

Coverage for Enhanced IncomeShield

Benefits	Enhanced IncomeShield (Includes MediShield Life (MSHL) payout)		
	Preferred	Advantage	Basic
Ward entitlement	Standard room in a private hospital or private medical institution	Restructured hospital for ward class A and below	Restructured hospital for ward class B1 and below
Inpatient hospital treatment	Limits of compensation		
Daily ward and treatment charges (each day) ^a - Normal ward (including MIC@Home) - Intensive care unit ward	As charged		
Surgical benefits (including day surgery) (each procedure) Surgical limits table - limits for various categories of surgery, as classified by the Ministry of Health (MOH) in its latest surgical operation fees tables: Table 1 (less complex procedures) Table 2 Table 3 Table 4 Table 5 Table 6 Table 7 (more complex procedures)			
Organ transplant benefit (including stem-cell transplant)			
Surgical implants ^b			
Radiosurgery			
Accident inpatient dental treatment			
Pre-hospitalisation treatment ^{c,d}			

Benefits	Preferred	Advantage	Basic
Inpatient hospital treatment	Limits of compensation		
Post-hospitalisation treatment ^{c,d}	As charged Not provided by our panel ^e : up to 100 days after discharge Provided by our panel ^e : up to 365 days after discharge	As charged Up to 100 days after discharge	
Community hospital (Rehabilitative) ^{a,f}	As charged (up to 90 days for each admission)		
Community hospital (Sub-acute) ^{a,f}			
Inpatient palliative care service (General)	As charged		
Inpatient palliative care service (Specialised)			
Outpatient hospital treatment^g	Limits of compensation		
Radiotherapy for cancer - External (except Hemi-body) - Brachytherapy - Hemi-body - Stereotactic	As charged		
Kidney dialysis			
Erythropoietin for chronic kidney failure			
Immunosuppressants for organ transplant			
Long-term parenteral nutrition			
Home Ventilation and Respiratory Support Service ^h (each month)	\$1,680	Covered up to MSHL benefits only	
Paediatric Home Care ^h (each month)	\$840		
Negative Pressure Wound Therapy ^h (each day)	\$240		
Repetitive Transcranial Magnetic Stimulation ^h (each treatment session)	\$240 (up to 39 treatments per lifetime)		
Pasteurised Donated Human Milk ^h (each day)	\$170		
Hyperbaric Oxygen Therapy ^h (each treatment session)	\$1,560		
Outpatient Parenteral Antibiotic Therapy ^h (each day)	\$180		
Insured receiving treatment for one primary cancer			
Cancer drug treatment (each month) ⁱ	5x MSHL Limit for one primary cancer		
Cancer drug services (each policy year) ^j			

Benefits	Preferred	Advantage	Basic
Outpatient hospital treatment⁹	Limits of compensation		
Insured receiving treatment for multiple primary cancers^k			
Cancer drug treatment (each month) ⁱ	The total of the highest limits among the covered cancer drug treatments received for each primary cancer		
Cancer drug services (each policy year) ^j	5x MSHL Limit for multiple primary cancers		
Special benefits	Limits on special benefits		
Breast reconstruction after mastectomy ^l	As charged		
Congenital abnormalities benefit	As charged (with 12 months' waiting period)		
Pregnancy and delivery-related complications benefit ^m	As charged (with 10 months' waiting period)		
Living organ donor (insured) transplant benefit – insured as the living donor donating an organ	As charged, up to \$60,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$40,000 (each transplant with 24 months' waiting period for the person receiving the organ)	As charged, up to \$20,000 (each transplant with 24 months' waiting period for the person receiving the organ)
Living organ donor (non-insured) transplant benefit (each transplant) – insured as the recipient of organ	As charged, up to \$60,000	Covered up to MSHL benefits only	
Cell, tissue and gene therapy benefit ⁿ (one treatment per indication per lifetime) - Kymriah - Yescarta	As charged, up to \$250,000 As charged, up to \$250,000	As charged, up to \$150,000 As charged, up to \$150,000	
Proton beam therapy (each policy year) ^o	As charged, up to \$100,000	As charged, up to \$70,000	
Continuation of autologous bone marrow transplant treatment for multiple myeloma (each policy year)	As charged, up to \$25,000	As charged, up to \$10,000	
Inpatient psychiatric treatment benefit (each policy year)	As charged, up to \$20,000	As charged, up to \$10,000	As charged, up to \$7,000
Prosthesis benefit (each policy year)	As charged, up to \$10,000	As charged, up to \$6,000	As charged, up to \$6,000
Emergency overseas treatment	As charged but limited to costs of Singapore private hospitals	As charged but limited to costs of ward class A in Singapore restructured hospitals	As charged but limited to costs of ward class B1 in Singapore restructured hospitals

