopathological diagnosis is medically not possible; in which case, the insured must have medical documentary proof or record from a **specialist** oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery). Ongoing preventive and supportive cancer therapy (i.e. therapies not

	directly targeting cancer cells, including but not limited to Tamoxifen or Raloxifene, bisphosphonates or unspecific immunotherapy), complementary and alternative therapies (e.g. homoeopathic or herbal treatments) will not be accepted as a basis of clinical re-diagnosis. The date of diagnosis of Persistent Major Cancer refers to the date of the histopathological report. If histopathological diagnosis is medically not possible; the date of diagnosis of Persistent Major Cancer refers to the date of documentary proof or record from a certificated oncologist of ongoing cancer therapy (including but not limited to radiotherapy or chemotherapy or surgery). Persistent Major Cancer on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

7.2 Recurrent Heart Attack of Specified Severity	Recurrent Heart Attack of Specified Severity means: • an occurrence of a heart attack occurring after the stipulated waiting period, for which a claim for vital function (Heart) was approved under this Policy, or • another occurrence of a heart attack occurring after the stipulated waiting period, for which a claim for **Heart Attack of Specified Severity (Advanced Stage)** or Recurrent Heart Attack of Specified Severity was approved under this Policy. The diagnosis must be supported with fresh evidence of another occurrence of a heart attack based on the criteria set out in the definition of **Heart Attack of Specified Severity (Advanced Stage)** in Advanced Dread Disease Definitions.

7.3 Recurrent Stroke with Permanent Neurological Deficit	Recurrent Stroke with Permanent Neurological Deficit means another occurrence of a stroke after the stipulated waiting period, for which a claim for **Stroke with Permanent Neurological Deficit (Advanced Stage)** or Recurrent Stroke with Permanent Neurological Deficit was approved under this Policy. The diagnosis must be based on the criteria set out in the definition of **Stroke with Permanent Neurological Deficit (Advanced Stage)** in Advanced Dread Disease Definitions and supported with fresh imaging evidence consistent with the diagnosis of the **Stroke with Permanent Neurological Deficit (Advanced Stage)** and with fresh evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event.

7.4 Repeated Open-Heart Heart Valve Surgery	Repeated Open-Heart Heart Valve Surgery means the actual undergoing of open-heart surgery to replace or repair heart valve abnormalities after the stipulated waiting period, for which a claim for **Open-Heart Heart Valve Surgery (Advanced Stage)** or Repeated Open-Heart Heart Valve Surgery was approved under this Policy.

	The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist. To be eligible for a claim under Repeated Open-Heart Heart Valve Surgery, the criteria set out in the definition of **Open-Heart Heart Valve Surgery (Advanced Stage)** in Advanced Dread Disease Definitions must be met.

7.5 Repeated Major Organ / Bone Marrow Transplantation	Repeated Major Organ / Bone Marrow Transplantation is defined as the receipt of a transplant of: • Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or • One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ; after the stipulated waiting period, for which a claim for **Major Organ / Bone Marrow Transplantation (Advanced Stage)** or Repeated Major Organ / Bone Marrow Transplantation was approved under this Policy. Other stem cell transplants are excluded. To be eligible for a claim under Repeated Major Organ / Bone Marrow Transplantation, the criteria set out in the definition of **Major Organ / Bone Marrow Transplantation (Advanced Stage)** in Advanced Dread Disease Definitions must be met.

7.6 Repeated Coronary Artery By-pass Surgery	Repeated Coronary Artery By-pass Surgery is defined as another occurrence of **Coronary Artery By-pass Surgery (Advanced Stage)** after the stipulated waiting period, for which a claim for **Coronary Artery By-pass Surgery (Advanced Stage)** or Repeated Coronary Artery By-pass Surgery was approved under this Policy. To be eligible for a claim under Repeated Coronary Artery By-pass Surgery, the criteria set out in the definition of **Coronary Artery By-pass Surgery (Advanced Stage)** in Advanced Dread Disease Definitions must be met.

