

Hospital Accident Care

Great Eastern General Insurance Limited (hereinafter called the “Company”) hereby insures the Insured Person named in the Policy Schedule and upon receipt of satisfactory proof of the Insured Person’s Hospital Confinement will pay to the Insured Person or legal representative the Benefit Amount insured on the dates of Hospital Confinement for those risks insured, subject to the Terms, Conditions and Exclusions of this Policy.

IN WITNESS WHEREOF the Company has caused this Policy to be executed on and to commence from the Effective Date of Insurance as stated in the Policy Schedule, provided that this Policy shall not be binding on the Company unless an authorised representative of the Company signs the Policy Schedule.

IMPORTANT NOTICE

The insurance cover provided under this Policy is based on the information the Proposer has provided to Us.

Please be reminded that You must fully and faithfully declare to Us the facts that You know or ought to know, otherwise no benefit may be received 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.

SECTION 1 - DEFINITIONS

“**Accident**” or “**Accidental**” shall mean a sudden, unforeseen and fortuitous event.

“**Accidental Bodily Injury**” shall mean Accidental bodily injury occurring whilst this Policy is in force, resulting solely, directly and independently of all other causes from an Accident caused by external, violent and visible means.

“**Anniversary Date**” shall mean each anniversary of the Effective Date of Insurance.

“**Benefit Amount**” shall mean the Benefit Amount shown in the Policy Schedule against the relevant category of loss.

“**Child / Children**” shall mean a legally dependent child of the Policyholder (including a stepchild / a legally adopted child) who is on the Effective Date of Insurance:

- a. wholly dependent on the Policyholder for financial support and not gainfully employed in any way;
- b. unmarried; and
- c. between the age of one (1) and eighteen (18) years old.

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

“**Effective Date of Insurance**” shall mean the respective day, month and year stated in the Policy Schedule from which the Policy commences.

“**Eligible Family Members**” shall mean the Spouse and/or Child(ren) of the Policyholder.

“**Full-time**” shall mean being employed in a position that is budgeted for at least forty (40) hours per week for fifty-two (52) weeks per year.

“**Hospital**” shall mean a legally constituted establishment operated pursuant to the laws of the country in which it is based, which holds a licence as a hospital (if licensing is required in the state or government jurisdiction), and meets the following requirements:

- a. operates primarily for the reception, care and medicare and treatment of sick, ailing or injured persons as in-patients;
- b. provides full-time nursing service by and under the supervision of a staff of Nurses;
- c. has a staff of one or more Physicians available at all times;
- d. maintains organised facilities for the medical diagnosis and treatment of such persons, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment;
- e. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not other than incidentally, a place for alcoholics or drug addicts;

and “**Hospital**” shall not include the following:

- a. a mental institution; an institution confined primarily to the treatment of psychiatric disease including subnormality; the psychiatric department of a hospital;
- b. a place for the aged; a rest home; a place for drug addicts or alcoholics;
- c. a health hydro or nature cure clinic; a special unit of a hospital used primarily as a place for drug addicts or alcoholics, or a nursing, convalescent, rehabilitation, extended-care facility or rest home.

“**Insured Person(s)**” shall mean the Policyholder and, where the Policy provides for family plan coverage (as indicated on the Policy Schedule), his or her Eligible Family Members.

“**Intensive Care Unit**” shall mean a place in a Hospital for the seriously injured patient providing extra services and equipment, prescribed by the attending Physician and billed as a specified charge by the Hospital.

“**Medical Expenses**” means reasonable and customary Physician’s fees, Hospitalisation fees, medical supplies and medications all of which must have been necessary and reasonable incurred in the medical or surgical treatment of Accidental Bodily Injury covered by this Policy. Such medical or surgical treatment must be administered on or prescribed for the Insured Person by a Physician within one (1) year after the date of the Accident causing the Bodily Injury, provided that the first such expenses is incurred by the Insured Person within four (4) weeks of the date of the Accident causing the Bodily Injury.

“**Monthly Premium**” or “**Annual Premium**” shall mean the monthly or annual premium payable to cover the Policyholder and/or his or her spouse and children.

“**Nominated Account**” shall mean the Credit Card Account or Bank Account (whichever is applicable) nominated by the Policyholder or Policy Payor in the proposal form to which premiums payable under this Policy are to be charged / billed.

“**Nurse**” shall mean a qualified or trainee nurse or general nurse duly registered pursuant to the laws of the country in which the nurse is employed.