Benefits	Preferred	Advantage	Basic
Special benefits	Limits on special benefits		
Waiver of pro-ration factor for outpatient kidney dialysis	Does not apply	Waive pro-ration factor for applicable treatment provided by our preferred partner ^e	
Final expenses benefit (waiver of co-insurance and deductible) ^p	\$5,000		\$3,000
Pro-ration factor ^a	SG/PR/FR	SG/PR/FR	SG/PR/FR ^r
Inpatient			
<ul style="list-style-type: none"> - Restructured hospital <ul style="list-style-type: none"> - Ward class C, B2 or B2+ - Ward class B1 - Ward class A - Private hospital or private medical institution or emergency overseas treatment - Community hospital <ul style="list-style-type: none"> - Ward class C, B2 or B2+ - Ward class B1 - Ward class A 	Does not apply	Does not apply Does not apply Does not apply 50% Does not apply Does not apply Does not apply	Does not apply Does not apply 70% 35% Does not apply Does not apply 70%
Day surgery or short-stay ward			
<ul style="list-style-type: none"> - Restructured hospital subsidised - Restructured hospital non-subsidised - Private hospital or private medical institution or emergency overseas treatment 	Does not apply	Does not apply Does not apply 55%	Does not apply Does not apply 40%
Outpatient hospital treatment excluding dialysis and erythropoietin			
<ul style="list-style-type: none"> - Restructured hospital subsidised - Restructured hospital non-subsidised - Private hospital or private medical institution 	Does not apply	Does not apply Does not apply 45%	Does not apply Does not apply 30%
Outpatient hospital treatment for dialysis and erythropoietin			
<ul style="list-style-type: none"> - Restructured hospital subsidised - MOH-subvented Voluntary Welfare Organisations - Restructured hospital non-subsidised - Private hospital or private medical institution 	Does not apply	Does not apply Does not apply Does not apply 45%	Does not apply Does not apply Does not apply 30%

SG: Singapore Citizen | PR: Singapore Permanent Resident | FR: Foreigner

Benefits	Preferred	Advantage	Basic
Deductible for each policy year for an insured aged 80 years or below at next birthday^s			
Inpatient			
- Restructured hospital			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
- Private hospital or private medical institution or emergency overseas treatment	\$3,500	\$3,500	\$2,500
- Community hospital			
- Ward class C	\$1,500	\$1,500	\$1,500
- Ward class B2 or B2+	\$2,000	\$2,000	\$2,000
- Ward class B1	\$2,500	\$2,500	\$2,500
- Ward class A	\$3,500	\$3,500	\$2,500
Day surgery or short-stay ward			
- Subsidised	\$2,000	\$2,000	\$2,000
- Non-subsidised	\$3,500	\$3,500	\$2,500
Deductible for each policy year for an insured aged over 80 years at next birthday^s			
Inpatient			
- Restructured hospital			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
- Private hospital or private medical institution or emergency overseas treatment	\$5,250	\$5,250	\$3,750
- Community hospital			
- Ward class C	\$2,250	\$2,250	\$2,250
- Ward class B2 or B2+	\$3,000	\$3,000	\$3,000
- Ward class B1	\$3,750	\$3,750	\$3,750
- Ward class A	\$5,250	\$5,250	\$3,750
Day surgery or short-stay ward			
- Subsidised	\$3,000	\$3,000	\$3,000
- Non-subsidised	\$5,250	\$5,250	\$3,750
Co-insurance	10%		
Limit in each policy year	\$1,500,000	\$1,000,000	\$250,000
Limit in each lifetime	Unlimited		
Last entry age (age next birthday)	75		
Maximum coverage age	Lifetime		