8 Definition of vital function benefits

8.1 Heart	Permanent damage to heart muscle, measured through Ejection Fraction persistently less than 30%. The damage level to the heart muscles refers to the percentage of blood leaving the heart every time it contracts, as measured through the Ejection Fraction. For the purposes of this definition, Ejection Fraction

	must be measured through an echocardiogram, at least 6 weeks after suffering a heart condition, disease or disorder. Permanent damage to the heart muscle due to alcohol and drug use is specifically excluded from cover. With the measurement met and damage is considered permanent by **specialist** cardiologist, the heart is considered as diagnosed with permanent damage.

8.2 **Lungs**	Permanent damage to both lungs, measured through Forced Expiratory Value < 30% and Partial pressure of Oxygen < 50 mmHg. The damage level refers to the amount of air that can be forced out from the lungs in one second, measured through the Forced Expiratory Value and the ability of oxygen to move from the lungs to the blood, measured through the Partial pressure of Oxygen. For the purposes of this definition, Forced Expiratory Value and Partial pressure of Oxygen must be measured at least 6 weeks after suffering a lung condition. With the measurement met and damage is considered permanent by a **specialist** pulmonologist, the lungs are considered as diagnosed with permanent damage.

8.3 **Kidneys**	Permanent damage to both kidneys, measured through Estimated Glomerular Filtration rate < 15 ml/min/1.73 m^2 and urinary Albumin-to-Creatinine ratio > 300 mg/g. The damage level refers to the effectiveness of kidneys of filtering blood by removing waste and extra water to make urine, measured through the Estimated Glomerular Filtration rate and the amount of albumin in the urine, measured through the Albumin-to-Creatinine ratio. For the purposes of this definition, Estimated Glomerular Filtration rate and urinary Albumin-to-Creatinine ratio must be persisting for a period of at least 6 months for abovementioned thresholds. With the measurement met and damage is considered permanent by a **specialist** nephrologist, the kidneys are considered as diagnosed with permanent damage.

9 Definition of special benefits

9.1 **Angioplasty and Other Invasive Treatment for Coronary Artery**	The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularization must be considered medically necessary by a consultant cardiologist. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. Diagnostic angiography is excluded.

9.2 **Benign Tumour and Borderline Malignant Tumour**	• Benign Tumour An actual undergoing of a complete surgical excision of a Solid Tumour and such tumour is confirmed by histopathological examination in writing by a registered pathologist as a non-cancerous benign tumour of the following organs listed below in the Specified Organs:

Specified Organs			
1	Heart	12	Pituitary gland
2	Liver	13	Small intestine
3	Lung	14	Testis
4	Pancreas	15	Breast
5	Pericardium	16	Ovary
6	Ureter	17	Penis
7	Adrenal Gland	18	Uterus (cover endometrial polyps only)
8	Bone	19	Nasopharynx
9	Conjunctiva	20	Oesophagus
10	Kidney	21	Oral Cavity
11	Nerve in cranium or spine	22	Gallbladder

The following conditions must be fulfilled:

- The decision for excision of tumour must be recommended in writing by a **specialist** which the tumour is considered to have a suspicion of malignancy according to appropriate medical evidence after full and appropriate investigations and must be in accordance with accepted medical protocols and based on clinical, imaging and any histopathological evidence. All related documentations regarding the need for the complete excision of tumour must be provided to **us**;
- tumour is completely removed; and
- evidence of non-cancerous benign tumour confirmed by histopathological examination after surgical excision.

Where there is any doubt about the indication for a complete excision of tumour, **we** reserve the right to obtain an independent opinion from a **specialist**.