“**Part-time**” shall mean being employed in a position that is budgeted for less than forty (40) hours per week for fifty-two (52) weeks per year.

“**Physician**” shall mean a physician duly qualified and licensed and practicing pursuant to the laws of the country concerned. He/she shall not include Chinese Physician, the Policyholder, the Insured Person or any of their relatives unless approved by the Company.

“**Policy Payer**” shall mean the customer stated in the Policy Schedule who will be paying for the Annual Premium or whose Nominated Account will be debited/charged for the premiums due on this Policy.

“**Policy Schedule**” shall mean the Policy Schedule, which is incorporated in and forms part of this Policy.

“**Policyholder**” shall mean the person named in the Policy Schedule, who is between twenty-one (21) and sixty (60) years of age on the Effective Date of Insurance.

“**Premium Due Date**” shall mean the same date of each month the monthly premium is due or in the case of Annual Premium the policy Anniversary Date, depending on the Effective Date of Insurance.

“**Resident In-patient**” shall mean an Insured Person whose confinement is as a resident bed patient and whose confinement is due to bodily injury covered by this Policy and not merely for any form of nursing, convalescence, rehabilitation, rest or extended-care.

“**Spouse**” shall mean the legally married spouse of the Policyholder named in the Policy Schedule, who is between twenty-one (21) and sixty (60) years of age on the Effective Date of Insurance.

“**Surgeon**” shall mean a surgeon duly qualified and licensed and practicing pursuant to the laws of the country concerned. He/she shall not include a Chinese Physician, a practitioner of surgical methods employed in Chinese medicine, the Policyholder, the Insured Person or any of their relatives unless approved by the Company.

SECTION 2 – BENEFITS

1. Daily Hospital Cash Benefit

The Company shall pay the relevant daily Hospital Accident Care Benefit Amount as specified in the Policy Schedule, if, whilst the Policy is in force, as a result of Accidental Bodily Injury, the Insured Person is necessarily Confined in a Hospital.

The daily Hospital Accident Care Benefit Amount shall be paid for each complete day (24 hours) of Confinement from the first day of Confinement and for a period not exceeding seven hundred and thirty (730) days for all such Confinements consequent upon Bodily Injury caused by any one Accident or a series of Accidents, and provided that

- a. Confinement must occur within thirty (30) days from the date of the Accident causing the relevant Bodily Injury.
- b. Confinement must be considered medically necessary by a Physician and/or Surgeon in his professional capability.
- c. 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 twelve (12) consecutive months during which the Insured Person is not at any time Confined to a Hospital.

The daily Hospital Accident Care Benefit Amount shall be doubled should the Insured Person be Confined in the Intensive Care Unit of the Hospital.

In addition to the above benefit, the Company shall pay the Optional Benefit as specified in the Policy Schedule

2. Accidental Medical Expenses

The Company shall reimburse the Insured Person the Medical Expenses incurred within one (1) year from the date of Accident up to the Benefit Amount specified in the Policy Schedule, except for the first fifty dollars (\$50) for each and every claim if, whilst this Policy is in force, the Insured Person incurs Medical Expenses consequent upon Accidental Bodily Injury resulting from any one Accident or series of Accidents, and provided that the first such Medical Expense is incurred by the Insured Person within four (4) weeks from the date of Accident.

If, in the event the Insured Person be entitled to be reimbursed for all or part of his/her Medical Expenses by any third party, he/she shall not be entitled to reimbursement for such Medical Expenses under this Clause.

SECTION 3 – BENEFIT PROVISION

1. An Insured Person shall not be covered under more than one Hospital Accident Care Policy issued by the Company.
2. In the event that an Insured Person is covered under more than one such Policy, the Company will only pay benefits under the Policy first issued. All policies not recognised by the Company under this Section 3 shall be deemed to be cancelled. The Company will refund, without interest, any duplicated premium, which may have been paid by or on behalf of such Insured Person.
3. Except as otherwise provided in this Policy, the Benefit Amount under this Policy shall be paid in addition to any other insurance benefits to which the Insured Person may be entitled.

SECTION 4 – EXCLUSIONS

1. No coverage under this Policy shall be provided, and the Company shall not in any event be liable, to any person who is employed, whether Full-time or Part-time, or who volunteers to act, as a police force personnel, fire service personnel, civil defence personnel, CISO (the Commercial and Industrial Security Corporation) personnel or military personnel of any country or international authority, other than for reservist training under Section 14 of the Enlistment Act, Chapter 93 of Singapore.