Coverage for Optima Care rider and Essential Care rider

Benefits	Optima Care Rider			Essential Care Rider		
	Panel ^e	Extended Panel ^e	Others	Panel ^e	Extended Panel ^e	Others
Covers co-insurance	Yes, up to benefit limits					
Co-payment of the benefits due under the policy	5%	8%	8%	7%	10%	10%
Co-payment limit ^t (each policy year)	Up to \$6,000 limit		No limit	Up to \$6,000 limit		No limit
Outpatient Cancer Drug Treatment Benefit limit						
Treatment on the CDL ⁱ (each month)	<p style="text-align: center;">One Primary Cancer: Enhanced Preferred (EP): 18x MSHL Limit Enhanced Advantage (EA): 18x MSHL Limit Enhanced Basic (EB): 10x MSHL Limit</p> <p style="text-align: center;">Multiple Primary Cancers: The total of the highest limits among the covered cancer drug treatments received for each primary cancer</p>					
Non-CDL treatment ^u (each month)	<p style="text-align: center;">One Primary Cancer: EP: \$15,000 EA: \$7,000 EB: \$6,000</p> <p style="text-align: center;">Multiple Primary Cancers: One primary cancer's benefit limit x number of primary cancers</p>					
Co-payment for Cancer Drug Treatment and Cancer Drug Services^v						
Treatment on the CDL	Co-payment of the benefits due under the policy	5%			10%	
	Co-payment limit (each policy year)	Up to \$6,000 limit	No limit	Up to \$6,000 limit		No limit
Non-CDL treatment	Co-payment of the benefits due under the policy	10%			20%	
	Co-payment limit (each policy year)	No limit			No limit	
Cancer Drug Services	Co-payment of the benefits due under the policy	5%			10%	
	Co-payment limit (each policy year)	Up to \$6,000 limit	No limit	Up to \$6,000 limit		No limit

Benefits		Optima Care Rider			Essential Care Rider			
		Panel ^e	Extended Panel ^e	Others	Panel ^e	Extended Panel ^e	Others	
Cell, Tissue and Gene Therapy Benefit^w limit								
Treatment not on MOH's CTGTP list (one treatment per indication per lifetime)					EP: \$150,000 EA: \$150,000 EB: \$100,000			
Co-payment for Cell, Tissue and Gene Therapy Benefit^w								
Treatment not on MOH's CTGTP list	Co-payment of the benefits due under the policy	10%			20%			
	Co-payment limit (each policy year)	No limit			No limit			
Other benefits								
Pre-hospitalisation Benefit ^x (before admission)		Rider coverage						
		EP: Not applicable EA: Up to 80 additional days EB: Not applicable	Not applicable		Not applicable		Not applicable	
		Main plan and rider coverage (if applicable)						
		EP: Up to 180 days EA: Up to 180 days ^y EB: Up to 100 days	EP: Up to 100 days EA: Up to 100 days EB: Up to 100 days		EP: Up to 180 days EA: Up to 100 days EB: Up to 100 days		EP: Up to 100 days EA: Up to 100 days EB: Up to 100 days	