The below conditions are specifically excluded:

- surgery for ovarian cysts including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary;
- surgery for removal of tumours in organs not listed in the Specified Organs above or surgery for removal of gall bladder, gall stones, kidney stones, benign hormone secreting tumours of the adrenal glands;
- tumour without biopsy performed after operation; and
- surgery for the following causes in all organs:
  - High grade dysplasia, lipoma, haemangioma, non-solid tumours including simple cysts; or
  - Tumours which were clearly established as benign or of low malignant potential on radiological criteria or biopsy; or

	– Partial excision of tumour or other procedures including open or closed biopsies, needle aspiration biopsy or cytology, aspiration, embolization or any procedure to reduce tumour size. "Solid Tumour" means an abnormal mass of tissue, which is not cyst and generally does not contain liquid. Solid Tumour shall exclude polyp(s). • Borderline Malignant Tumour A tumour which, on morphologic grounds, cannot be classified histopathologically nor designated with certainty as benign or malignant. The nature of the tumour has to be confirmed by registered pathologist or consultant oncologist with histopathological report and classified as morphological code 8000/1 according to International Classification of Diseases for Oncology (ICD-0-3). Tumours from the following organs are excluded from this benefit: skin, prostate and thyroid.

9.3 Diabetic Complications	Diabetic Complications typically covers the following: • Diabetic retinopathy with the need to undergo laser treatment certified to be absolutely necessary by an ophthalmologist with support of a "Fluorescent Fundus Angiography" report and vision is measured at 6/18 or worse in the better eye using a Snellen eye chart. • A definite diagnosis of diabetic nephropathy by a nephrologist and is evident by eGFR less than 30 ml/min/1.73m^2 with ongoing proteinuria greater than 300mg/24 hours. • The actual undergoing of amputation of a leg/foot/toe/arm/hand/finger to treat gangrene that has occurred because of a complication of diabetes.

9.4 Severe Osteoporosis	Osteoporosis is a degenerative bone disease that results in loss of bone. The diagnosis must be supported by a bone density reading which satisfies the World Health Organization definition of osteoporosis with a bone density reading T-score of less than –2.5. There must also be a history of three or more osteoporotic fractures involving femur, wrist or vertebrae. These fractures must directly result in the permanent inability of the insured to perform (whether aided or unaided) at least one of the six **"Activities of Daily Living"**.

9.5 Severe Rheumatoid Arthritis	Widespread joint destruction with major clinical deformity of three or more of the following joint areas: hands, wrists, elbows, spine, knees, ankles, feet. The diagnosis must be supported by all of the following: • Morning stiffness; • Symmetric arthritis; • Presence of rheumatoid nodules; • Elevated titres of rheumatoid factors; and • Radiographic evidence of severe involvement. The diagnosis must be confirmed by a consultant rheumatologist.

9.6 Dengue Haemorrhagic Fever	It covers Dengue Haemorrhagic Fever Stage 3 or Stage 4, based on the World Health Organization case definition, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by all of the following findings:
	• History of continuous high fever (for two (2) or more days);
	• Minor or major haemorrhagic manifestations;
	• Thrombocytopenia (less than or equal to 100000 per mm^3);
	• Haemoconcentration (haematocrit increased by 20% or more) ;
	• Evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.) ; and
	• Evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant **specialist**, with the following criteria being met:
	  • Hypotension (less than 80 mm Hg) or narrow pulse pressure (20mm Hg or less); and
	  • Evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

9.7 Crohn's Disease	Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred: (a) Stricture formation causing intestinal obstruction requiring admission to hospital; (b) Fistula formation between loops of bowel; and (c) At least one bowel segment resection. The diagnosis must be made by a **specialist** gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

9.8 Ulcerative Colitis	Ulcerative Colitis shall mean acute fulminant ulcerative colitis with life threatening electrolyte disturbances usually associated with intestinal distension and a risk of intestinal rupture, involving the entire colon with severe bloody diarrhoea and systemic signs and symptoms and for which the treatment is frequently total colectomy and ileostomy. Diagnosis must be based on histopathological features and surgery in the form of colectomy and ileostomy should form part of the treatment.

9.9 Breast Reconstructive Surgery following a Mastectomy	Mastectomy means surgical removal of at least three quadrants of the tissue of a breast due to carcinoma-in-situ or a malignant condition. The reconstructive surgery must be recommended by a **specialist** in the relevant field in order to restore major disfigurement.

9.10 Pheochromocytoma	Presence of a neuroendocrine tumour of the adrenal or extra-adrenal chromaffin tissue that secretes excess catecholamines.

	The diagnosis of pheochromocytoma must be confirmed by a **specialist** in the relevant field and supported by a histopathological examination.

