

## PA Supreme

WHEREAS the Insured by an application which shall be the basis of this contract and is deemed to be incorporated herein has applied to Great Eastern General Insurance Limited (hereinafter called the Company) for the insurance hereinafter contained in respect of each Insured Person named in the Schedule hereto.

In consideration of the payment of premium and subject to the terms, exceptions and conditions contained herein or endorsed hereon, the Company hereby insures the person named in the Schedule and agrees to pay compensation for loss to the extent herein provided.

The Company will, on receipt and approval of proofs, pay the Insured or in the event of the death of the Insured Person to the Insured Person's legal representative(s), the benefits in this Policy.

### IMPORTANT NOTICE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from this policy.

You are also requested to read this Policy. If any error or misdescription is found, the Policy should be returned to the issuing office for correction.

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## DEFINITIONS

Wherever the following words are used in this Policy or in the Schedule they shall have the meanings given below:

**Accident or Accidental** shall mean an event which is sudden, unforeseen and fortuitous.

**Bodily injury** shall mean physical injury to the body sustained by an Insured Person and is caused by an Accident solely and independently of any other cause and not by any medical condition, sickness, disease, natural occurring condition, gradual physical wear and tear or mental disorder.

**Child** shall mean legally dependent child of the Insured (including a stepchild/a legally adopted child) who is during the Policy Period:

- (a) wholly dependent on the Insured for financial support and not gainfully employed in any way;
- (b) unmarried; and
- (c) between the age of one (1) to eighteen (18) years old or up to twenty-five (25) years old if studying full-time in a recognized institution.

**Chinese Physician** shall mean a registered herbalist, chiropractor, acupuncturist, bone setter or osteopath all licensed under any applicable laws of the country in which the practice is granted including a traditional chinese medical practitioner registered with the Traditional Chinese Medicine Practitioners Board, other than the Insured, Insured Person or the immediate family or relatives or the business partners or employers or employees of either.

**Confinement or Confined** shall mean admission in a Hospital for a continuous uninterrupted period of at least twenty-four (24) hours as a bed-paying patient upon the advice of and under the regular care and attendance of a Physician.

**Hospital** shall mean an establishment constituted and registered as a hospital for the care and treatment of sick and injured persons as bed-paying patients which:

- (a) has facilities for diagnosis and major surgery, provides twenty-four (24) hours a day nursing services by registered graduate nurses and is under the constant supervision of a Physician;
- (b) is not a community hospital, clinic, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic or similar establishment.

**Insured** shall mean the Proposer indicated in the Proposal Form.

**Insured Persons(s)** shall mean each of the persons named in the Policy Schedule.

**Loss of Hearing** shall mean total and irrecoverable loss of hearing as certified by a qualified Physician.

**Loss of Limb** shall mean loss by complete physical severance of a hand at or above the wrist or a foot at or above the ankle.

**Loss of Sight** shall mean total and irrecoverable loss of sight as certified by a qualified Physician.

**Loss of Speech** shall mean total and irrecoverable loss of speech as certified by a qualified Physician.

**Loss of Use** shall mean total functional disablement and is treated like the loss of the said limb or organ.

**Medical Expenses** shall mean expenses incurred within three hundred and sixty-five (365) days of sustaining Bodily Injury for medical and surgical treatment by a Physician, for hospitalization or for employment of a trained nurse including expenses for ambulance and reasonable and customary for such treatment or services. Medical Expenses exclude the expenses incurred for treatment provided by a family member of the Insured Person or self-treatment by an Insured Person including the prescription of drugs and the consequence of such treatment.

**Permanent Disablement** shall mean any disablement as stated in the Table of Benefits and having lasted for a continuous and uninterrupted period of at least twelve (12) calendar months from the date of Accident and at the expiry of that period be beyond hope of improvement as certified by a Physician.

**Permanent Total Disablement** shall mean total paralysis or permanently bedridden or the Insured Person must be so disabled that he will be unable to perform any work, profession, or occupation:

- (a) for at least twelve (12) consecutive months; and
- (b) in the opinion of the attending Physician, at any time afterwards, to earn or obtain any wages, remuneration or profit.