Benefits	Optima Care Rider			Essential Care Rider		
	Panel ^e	Extended Panel ^e	Others	Panel ^e	Extended Panel ^e	Others
Other benefits						
Post-hospitalisation Benefit ^x (after discharge)	Rider coverage					
	EP: Not applicable EA: Up to 80 additional days EB: Not applicable	EP: Up to 80 additional days EA: Not applicable EB: Not applicable		Not applicable		Not applicable
	Main plan and rider coverage (if applicable)					
	EP: Up to 365 days EA: Up to 180 days ^z EB: Up to 100 days	EP: Up to 180 days ^z EA: Up to 100 days EB: Up to 100 days		EP: Up to 365 days EA: Up to 100 days EB: Up to 100 days		EP: Up to 100 days EA: Up to 100 days EB: Up to 100 days
Extra Bed Benefit ^{aa}	Receive up to \$80 each day (up to a maximum of 10 days for each hospital stay) for the cost of an extra bed for you to sleep over if your insured child ^{aa} gets warded					
The benefits below are only payable for insured up to age 18 (next birthday)						
Autism Testing Benefit ^{bb} (once per lifetime)	EP: \$1,000 EA: \$500 EB: Not applicable			Not applicable		
Autism Testing Benefit ^{bb}	Co-payment of the benefits due under the policy	10%				
	Co-payment limit (each policy year)	No limit				
Critical Care Benefit ^{cc} (once per lifetime)	EP: \$50,000 EA: \$30,000 EB: Not applicable					
Critical Care Benefit ^{cc}	Co-payment of the benefits due under the policy	Not applicable				
	Co-payment limit (each policy year)					

IMPORTANT NOTES

- a. Includes meals, prescriptions, medical consultations, miscellaneous medical charges, specialist consultations, examinations, and laboratory tests. You can refer to clause 1.1a, 1.1b and 1.1c in the policy conditions for Enhanced IncomeShield Plan for details.
- b. Includes charges for the following approved medical items:
 - Intravascular electrodes used for electrophysiological procedures
 - Percutaneous transluminal coronary angioplasty (PTCA) balloons
 - Intra-aortic balloons (or balloon catheters)
- c. Pre-hospitalisation and post-hospitalisation treatment are not covered for treatment given before or after inpatient psychiatric treatment, accident inpatient dental treatment or emergency overseas treatment. Pre-hospitalisation and post-hospitalisation treatment are also not payable if the inpatient hospital treatment received during the stay in hospital is not payable. Post-hospitalisation treatment such as medications bought during a period of post-hospitalisation treatment but not used during that period is not payable. To avoid doubt, pre-hospitalisation and post-hospitalisation treatment do not include inpatient hospital treatment or day surgery.
- d. If the inpatient hospital treatment is provided by our panel and paid for under the Enhanced IncomeShield Preferred Plan, we will cover the cost of medical treatment the insured received for up to 180 days before the stay in hospital starts and up to 365 days after the stay in hospital ends. To avoid doubt, if the insured is under the care of more than one registered medical practitioner or specialist for the insured's stay in hospital, we will cover up to 180 days of pre-hospitalisation treatment and up to 365 days of post-hospitalisation treatment only when the main treating registered medical practitioner or specialist (shown in the hospital records as the principal doctor) is part of our panel.
- e. Panel or preferred partner means a registered medical practitioner, specialist, hospital or medical institution approved by us. Our list of approved panels also includes all restructured hospitals, community hospitals and voluntary welfare organisations (VWO) dialysis centres.
 Extended panel means a registered medical practitioner or specialist approved by us to provide cover for the benefits under this rider. The registered medical practitioner or specialist must not also be on our lists of approved panels or preferred partners and must meet other criteria, including being on another Integrated Shield Plan provider's panel list.
 The list of our approved panels, preferred partners, and extended panel can be found at income.com.sg/specialist-panel. We may update this list from time to time.
- f. To claim for staying in a community hospital, the conditions as set out in the policy conditions must be met. You can refer to clause 1.1k in the policy conditions for Enhanced IncomeShield Plan for details.
- g. This benefit covers the following main outpatient hospital treatment received by the insured from a hospital or a licensed medical centre or clinic. You can refer to clause 1.2a to 1.2n in the policy conditions for Enhanced IncomeShield Plan for details.
- h. This benefit covers treatments in Singapore restructured hospitals only.
- i. The cancer drug treatment on the Cancer Drug List (CDL) benefit limit is based on a multiple of the MSHL Limit for the specific cancer drug treatment. For the latest MSHL Limit, refer to the CDL on MOH's website under "MediShield Life Claim Limit per month" (go.gov.sg/moh-cancerdruglist). MOH may update this from time to time. The revised list will be applicable to the cancer drug treatment which occurred on and from the effective date of the revised list.
- j. The cancer drug services benefit limit is based on a multiple of the MSHL Limit for cancer drug services. For the latest MSHL Limit for cancer drug services, refer to "Cancer Drug Services" under the MSHL benefits on MOH's website (go.gov.sg/mshlbenefits). MOH may update this from time to time. The revised limit will be applicable to the cancer drug services incurred within the policy year of the revised limit.
- k. Defined as two or more cancers arising from different sites and are of a different histology or morphology group. The claim limits for patients receiving treatment for multiple primary cancers are accorded on an application basis; doctors are to send the application form to MOH and Income Insurance for assessment of MSHL and Integrated Shield Plan coverage respectively.
- l. The breast reconstruction must be performed by a registered medical practitioner, during a stay in hospital, within 365 days after the date the insured leaves the hospital after the mastectomy was done.
- m. Pregnancy and delivery-related complications benefit pays for inpatient hospital treatment if conditions as set out in the policy conditions are met. You can refer to clause 1.3c in the policy conditions for Enhanced IncomeShield Plan for details.