9.11 **Zika**	The clinical diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus, requiring hospitalisation and certified by an Infectious Disease **specialist**.

9.12 **Chikungunya Fever**	The definite diagnosis of Chikungunya Fever must be confirmed with the positive isolation of Chikungunya Virus, requiring hospitalisation and certified by the **specialist** in the relevant field.

9.13 **Chronic Relapsing Pancreatitis**	More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy. The diagnosis must be made by a consultant gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP). Chronic Relapsing Pancreatitis caused by alcohol use is excluded.

9.14 **Hysterectomy due to Cancer**	Radical Hysterectomy means the actual undergoing of surgical removal of all of the following organs: uterus, cervix, vagina, ovaries, fallopian tubes, regional lymph nodes and tissue in the pelvic cavity as a result of Cancer of the uterus, ovary(ies), vagina, fallopian tube(s) or endometrium. The Cancer is positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The following is excluded: • All tumours which are histologically classified as any of the followings: - Having any degree of malignant potential; - Having suspicious malignancy; - Neoplasm of uncertain or unknown behaviour; or - Having borderline malignancy; • All tumours in the presence of HIV infection.

9.15 **Age-related Macular Degeneration with Visual Impairment**	Age-related Macular Degeneration with Visual Impairment must be diagnosed by an ophthalmologist or a **specialist** in the relevant field and must have undergone laser photocoagulation or photodynamic therapy. Visual impairment due to alcohol or drug or substance misuse is excluded.

9.16 **Severe Presbycusis (Age-related Hearing Loss)**	Irreversible symmetrical loss of sensorineural hearing with loss of at least 60 decibels in all audible frequencies (500,1000,2000,4000 Hz) of hearing in both ears and as a result of age degeneration that requires treatment with a hearing aid.

	Medical evidence in the form of an audiometry and sound-threshold test must be provided, and the diagnosis of loss of hearing must be confirmed by a **specialist** who is an ear, nose and throat (ENT) **specialist**.

9.17 Urinary Incontinence requiring Surgical Repair	Urinary Incontinence requiring Surgical Repair is a condition where all the following diagnostic conditions are met: (a) Urinary Incontinence has been diagnosed and under the management of a **specialist** for at least 6 (six) months during which time, there has been a need for continuous incontinence medical treatment; and (b) Medically Necessary surgical repair has been undertaken for the sole purpose of correcting the incontinence. This benefit is not payable if Urinary Incontinence was diagnosed before the **cover start date** of this benefit or date of reinstatement (if any). Surgery that includes treatment for other pathology including a hysterectomy for uterus pathology or dysfunction does not meet this condition.

10 Definition of juvenile benefits

10.1 Osteogenesis Imperfecta	This is characterised by brittle, osteoporotic, easily fractured bone. The insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions: – The result of physical examination of the insured by a **specialist** in the relevant field that the insured suffers from growth retardation and hearing impairment; – The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; and – Positive result of skin biopsy. Diagnosis of Osteogenesis Imperfecta must be confirmed by a **specialist** acceptable to **us**.

10.2 Severe Haemophilia	The insured must be suffering from Severe Haemophilia associated with spontaneous haemorrhage and with a clotting factor VIII or factor IX of less than one percent. Diagnosis must be confirmed by a **specialist** in the relevant field.

10.3 Insulin Dependent Diabetes Mellitus	Insulin Dependent Diabetes Mellitus refers to a condition where all of the following diagnostic conditions must be met: – there is an on-going absence of insulin production by the pancreas due to autoimmune disease; – exogenous insulin administration is Medically Necessary to maintain normal glucose metabolism as diagnosed by a consultant endocrinologist; and – the condition has been present for at least 6 months.

10.4 Kawasaki Disease	This is acute, febrile and multisystem disease of children, characterised by nonsuppurative cervical adenitis, skin and mucous membrane lesions. Diagnosis must be confirmed by a **specialist** paediatrician or cardiologist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation of at least 5 mm internal diameter in the coronary arteries which persists for 12 months after the initial acute episode.