**Personal Effects and Belongings** shall mean articles or accessories hand carried or worn by the Insured Person but excluding jewellery items, mobile phone, pager, portable computer/PDAs and the like, camera and video equipment.

**Physician** shall mean any registered medical practitioner qualified by degree in western medicine who is legally licensed and authorized to practice medicine and surgery in the geographical area of his practice, other than the Insured, Insured Person or the immediate family or relatives or the business partners or employers or employees of either.

**Policy Period** shall mean the period of cover as specified in the Policy Schedule and/or Certificate of Insurance.

**Pre-existing Condition** shall mean:

- (a) Any condition, illness, disease, disability or defect for which the Insured Person has sought medical advice, been

investigated, been diagnosed, been hospitalized, received medical treatment, undergone surgical operation, or been prescribed drugs in the last twelve (12) months prior to the effective date of Insurance; or

- (b) Any signs and symptoms manifested in the last twelve (12) months prior to the effective date of Insurance which would have caused a prudent person to seek counselling, seek medical advice, undergo investigation or diagnostic tests, receive medical treatment, undergo surgery, be hospitalized, or be prescribed drugs.

**Temporary Disablement** shall mean the period which is certified by a qualified Physician in the medical certificate(s) that the Insure Person is temporarily and continuously not able to perform each and every duty pertaining to his work, profession or occupation.

## BENEFITS

### BENEFIT A – DEATH AND PERMANENT DISABLEMENT

The Company shall pay the Insured, as per the percentage of Capital Sum Insured as specified in the Table of Benefits below, up to the limit applicable to the selected plan as specified in the Schedule of Benefits, if the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period and within three hundred and sixty-five (365) days of the Accident results in death or Permanent Disablement.

TABLE OF BENEFITS	% OF CAPITAL SUM INSURED
1. Death	100%
2. Permanent Total Disablement	150%
3. Loss of or the permanent total loss of use of two limbs	150%
4. Loss of or the permanent total loss of use of one limb	125%
5. Total Loss of Sight of both eyes	150%
6. Total Loss of Sight of one eye	100%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%
8. Loss of Speech and Hearing	150%
9. Loss of Hearing	
• both ears	75%
• one ear	25%
10. Loss of Speech	50%
11. Loss of lens in one eye	50%
12. Loss of or the permanent total loss of use of thumb and four fingers of one hand	75%
13. Loss of or the permanent total loss of use of four fingers of one hand	40%
14. Loss of or the permanent total loss of use of thumb	
• two phalanges	30%
• one phalanx	15%
15. Loss of or the permanent total loss of use of index finger	
• three phalanges	10%
• two phalanges	8%
• one phalanx	6%
16. Loss of or the permanent total loss of use of other finger	
• three phalanges	5%
• two phalanges	4%
• one phalanx	2%
17. Loss of or the permanent total loss of use of toes	
• all toes of one foot	15%
• big toe – two phalanges	5%
• big toe – one phalanx	3%
• other than big toe, each toe	1%
18. Shortening of leg by at least 5cm	7.5%
19. Third Degree Burns	
Damage as a % of Total Body Surface Area	
• Head – equal to or greater than 2% but less than 5%	20%
– equal to or greater than 5% but less than 8%	25%
– equal to or greater than 8%	50%
• Body – equal to or greater than 10% but less than 15%	20%
– equal to or greater than 15% but less than 20%	25%
– equal to or greater than 20%	50%

The total compensation payable cumulatively for items 2 to 19 shall not exceed 150% of the Capital Sum Insured applicable to the selected plan as specified in the Schedule of Benefits.

Should death (under item 1 of Table of Benefits) occur after any payment has been made for items 2 to 19, the Company shall pay 100% of the Capital Sum Insured less any payment previously made cumulatively for items 2 to 19. If total payment previously made cumulatively for items 2 to 19 exceeds 100% of the Capital Sum Insured, no further payment shall be payable upon death.

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## **BENEFIT B – TEMPORARY DISABLEMENT**

The Company shall pay a weekly benefit as per limit applicable to the selected plan as specified in the Schedule of Benefits up to one hundred and four (104) weeks in the aggregate for any one Accident if such Bodily Injury shall, within twenty-one (21) days from the date of the Accident give rise to a claim for Temporary Disablement under this Policy.