IMPORTANT NOTES

- n. The cell, tissue and gene therapy is on MOH's CTGTP list, and is provided to the insured according to the indications on the CTGTP list, as shown on MOH's website (go.gov.sg/ctgtp-list). MOH may update this list from time to time. We will only cover the cell, tissue and gene therapies listed above. This is subject to one treatment per indication per lifetime, subject to indication requirements as listed within the MOH CTGTP List.
- o. We will only cover the proton beam therapy if it is administered for an MOH-approved proton beam therapy indication (that is, MOH has approved the therapy for the insured's condition) and the insured meets the eligibility criteria for proton beam therapy under MSHL. The proton beam therapy indications and the eligibility criteria are set out on MOH's website (go.gov.sg/pbt-approved-indications). MOH may update these from time to time.
- p. We will waive (not enforce) the co-insurance and deductible due for a claim for the inpatient hospital treatment, pre-hospitalisation treatment and post-hospitalisation treatment if the insured dies (i) while in hospital; or (ii) within 30 days of leaving hospital. If the insured dies within 30 days of leaving the hospital, we will also waive the co-insurance due for a claim of outpatient hospital treatment if the treatment was received by the insured within 30 days of leaving hospital.
- q. If the insured is admitted into a ward and medical institution that is higher than what they are entitled to, we will only pay a percentage of the reasonable expenses for necessary medical treatment of the insured. The percentage will depend on the pro-ration factor which applies to the plan. If the insured receives outpatient hospital treatment from a private hospital or private medical institution, we will only pay the percentage of the reasonable expenses for the necessary medical treatment of the insured, depending on the pro-ration factor which applies to the plan.
- r. If the insured is not a Singapore citizen or Singapore permanent resident (is a foreigner) but is covered under a plan for a Singapore citizen, we will reduce the amount of each benefit we will pay to the percentages (citizenship factors) as specified in the policy conditions. The citizenship factor applies to any claim under the policy.
 - Enhanced Basic: 80% (for foreigner)
- s. Deductible does not apply to outpatient treatment.
- t. Subject to precise terms, conditions and exclusions specified in the policy conditions for Enhanced IncomeShield and riders.
- u. For outpatient cancer drug treatments not on the CDL, we cover only treatments with drug classes A to E (according to the Life Insurance Association, Singapore's (LIA's) Non-CDL Classification Framework). Refer to lia.org.sg/media/3553/non-cdl-classification-framework.pdf for more details. LIA may update the list from time to time.
- v. For each outpatient cancer drug treatment claim under your policy (including this rider), you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions. If the insured receives cancer drug treatment that is on the CDL and is provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$6,000 in the policy conditions. To avoid doubt, we will not apply the co-payment limit for all non-CDL treatments, even if they are provided by our panel or extended panel. For each cancer drug services claim under your policy, you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions. If the insured receives cancer drug services provided by our panel or extended panel, the co-payment for that claim will count towards the co-payment limit of \$6,000 in the policy conditions.
- w. Cell, tissue and gene therapy benefit pays for all reasonable expenses for inpatient hospital treatment (including day surgery) and outpatient hospital treatment for cell, tissue and gene therapy (CTGTP) not on MOH's CTGTP list (go.gov.sg/ctgtp-list) provided to the insured, up to the limits shown in the policy conditions, as long as the cell, tissue and gene therapy is approved by the Health Sciences Authority (HSA). When we pay the cell, tissue and gene therapy benefit under this rider, we add together all reasonable expenses for the cell, tissue and gene therapy treatment (including inpatient hospital treatment and outpatient hospital treatment), and pay up to the limits shown in the policy conditions.