-
2. No coverage under this Policy shall be provided, and the Company shall not in any event be liable, to any person who is employed Full-time as or whose Full-time occupation is, a despatch rider (riding a motorcycle) or a bus, taxi, delivery van or heavy vehicle driver.

This does not exclude any person who is employed as a Part-time despatch rider (riding a motorcycle), or a Part-time bus, taxi, delivery van or heavy vehicle driver, provided that, the Bodily Injury is not sustained or suffered while, or directly or indirectly, caused by or arises in connection with or a consequence of or is contributed by such person carrying out his Part-time employment or Part-time occupation as a despatch rider (riding a motorcycle), or a bus, taxi, delivery van or heavy vehicle driver.

3. The Company shall not be liable in respect of Bodily Injury, which directly or indirectly, is caused by, arises in connection with, is a consequence of, or is contributed to by any of the following:

- a. Declared or undeclared war or, any hostilities or any act of war, invasion, foreign enemy, civil war, rebellion, revolution, insurrection, riot, strike, any military or usurped power and martial law.
- b. 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 allege 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.

- c. Ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- d. Illegal acts of the Policyholder, the Insured Person, or their executors, administrators, legal heirs or personal representatives.
- e. Any willful or intentional acts of the Policyholder or the Insured Person (while sane or insane) including suicide, self-inflicted injury, suicide pacts or agreements or any attempt thereat.
- f. Provoked homicide or assault or any act or event arising, directly or indirectly, in connection with the collaboration or provocation of the Policyholder or the Insured Person.
- g. The Insured Person driving any kind of vehicle / craft while the alcohol content of his / her blood exceeds the level permitted by the law of the country where the Accident occurs.
- h. The Insured Person acting as a diver, cabin crew or pilot.
- i. The Insured Person involved in underground work or offshore work or operation.
- j. The Insured Person engaging in aviation, other than as a fare-paying passenger in, boarding and alighting from any fixed-wing aircraft provided and operated by a regularly scheduled airline or air charter company which is duly licensed for the regular transportation of fare-paying passengers provided that such aircraft is operated only between established commercial airports.
- k. The Insured Person engaging in, practising for or taking part in training peculiar to any kind of free-diving, scuba-diving, waterskiing, rock-climbing, mountaineering, potholing, parachuting, hang-gliding, winter sports, speed contest or racing (other than on foot) or martial arts or any professional competition or sports.
- l. The Insured Person having taken a drug unless it is proved that the drug was taken in accordance with proper medical prescription other than for the treatment of drug addiction, alcoholism or mental illness.
- m. Any condition, which is, results from or is a complication of routine physical or any other medical examination where there are no objective indications of or impairments to normal health (including, but not limited to, cosmetic surgery).
- n. Any condition, which is, results from or is a complication of any surgery, therapy or treatment administered on the Insured Person which is prescribed or required by a Physician, and/or Surgeon in his professional capacity and/or other person or persons who are not qualified to practice as Physicians or Surgeons.
- o. Any condition, which is, results from or is a complication of infection with a venereal disease.
- p. Any condition, which is, results from or is a complication of pregnancy, childbirth, miscarriage, abortion, infertility or sterilization.
- q. Illness, disease, bacterial or viral infections even if contracted by Accidents. Bacterial infections if contracted by Accident provided the Bacterial infection is as a direct result of an Accidental cut or wound or Accidental food poisoning are included
- r. Any condition which is, or results from or is a complication of infection with 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
 - i. For the purpose of this exclusion, the term AIDS shall have the meaning assigned to it by the World Health Organisation at the time of Hospitalisation.

- 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 not include but not 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.
- s. Any dental work or treatment, extraction of impacted teeth or wisdom teeth, eye examinations or anomalies and cosmetic or plastic surgery.
- t. Any treatment or surgical operation for congenital conditions, circumcision, chronic and terminal illnesses or diseases.
- u. Treatment arising from any geriatric, psycho-geriatric or psychiatric conditions, stress, anxiety and depression.
- v. Treatment for obesity, weight reduction or weight improvement.
- w. Any nervous and mental conditions or disorder, venereal diseases, alcoholism or intoxication, rest cures, sanatoria care or special care or special nursing care or acupuncture treatment by Chinese Physician.

4. 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.

5. 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.

SECTION 5 – EFFECTIVE DATE AND TERMINATIONS

EFFECTIVE DATE

This Policy shall become effective and commence at 12.01 a.m. Singapore time on the date specified as the Effective Date of Insurance in the Policy Schedule.