10.5 Rheumatic Fever with Valvular Impairment	A confirmed diagnosis by a **specialist** paediatrician of acute rheumatic fever according to the revised Jones criteria. There must be involvement of one or more heart valves with at least mild valve incompetence attributable to rheumatic fever as confirmed by quantitative investigations of the valve function by a **specialist** cardiologist. The valve incompetence must persist for at least six months.

10.6 Type I Juvenile Spinal Amyotrophy	The insured must be diagnosed as a Type I Juvenile Spinal Amyotrophy which is an infantile form of spinal muscular atrophy characterised by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. Electromyography and muscle biopsy are needed to confirm this diagnosis.

10.7 **Wilson's Disease**	A potentially fatal disorder of copper toxicity characterised by progressive liver disease and/or neurologic deterioration due to copper deposit. The diagnosis must be confirmed by a **specialist** and the treatment with a chelating agent must be documented for at least six months.

10.8 **Systemic Juvenile Rheumatoid Arthritis**	A severe form of juvenile chronic arthritis characterised by high fever and signs of systemic illness that can exist for months before the onset of arthritis. The condition must be characterised by cardinal manifestations which include high spiking, daily (quotidian) fevers, evanescent rash, arthritis, splenomegaly, lymphadenopathy, serositis, weight loss, neutrophilic leucocytosis, increased acute Phase Proteins and seronegative tests for Antinuclear Antibodies (ANA) and Rheumatoid Factor (RF). The diagnosis must be backed by laboratory and other tests or investigations. The diagnosis must be confirmed unequivocally by the treating **specialist** paediatrician or a registered paediatric rheumatologist, and the condition has to be documented for at least six months.

10.9 **Intellectual Impairment due to Sickness or Injury**	An unequivocal diagnosis by a **specialist** who is a paediatric psychiatrist of intellectual impairment directly resulting from a newly diagnosed sickness or injury and independently of any other cause(s), where all of the following conditions are met: (a) The insured suffers from impaired general intellectual functioning, mental handicap, or learning disorder, as determined by a paediatric neuro-psychological assessment; and the insured's treating paediatric psychiatrist certifies that such condition is caused by the said sickness or injury; (b) An IQ below 70, as established with either of the standardised IQ tests - "Raven's Progressive Matrices" or "Wechsler Intelligence Scale for Children"; (c) The insured is age seven or above at the time of diagnosis and the condition has continued without interruption for a period of at least six consecutive months after the diagnosis; and (d) There is documented proof of hospitalisation of the insured because of Intellectual Impairment due to Sickness or Injury. This benefit is not payable if the condition was diagnosed due, directly or indirectly, to any congenital, genetic and/or hereditary defect, abnormalities, condition or disease; or any birth defect.

10.10 **Glomerulonephritis with Nephrotic Syndrome**	Glomerulonephritis refers to a condition where all of the following diagnostic conditions must be met: – kidney biopsy has confirmed a progressive form of glomerulonephritis; – serial renal function tests demonstrate a continuing progressive decline in renal function; and – the serum creatinine is persistently above 140 µmol/Litre for a period of not less than 6 months.

10.11 Sanfilippo Syndrome	A rare autosomal recessive lysosomal storage disease. It is caused by a deficiency in one of the enzymes needed to break down the glycosaminoglycan (GAG) heparan sulphate. This leads to the progressive degeneration of the central nervous system. The diagnosis must be confirmed by **specialist** paediatrician.

10.12 Bile Acid Synthesis Disorder	Congenital deficiency of enzymes responsible for synthesis of bile acids. This will result in interruption of bile flow from liver (cholestasis), malabsorption of vitamins, neurological and liver disorders. The diagnosis must be confirmed by **specialist** paediatrician with appropriate tests. Secondary causes for bile acid synthesis disorder are specifically excluded.

10.13 Pyruvate Dehydrogenase Complex Deficiency	A genetic mutation causing deficient in pyruvate dehydrogenase enzyme in the body which affects cell metabolism and failure of energy generated from nutrients consumed. The diagnosis must be confirmed by **specialist** paediatrician.