You may make a claim under this benefit as long as you have not fully used the benefit payable up to the benefit limit in the policy conditions. We will pay the claim amount based on the following:

- If the claim amount after applying the co-payment is higher than the remaining benefit payable under this rider, we will pay up to the remaining benefit limit.
- If the claim amount after applying the co-payment is lower than the remaining benefit payable under this rider, you will have to make a co-payment of the benefits due under your policy as shown in the policy conditions and we will only pay the amount of your claim which is more than the co-payment.

IMPORTANT NOTES

- x. Pre-hospitalisation and post-hospitalisation benefit is only applicable if your plan is either the Enhanced IncomeShield Preferred plan or the Enhanced IncomeShield Advantage plan. This benefit applies on top of the pre-hospitalisation treatment benefit and post-hospitalisation treatment benefit covered under your Enhanced IncomeShield Preferred plan or Enhanced IncomeShield Advantage plan (where applicable), up to the limits shown in the policy conditions. Please refer to the policy conditions for further details.
- y. Pre-hospitalisation benefit covers up to 100 days before admission under the Enhanced Advantage plan and an additional up to 80 days before admission when you add an Optima Care rider and seek treatment provided by our panel.
- z. Post-hospitalisation benefit covers:
 - up to 100 days after discharge under the Enhanced Preferred plan and an additional up to 80 days after discharge when you add an Optima Care rider and seek treatment not provided by our panel.
 - up to 100 days after discharge under the Enhanced Advantage plan and an additional up to 80 days after discharge when you add an Optima Care rider and seek treatment provided by our panel.
- aa. If, during the insured's stay in hospital, their parent or guardian stays in the same room as the insured, we will reimburse up to \$80 for each day the parent or guardian stays. We will only pay for the stay of one parent or guardian. This applies if the insured is a child aged 18 or younger during their stay in hospital. We will pay up to 10 days for each stay in hospital. If the insured is in hospital for only part of a day, we will pay half of this benefit for that day. Co-payment is not applicable for this benefit.
- bb. Autism testing benefit is only payable for insured up to age 18 (next birthday) for the relevant plan. This benefit is payable if the insured undergoes an autism test, on a reimbursement basis, up to the limits for the relevant plan shown in the policy conditions. There must be a referral from a paediatrician for the autism test. This benefit is only payable once in the lifetime of your policy. You will have to make a 10% co-payment for each claim for this benefit due under your policy. Please refer to the policy conditions for further details on the co-payment limit.
- cc. Critical care benefit is only payable for insured up to age 18 (next birthday) for the relevant plan. If the insured requires a stay in an intensive care unit (ICU) or high dependency unit (HDU) for a total of 4 days or more in one hospital admission, we will pay the benefit as shown in the policy conditions. The stay in the ICU or HDU must be confirmed as necessary medical treatment. We will not consider a stay in ICU or HDU as necessary medical treatment if the insured can be safely and adequately treated in any other facility. This benefit is not payable for the following:
 - the insured suffered symptoms of, had investigations for, or was diagnosed with illness any time before or within 90 days from the start date of this rider (except for accidents).
 - claims for overseas treatment, including emergency overseas treatment.This benefit is only payable once in the lifetime of your policy. Co-payment is not applicable for this benefit.

Enhanced IncomeShield is available as a MediSave-approved Integrated Shield Plan for the insured who is a Singapore Citizen or a Singapore Permanent Resident. This applies as long as the insured meets the eligibility conditions under MediShield Life. If the insured is a foreigner who has an eligible valid pass with a foreign identification number (FIN), Enhanced IncomeShield is not available as an Integrated Shield Plan.

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