No benefits under Temporary Disablement shall be payable:

- (a) after one hundred and four (104) weeks from the date of Bodily Injury for any one Accident;
- (b) for any period of disablement subsequent to the benefits becoming payable under Permanent Disablement Benefit.

The Company reserves the right to request for a medical examiner's report after every four (4) weeks of benefits payment, whether such duration of benefits is continuous or otherwise.

## **BENEFIT C – DAILY HOSPITAL ALLOWANCE**

The Company shall pay a daily benefit as per limit applicable to the selected plan as specified in the Schedule of Benefits for each day of hospitalisation up to a maximum of ninety (90) days for any one Bodily Injury if the Insured Person is necessarily confined in a Hospital due to any Bodily Injury. Provided that the Insured Person must be hospitalised within seven (7) days after the occurrence of the Accident.

The Daily Hospital Allowance Benefit shall be paid for each complete twenty-four (24) hours of Confinement from the first day of Confinement, and provided that:

- (a) the Confinement must be considered medically necessary by a qualified Physician in his professional capability;
- (b) the successive periods of Confinement due to the same or a related cause shall be considered as one Bodily Injury unless their occurrences are separated by at least sixty (60) days during which the Insured Person is not at any time Confined to a Hospital.

## **BENEFIT D - MEDICAL EXPENSES**

The Company shall reimburse the Medical Expenses incurred arising from Bodily Injury up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits for each and every Accident.

## **BENEFIT E - MEDICAL EXPENSES ON CHINESE PHYSICIAN**

The Company shall reimburse the Medical Expenses incurred reasonably and necessarily on treatment by a registered Chinese Physician arising from Bodily Injury up to a maximum of S\$150 each and every Accident excluding the first S\$50.

## **BENEFIT F – MOBILITY AID**

Where arising out of an Accident, the Insured Person suffers Permanent Disablement and requires the assistance of mobility aid or wheelchair, the Company shall reimburse the costs of purchasing such equipment up to the limit of S\$1,000 for any one Accident and in the aggregate during the Policy Period.

## **BENEFIT G – PERSONAL EFFECTS AND BELONGINGS**

The Company shall pay up to the limit applicable to the selected plan as specified in the Schedule of Benefits for any one Accident and in the aggregate during the Policy Period the cost of repair or replacement less an allowance for the age and condition of the Insured Person's Personal Effects and Belongings damaged in an Accident provided the Bodily Injury is sustained and valid claim is made under Benefit A, B, C or D for the same Accident.

## **BENEFIT H – EVACUATION AND REPATRIATION SERVICES**

### **Emergency Medical Evacuation**

The Company shall reimburse all expenses for emergency medical evacuation, up to the maximum limit applicable to the selected plan as specified in the Schedule of Benefits for any one Accident and in the aggregate during the Policy Period as a result of Bodily Injury sustained by the Insured Person whilst overseas and if in the opinion of International SOS Pte Ltd or their authorized representative(s) (hereafter called SOS) is judged medically appropriate to move/evacuate the Insured Person to another location for medical treatment, or return to The Republic of Singapore. SOS shall arrange and make all decisions as to the means of evacuation and the final destination which is best suited, based on the medical severity of the Insured Person's condition. The Company shall also pay for expenses which are medically necessary and unavoidably incurred to return the Insured Person to The Republic of Singapore, following an emergency medical evacuation to a place outside The Republic of Singapore.

The only expenses payable are expenses for services provided and/or arranged by SOS for the transportation, medical services and medical supplies necessarily incurred as a result of an emergency medical evacuation of the Insured Person. The Company shall not be liable to pay any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip overseas.

### **Repatriation of Mortal Remains**

In the event that the Insured Person dies within thirty (30) days from the date of the Bodily Injury sustained whilst overseas, the Company shall reimburse the expenses, up to the maximum limit specified in the Schedule of Benefits necessary for transporting the Insured Person's mortal remains from the place of death to The Republic of Singapore or the cost of local burial at the place of death. SOS shall arrange and make all decisions for such repatriation.