TERMINATIONS

1. Right to Return Policy

In the event the Policyholder is not satisfied with the Policy for any reason, the Policyholder or Policy Payor may return it to the Company for annulment within thirty (30) days after receipt of the Policy. Any premium billed will be refunded without interest by crediting such premium to the Nominated Account or in the case of cheque payment by a return cheque.

In such event, this Policy shall be deemed to have been void from the Effective Date of Insurance and the Company shall not be liable for any Bodily Injury occurring prior to the return of this Policy.

2. Termination by the Policyholder / Policy Payor

If the Policyholder or Policy Payor subsequently gives notice in writing to the Company to terminate cover with respect to all Insured Persons included hereunder, such termination shall become effective on the next Premium Due Date.

3. Termination by the Company

The Company may give notice of termination hereof by registered letter to the Policyholder or Policy Payor at his / her last known address. Such termination shall become effective seven (7) days following the date of such notice.

4. Automatic Termination

4.1 This Policy shall terminate immediately on the earliest of any of the following events:

- a. The termination of the Nominated Account.
- b. Upon the death of the Policyholder or Policy Payor.
- c. The Anniversary Date immediately following the Policyholder's attainment of age of sixty-five (65) years.
- d. Upon such Insured Person's engagement in any employment, occupation or business which is excluded in this Policy, without any requirement on the part of any party to provide notice of the same.

4.2 Any coverage under this Policy in respect of any particular Insured Person shall terminate on the earliest of the following events:

- a. In the case of the Spouse, on the Anniversary Date immediately following his/her attainment of age sixty-five (65) years.
- b. In the case of a Child, on the earliest of the following dates when the child:
 - is no longer wholly dependent on the Policyholder for financial support; or
 - is gainfully employed; or
 - is married; or
 - on the Anniversary Date immediately following his/her attainment of the age eighteen (18) years
- c. Upon such Insured Person who is an Eligible Family Member ceasing to be an Eligible Family Member.
- d. Upon the death of such Insured Person.
- e. Upon the termination of the Policy under the provision of Clause 4.1 of this Section 5.

5. Termination for the Non-payment of Premium

- a. In the event that the initial premium charged to the Nominated Account is not paid, this Policy shall be deemed to have been void from the intended Effective Date of Insurance.
- b. In the event the Annual Premium (in case of Cheque Payment) is not paid within thirty (30) days from the intended Effective Date of Insurance, this Policy shall be deemed to have been void from the intended Effective Date of Insurance.
- c. If one or more premiums charged to the Nominated Account have been paid, non-payment of any subsequent premium shall terminate any insurance under this Policy as of the due date of such unpaid premium.

6. Effective Time of Termination

This Policy, and all insurance hereunder, shall terminate at 12.01 a.m. Singapore time, in relation to the events in Automatic Termination and Termination for the Non-payment of Premium on the relevant date as specified in Automatic Termination and Termination for the Non-payment of Premium.

7. Position of Claims Upon Termination

Such termination shall be without prejudice to any claims relating to an event that occurred prior to the effective date of termination.

8. Premium Position Upon Termination

In the event any premium has been paid for any period beyond the date of termination of this Policy, the relevant proportion thereof shall be credited without interest to the Nominated Account or refunded without interest to the Policyholder or Policy Payor by the Company. If premium has not been paid for any period up to the date of termination as aforesaid, the Policyholder or Policy Payor shall be liable to the Company for the payment of such premium, which the Company may, at its option, charge to the Nominated Account.

SECTION 6 – GENERAL POLICY CONDITIONS

1. 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.

2. Automatic Renewal

Subject to the Terms and Conditions of this Policy, the payment of the premium when due automatically renews this Policy. No renewal documents will be issued and the existing Policy is the evidence of valid cover, unless otherwise notified.

3. Clerical Error

A clerical error by the Company shall not invalidate insurance otherwise validly in force, nor continue insurance otherwise not validly in force.

4. Consideration

This Policy is issued in reliance on the statements contained in the proposal forms and in consideration of the Policyholder or Policy Payor’s agreement to pay the premiums.

5. Currency

Premiums and benefits payable under this Policy shall be in Singapore Dollars.

6. Entire Contract and Interpretation

This Policy, the Policy Schedule and any endorsements and attachments including the proposal forms, if any, will constitute the entire contract between the parties and shall be read as one contract. No change to this Policy shall be valid unless approved by the Company and such approval be endorsed hereon by an authorized representative of the Company.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of the Policy Schedule shall bear such specific meaning wherever it may appear.