10.14 Antley Bixler Syndrome	A rare, very severe autosomal recessive congenital disorder characterised by malformations and deformities affecting the majority of the skeleton and other areas of the body. The diagnosis must be confirmed by **specialist** paediatrician.

10.15 Beta Thalassemia Major	A severe form of inherited disorder of manufacturing haemoglobin in the body. It results in severe anaemia requiring continuous periodic blood transfusion for survival. The diagnosis must be confirmed by **specialist** paediatrician with appropriate tests.

10.16 Autism of Specified Severity	A severe developmental disorder of childhood characterised by qualitative impairment in reciprocal social interaction and in communication, language and social development. Benefit is payable upon meeting all of the following criteria: • Conclusive diagnosis of Autism Spectrum Disorder (ASD) with the use of standardised tests including DSM-5 by a multi-disciplinary team of developmental paediatrician, child psychologist, and clinical psychologist; • The ASD must be certified to be of the severe type where the child has marked intellectual disability (IQ <50) along with either significant permanent motor deficits and/or epilepsy disorder; • The child is currently on pharmacologic and non-pharmacologic treatment regime for ASD as prescribed and recommended by the multidisciplinary team of developmental paediatrician, child psychologist, and clinical psychologist. Alternative interventions including but not limited to homeopathy, EEG, biofeedback, and neurofeedback are not considered under non-pharmacologic treatment for ASD; and • The child is currently enrolled in a qualified specialised centre in Singapore to manage the child's ASD-related issues as recommended by the paediatrician or psychologist.

10.17 **Rabies**	An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. **We** will not pay for this Infectious Disease Benefit if the insured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.

11 Definition of therapy support benefits

11.1 **Cell, Tissue or Gene Therapy**	Cell, Tissue or Gene Therapy products (CTGTP) refers to anti-neoplastic products used to treat cancer. The therapeutic products are regulated under Health Products Act and its regulations, including the Health Products (Cell, Tissue and Gene Therapy Products) Regulations 2021. The products must be listed under HSA CTGTP list in Singapore, classified to Class 2 CTGTP (higher risk), and prescribed according to the indications approved by the regulations. Only products/therapies used for **Major Cancer (Advanced Stage)** treatment purpose are included. Diagnosis/preventive test/preventive or palliative therapies are excluded. The following products are not considered CTGTP: 1. Recombinant vaccines for a preventive purpose. Such products are typically considered therapeutic products instead; 2. In-vitro diagnostic products; 3. Bone marrow, peripheral blood or umbilical or placental cord blood from a human that is minimally manipulated and intended for homologous use; 4. Cells and tissues obtained from a patient that are minimally manipulated and reimplanted for homologous use into the same patient during the same surgery; 5. Organs and tissues that are minimally manipulated and intended for transplant; 6. Reproductive cells (sperm, eggs) and embryos intended for assisted reproduction; and 7. Whole blood any blood component that is minimally manipulated and intended for treating blood loss or blood disorders. Class 1 CTGTP and/or CTGTP which satisfies all the following criteria are excluded: • Minimally manipulated, i.e. biological characteristics or functions of the cell or the structural properties of the tissue are not altered; • Intended for homologous use (performing same function and administered at the same anatomical site or histological environment in the recipient as in the donor); and • Not combined or used in conjunction with therapeutic products or medical devices.

	The treatment/therapy must be recommended in writing by a **specialist** in the relevant field of medicine which the CTGTP is confirmed as **necessary medical treatment** for cancer according to the relevant guidelines from MOH and there must be actual undergoing of the entire treatment/therapy.

11.2 Proton Beam Therapy	Proton Beam Therapy (PBT) refers to radiation treatment that uses high-powered energy beam of protons to deliver radiation directly to the tumour. 1. Treatment should be given with a curative intent; 2. Patient does not have metastatic disease or advanced stage disease, with the exception of tumours which remain curable when metastatic; 3. Patient should have adequate performance status and is medically sufficiently stable to undergo PBT; 4. PBT should be considered when the expected rate of severe side effects from other treatments are unacceptable; and 5. Patient should have good prognosis, with an expected survival of more than five years after treatment with PBT. PBT is not allowed for palliative care cases.