The Company shall not be liable to pay any expenses incurred for services provided by another party for which the Insured Person is not liable to pay, or any expenses already included in the cost of a scheduled trip overseas.

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## **BENEFIT I - FUNERAL EXPENSES**

The Company shall pay S\$3,000 for funeral expenses upon the death of the Insured Person as a result of an Accident.

## **GENERAL EXCLUSIONS**

If the Company alleges that by reason of the following Exclusions any losses, damages, costs or expenses are not covered by this insurance, the burden of proving that such losses, damages, costs or expenses are covered shall be upon the Insured.

The Company shall not be liable for any claim directly or indirectly caused by, in connection with, arising out of, in consequence of or is contributed to by:-

1. War, invasion, acts of foreign enemies, hostilities or war-like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular rising, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, confiscation or nationalisation or requisition or destruction of or damage to property by or under the order of any Government or public or local authority.
2. Ionising, radiation or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel or from nuclear weapons material.
3. Any wilful or intentional acts of the Insured Person (while sane or insane) including suicide, self-inflicted injury, suicide pacts or agreements or any attempt thereat.
4. Mental and nervous disorders, including but not limited to sleeping disorder, depression, insanity and anxiety.
5. Any condition which is, results from or is a complication of:
  - (a) pregnancy, child-birth, miscarriage (not accelerated or induce by Bodily Injury) or any complications thereof;
  - (b) hernia of any type, venereal disease, Human Immunodeficiency Virus (HIV), any variance including Acquired Immune Deficiency Syndrome ("AIDS"), and AIDS Related Complications ("ARC"), any opportunistic infections and/or malignant neoplasm (tumour) found in the presence of HIV, AIDS or ARC, and any kind of diseases.

For the purpose of this exclusion,

- (i) The term AIDS shall have the meaning assigned to it by the World Health Organisation at the time of Hospitalization.
  - (ii) Opportunistic infections shall include but are not limited to pneumocystis carinii pneumonia, organism or chronic enteritis virus and/or disseminated fungi.
  - (iii) Malignant neoplasm shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies currently or which subsequently becomes known as causes of death in the presence of AIDS.
6. Provoked homicide or assault or any act or event arising, directly or indirectly, in connection with the collaboration or provocation of the Insured Person.
  7. Intoxication by alcohol, narcotics or drugs unless it is proven that the drug was taken in accordance with proper medical prescription other than for the treatment of drug addiction, alcoholism or mental illness.
  8. Routine general physical or any other examinations not directly related to admission, diagnosis, illness or injury or treatment which is not medically necessary.
  9. Dental care or surgery, cosmetic or plastic surgery except necessitated by Bodily Injury caused by Accident.
  10. Congenital anomalies and conditions or Pre-existing Condition arising out of or resulting therefrom.
  11. The Insured Person participating, training or engaging in winter sports, big game hunting, mountaineering, rock-climbing, scuba or skin-diving or any underwater activities, motor-rally or racing or speed contest of any kind other than on foot, and any aerial activities (whether suspended or not).
  12. Any Bodily Injury which arises in the course of the Insured Person's occupation if it falls within the following categories or involves the following activities:-
    - (a) regular armed forces including police force personnel, prison officer, immigration officer, fire service personnel, civil defence personnel or military personnel, other than reservist training during peacetime
    - (b) pilot, air steward, stewardess or flying as a member of an aircrew or in an aircraft for the purpose of any trade or technical operation therein or thereon or air travel, other than as a fare-paying passenger on a fully licensed passenger carrying airline.
    - (c) private investigator or detective
    - (d) professional sports player / team
    - (e) professional diver or occupations involving deep sea diving
    - (f) ship crew or workers on board vessels, stevedore, shipbreaker
    - (g) occupations involving oil and gas rig, underground work, offshore work
    - (h) occupations involving the use of heavy machinery and tools

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- (i) construction worker or any occupations involving height exceeding ten (10) metres from/above ground/floor level, handling of hazardous chemical or explosive materials or high power voltage electricity work, woodwork, welding or high heat environment

**13. Contracts (Rights of Third Parties) Act (Chapter 53B)**

A person who is not a party to this contract shall have no right under the Contracts (Rights of Third Parties) Act (Chapter 53B) to enforce any of its terms.