7. False Declaration

This Policy has been issued on the basis that the Policyholder or the Insured Person has fully and faithfully given to the Company all facts as he or she knows them or ought to know them. In the event that the Policyholder or the Insured Person:

- a. Does not fully and faithfully give the facts as they, he or she know(s) them or ought to know them, or

b. Has made or makes any declaration which is an intentional misstatement of fact or which constitutes a fraud, this Policy shall be deemed to have been terminated as from the intended Effective Date of Insurance.

8. Governing Law

This Policy shall be governed by and interpreted in accordance with Singapore law.

9. Interest

No amounts payable by the Company under this Policy shall carry interest.

10. Legal Action

Subject to Clause 1 of this Section, no action shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of claim has been filed in accordance with the provisions of this Policy.

11. Notice of Material Changes

The Policyholder and/or Insured Person(s) shall give immediate written notice to the Company of any change in name, address, particulars, occupation, pursuits of any of the Insured Persons or any injury, disease, physical defects or infirmity by which the Insured Person has become affected and also notice of any other insurance (except in connection with Motor Insurance Policy and wherein no benefits for any person injury is claimed) affected against accident or incapacity.

The Company reserves the right to continue cover on prevailing Terms and Conditions or revised terms or decline to continue cover under this Policy.

12. Notice of Trust or Assignment

The Company shall not be bound or be affected by any notice of any trust, charge, lien, assignment or other dealing with or in relation to this Policy.

13. Payment Before Cover Warranty (For Non-Corporate Insured)

1. Notwithstanding anything herein contained but subject to clauses 2 and 3 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:

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

2. 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.

3. 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.

14. Premium Due Dates

The premium as stated in the Policy Schedule shall be due on the Effective Date of Insurance and

14.1 If payable monthly, on the same date of each month thereafter. If the month for which premiums are due does not have a corresponding date, then the premium shall be paid on the last day of that month.

14.2 If payable yearly, on each Anniversary Date.

15. Premium Payment

The Monthly Premium stated in the Policy Schedule shall be charged to the Nominated Account or in the case of Annual Premium payable when due and subject to any goods and services or other tax, charge or levy chargeable by law and payable by the Policyholder or Policy Payor.

16. Premium Payment Warranty (For Corporate Insured)

1. 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:

- (a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
- (b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.

2. 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:

- (a) 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;

- (b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and
 - (c) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00.
3. 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.

17. 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.

18. Terms and Conditions

Payment of any Benefit Amount under this Policy is subject to the definitions, exclusions and all other Terms and Conditions of this Policy.

19. Territorial Limits

This Policy shall apply twenty-four (24) hours a day in any part of the world unless otherwise endorsed or amended

SECTION 7 – CLAIMS PROVISIONS

1. Claims Procedure

Upon the happening of any occurrence likely to give rise to a claim under this Policy, the Insured Person shall within thirty (30) days after the happening of such occurrence give notice to the Company at 1 Pickering Street #01-01 Great Eastern Centre Singapore 048659 or such address as it may subsequently be located at with full particulars of the Bodily Injury. The Company shall then provide the Insured Person with forms for filing proof of claim.

Any documents or evidence required by the Company to verify the claim shall be provided by the Insured Person at his / her own expense.

Any medical examination required by the Company to verify the claim will be at the Company's expense.

Failure to notify the Company within the time limit prescribed shall not invalidate the claim if it can be shown, to the Company's satisfaction, that it was not reasonably possible to give such proof within the prescribed time limit for an otherwise legitimate claim.

2. Fraudulent Claims

If any claim under this Policy shall be, in any respect, fraudulent or if any fraudulent means or devices shall be used by the Insured Person or anyone acting on his / her behalf to obtain a benefit under this Policy, the Company shall be under no liability in respect of such claim and shall be entitled to terminate this Policy immediately.

3. Observance of Terms and Conditions

The due observance and fulfillment of the Terms, Provisions and Conditions of this Policy insofar as they relate to anything to be done or complied with by the Insured Person, the Policyholder and / or the Policy Payor shall be a condition precedent to the liability of the Company to make any payment under this Policy.

4. Payment of Benefits

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

Any receipt which the Insured Person or anyone acting on the Insured Person's behalf or his / her legal personal representatives may give to the Company for any Benefit Amount 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.

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 or www.sdic.org.sg).