**14. Sanction Limitation and Exclusion**

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

**15. Terrorism**

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

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

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

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this Exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

## GENERAL CONDITIONS

**1. Age Limit**

Cover is available to an Insured Person between the age of sixteen (16) and sixty-five (65) years old with renewal up to the age of seventy-five (75) years old. Cover is available to Child(ren) between ages one (1) year old and eighteen (18) years old (up to twenty-five (25) years old if studying full-time in a recognized institution).

**2. Arbitration**

Any dispute arising out of or in connection with this Policy, including any question regarding its existence, validity or termination, shall be referred to Financial Industry Disputes Resolution Centre Ltd ("FIDReC"). This applies as long as the dispute can be brought before FIDReC.

If the dispute cannot be brought before or dealt with by FIDReC, it will be referred to and finally resolved by arbitration in Singapore in accordance with the Arbitration Rules of the Singapore International Arbitration Centre ("SIAC Rules") for the time being in force, which rules are deemed to be incorporated by reference in this clause.

The seat of the arbitration shall be Singapore.

The Tribunal shall consist of three (3) arbitrator(s).

The language of the arbitration shall be in English.

**3. Bodily Injury**

Bodily Injury sustained by an Insured Person shall occur within three hundred and sixty-five (365) days from the date of Accident.

**4. Cancellation by Company**

The Company may cancel this Policy by giving seven (7) days' notice by registered letter to the Insured at his last known address and will return to the Insured the premium paid less the pro-rata portion thereof for the period this Policy has been in force subject to a minimum premium payment of S\$50.

**5. Cancellation by Insured**

The Insured may cancel this Policy by giving seven (7) days' notice in writing to the Company and shall be entitled to a refund premium less the premium computed at the Company's Short Period Rates for the duration this Policy has been in force subject to a minimum premium payment of S\$50 by the Insured. Provided no claim has arisen during the period which this Policy has been in force.



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## Short Period Rates

DURATION NOT EXCEEDING	% OF ANNUAL PREMIUM
1 month	25%
2 months	33%
3 months	42%
4 months	50%
5 months	58%
6 months	67%
8 months	83%
12 months	100%

### 6. Compliance with Policy Provisions

Any failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

### 7. Entire Contract

This Policy, Schedule and Endorsements, if any, shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such specific meaning wherever it appears.

### 8. False Declaration

If the proposal or declaration of the Insured is untrue in any respect or if any material fact affecting the risk be incorrectly stated therein or omitted therefrom or if this insurance or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

### 9. Free Look (For Non-Corporate Insured)

This Policy may be cancelled by written request to the Company within fourteen (14) days from the date of receipt of this Policy document. Any premium paid will be refunded to the Insured provided the Company has not been notified of any claim. If this Policy document is sent by post, it is deemed to have been delivered and received in the ordinary course of the post, seven (7) days after the date of posting. This right to return the Policy is applicable only to newly incepted policies.

### 10. Governing Law

This Policy shall be governed by and interpreted in accordance with the laws of The Republic of Singapore.

### 11. Notice and Alteration

All notices required to be given by the Insured to the Company must be in writing addressed to 1 Pickering Street #01-01 Great Eastern Centre Singapore 048659, and no alteration in the terms of this Policy or any endorsement thereon, will be held valid unless the same is signed or initialised by an authorised officer of the Company.

### 12. Notice of Material Changes

The Insured shall give immediate written notice to the Company of any change in country of residence, occupation, pursuits of the Insured Person or any injury, disease, physical defect or infirmity by which the Insured Person has become affected.

Following any change in the country of residence, occupation or pursuits of the Insured Person, the Company may charge additional premiums, impose additional restrictions or cancel the insurance under this Policy.

### 13. Payment of Benefits

All benefits payable under this Policy shall be paid to the Insured and in the event of death of the Insured Person, to his legal representative or estate.

Any receipt, which the Insured, Insured Person or anyone acting on the Insured Person's behalf or his legal representatives may give to the Company for any benefit payable under this Policy to the Insured Person shall be deemed a final and complete discharge of all liability of the Company in respect of such benefit and of the loss for which the benefit is claimed.

### 14. Premium Before Cover Warranty (For Non-Corporate Insured)

(a) Notwithstanding anything herein contained but subject to clauses b and c hereof, it is hereby agreed and declared that the premium due must be paid to the Company (or the intermediary through whom this Policy, Renewal Certificate, Cover Note or Endorsement was effected) on or before the inception date ("the Inception Date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement. Payment shall be deemed to have been effected to the Company or the intermediary when one of the following acts takes place:

- (i) Cash or honoured cheque for the premium is handed over to the Company or the intermediary;
- (ii) A credit or debit card transaction for the premium is approved by the issuing bank;
- (iii) A payment through an electronic medium including the internet is approved by the relevant party;
- (iv) A credit in favour of the Company or the intermediary is made through an electronic medium including the internet.

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- (b) In the event that the premium due is not paid to the Company (or the intermediary through whom this Policy, Renewal Certificate, Cover Note or Endorsement was effected) on or before the Inception Date, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
  - (c) In respect of insurance coverage with Free Look provision, the Insured may return the original policy document to the Company or intermediary within the Free Look period if the Insured decides to cancel the cover during the Free Look period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place.

**15. Premium Payment Warranty (For Corporate Insured)**

- (a) Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the Period of Insurance is sixty (60) days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
  - (i) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
  - (ii) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
- (b) In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:
  - (i) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period;
  - (ii) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
  - (iii) the Company shall be entitled to a premium computed at the Company's Short Period Rates for the duration this Policy has been in force subject to a minimum of S\$25.
- (c) If the Period of Insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the Period of Insurance.

**16. Condition Precedent (For Corporate Insured)**

The validity of this Policy is subject to the Condition Precedent that:

- (a) for the risk insured, the Insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
- (b) if the Insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months:
  - (i) the Insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
  - (ii) a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to the Company before cover incepts.

**17. Reasonable Care**

The Insured Person shall take all reasonable precautions to prevent Accident or Bodily Injury.

**18. Renewal**

The Company shall neither be bound to send any notice of renewal, nor to renew this Policy.

**19. Termination**

Insurance under this Policy shall be terminated on the earliest happening of the following events:

- (a) death of Insured Person; or
- (b) the Insured Person has reached the age of seventy-five (75) years old on the expiry of this Policy.

In the event the Insured (who is not the Insured Person) dies, this Policy will continue for the Insured Person until the expiry of the Policy Period.

**20. Termination due to Termination of Contract of Employment**

If the Insured Person is working in The Republic of Singapore under a work permit or employment pass issued by the Ministry of Manpower, the insurances under this Policy will terminate on the date that his contract of employment is terminated ("the termination date").

The Insured Person will notify the Company of the termination of his contract of employment and the Company will, provided no claim has arisen during the period which this Policy has been in force, refund the premium less the premium to be computed at the Company's short period rates for the duration this Policy has been in force subject to a minimum premium payment of S\$50 by the Insured.

Any failure to give notice by the Insured Person will not extend the insurances under this Policy beyond the termination date, however, the termination will not prejudice any claim arising before the termination date.



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## 21. Territorial Limit

The territorial limit is worldwide unless otherwise stated in the Schedule.

## CLAIM CONDITIONS

### 1. Medical Examination

The Insured Person shall (at the Company's expense), whenever reasonably required to do so, submit to medical examination by physician appointed by the Company for the claim submitted.

### 2. Notification of Accident

Upon the happening of any Accident likely to give rise to a claim under this Policy, the Insured shall within thirty (30) days after the happening of such Accident give notice to the Company with full particulars of the Accident and Bodily Injuries and the Insured Person shall as soon as possible procure and act on the proper medical or surgical advice.

### 3. Submission and Documentation

The Insured shall at his expense furnish the Company all certificates, forms, bills, receipts, information and evidence as may be required by the Company and submit only original bills, receipts and other documents required to support a claim, unless otherwise agreed in writing by the Company.

### 4. Time for Filing Proof of Loss

Affirmative proof of loss must be furnished to the Company at its said office in the case of a claim for which the Company is liable within sixty (60) days after the date of such loss.

## EXTENSIONS

### 1. Terrorism

Notwithstanding General Exclusion 15, Benefit A of this Policy is extended to cover against terrorism up to the limit applicable to the selected plan as specified in the Schedule of Benefits subject to a maximum limit of S\$300,000 per Insured Person but excluding injury or losses resulting directly or indirectly from, attributed to or accelerated by the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.

For the purpose of this clause:

- (a) Terrorism means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorism can include, but not be limited to the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorism can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).
- (b) Utilisation of nuclear weapons of mass destruction means the use of any explosives, nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- (c) Utilisation of chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- (d) Utilisation of biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

### 2. Strike, Riot and Civil Commotion

This Policy is extended to cover events consequent upon strike, riot and civil commotion, provided that the death or Bodily Injury does not arise out of or in connection with the Insured Person's collaboration, participation or provocation of any such act or if such act could reasonably have been avoided by the Insured Person.

### 3. Murder and Assault

The Policy is extended to cover events consequent upon murder and assault, provided that death or Bodily Injury sustained by the Insured Person does not arise out of or in connection with the Insured Person's collaboration, participation or provocation with such act.

### 4. Hijacking

The Policy is extended to cover hijacking or any attempt threat resulting therefrom.

For the purpose of this extended cover, hijacking shall be deemed to include unlawful seizure or wrongful exercise of control of any aircraft or conveyance or the crew thereof in which the Insured Person is travelling as a fare-paying passenger.

Hijacking shall not include the activities of any person or persons directly associated with war, invasion (whether war be declared or not), insurrection, rebellion or revolution.

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**5. Exposure**

This Policy shall cover claims arising out of Bodily Injury caused by exposure to the elements as a result of an Accident covered hereunder.

**6. Disappearance Clause**

If the Insured Person disappears during the currency of this insurance and his body is not found within three hundred and sixty-five (365) days after his disappearance and sufficient evidence is produced satisfactorily to the Company that leads the Company inevitably to the conclusion that he sustained Bodily Injury and that such injury caused his death. The Company shall pay the death benefit under this insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Company if the Insured Person is subsequently found to be living.

**7. Suffocation by Smoke, Poisonous Fumes, Gas & Drowning**

In the event that the Insured Person suffers death or sustains Bodily Injury caused by suffocation by smoke, poisonous fumes, gas or drowning, the Company will pay the amount appropriate to the Benefits as stated in the Table of Benefits, provided such event does not arise as a result of the Insured Person's wilful and intentional act.

**8. Unscheduled Flight**

The Policy is extended to cover any Insured Person as a farepaying passenger in any properly licensed private aircraft and/or helicopter.

**9. Reservist Training**

This Policy is extended to cover peace-time Singapore reservist duty (under Section 14 of the Enlistment Act (Chapter 93) of The Republic of Singapore) for a period of not exceeding forty-two (42) days.

**Policy Owners' Protection Scheme**

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

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# PA Supreme

## Schedule of Benefits

Benefits		Plan				
		A	B	C	D	Child
A	Capital Sum Insured	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$25,000
B	Temporary Disablement	S\$100	S\$200	S\$300	S\$500	N.A.
C	Daily Hospital Allowance	S\$100	S\$200	S\$250	S\$300	N.A.
D	Medical Expenses	S\$2,000	S\$4,000	S\$5,000	S\$7,000	S\$500
E	Medical Expenses on Chinese Physician	S\$150	S\$150	S\$150	S\$150	S\$150
F	Mobility Aid	S\$1,000	S\$1,000	S\$1,000	S\$1,000	S\$1,000
G	Personal Effects and Belongings	S\$200	S\$300	S\$400	S\$500	N.A.
H	Evacuation and Repatriation Services	S\$50,000	S\$50,000	S\$50,000	S\$50,000	S\$25,000
I	Funeral Expenses	S\$3,000	S\$3,000	S\$3,000	S\$3,000	S\$3,000

Please refer to the Policy for full details.

For 24-hours overseas emergency assistance services, please call SOS at (65) 6339 2155.

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