

Great Eastern General Insurance Limited (Reg. No. 192000003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
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PA Protect

Great Eastern General Insurance Limited (hereinafter called the "Company") hereby insures the Insured Person named in the Policy Schedule and will pay to the Insured Person or his legal representative the Benefit Amount 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 Cover 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.

I. DEFINITIONS

“Accident” or **“Accidental”** shall mean a sudden, unforeseen and fortuitous event which results in the Insured Person suffering death, disablement or Bodily Injury.

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

“Benefit Amount” shall mean the Benefit Amount shown in the Policy Schedule and/or Benefits Table of the Policy against the relevant category of loss.

“Bodily Injury” or **“Bodily Injuries”** shall mean any injury or injuries sustained by an Insured Person caused solely, directly and independently from all other causes from an Accident or through accidental means whilst this Policy is in force and not by illness, disease or gradual physical or mental wear and tear.

“Child / Children” shall mean a legally dependent child of the Policyholder (includes legally adopted step-child(ren) who is on the Effective Date of Cover:

- 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) to eighteen (18) years old or up to twenty-five (25) years old if pursuing full-time education in a recognized tertiary education institution.

“Chinese Physician” shall mean a person who is qualified as a Traditional Chinese medicine practitioner (includes herbalist, acupuncturist and bonesetter), who is duly licensed and/or registered with the relevant regulatory board or council to practice and to render such treatments, within the scope of his/her licensing and training in the geographical area of practice other than the Insured Person or the immediate family or relatives or the business partners or employers or employees.

“Chiropractor” shall mean a person who is qualified by a duly accredited medical degree/ certification in a chiropractic program and who is duly licensed and/or registered to practise as a Chiropractor within the scope of his/her licensing and training in the geographical area of practice other than the Insured Person or immediate family, relatives, the business partners or employers or employees.

“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.

“Country of Residence” shall means the country in which the Insured Person or covered Dependant is usually living at the effective date of of cover under this Policy and which is declared on the proposal form and/or by means of endorsement into the policy.

“Day Care Centre” shall means an establishment duly constituted and registered as an Infant Care, Child Care and/or Student Care Centre in the geographical area in which it is located with the facilities to habitually receive five (5) or more children age from two (2) months to fourteen (14) years for the purposes of care and supervision during the centre operation hours.

“Dentist” shall mean a person who is qualified by a degree in dentistry and who is duly licensed and/or registered to practice as a dental practitioner within the scope of his/her licensing and training in the geographical area of practice other than the Insured Person or immediate family or relatives or the business partners or employers or employees.

“Effective Date of Cover” shall mean the respective day, month and year stated in the Policy Schedule from which the insurance in respect of any Insured Person commences.

“Eligible Family Member” shall mean the Spouse and / or the 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 medical care 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;

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- 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.

“Infectious Diseases” shall mean unequivocal, final and confirmed diagnosis of any of the following infectious diseases, as defined by internationally accepted medical diagnostic criteria, by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological and laboratory evidence:

- Chicken Pox
- Chikungunya Fever
- Dengue Fever
- Hand, Foot and Mouth Disease
- Kawasaki Disease
- Measles

“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 Member.

“Loss” shall mean complete severance or permanent functional disablement of any members of a body.

“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 or total permanent disablement of an entire hand, arm, foot or leg.

“Loss of Sight” shall mean the total and irrecoverable loss of all sight of an eye rendering the Insured Person absolutely blind in that eye and beyond remedy by surgery or other treatment.

“Loss of Speech and Hearing” shall mean the total and irrecoverable loss of speech and hearing which is beyond remedy by surgical or other treatment.

“Medical Expenses” shall mean reasonable and customary charges for the cost of medical, surgical or other remedial attention, treatment or appliances given or prescribed by a Physician, which do not exceed the general level of fees or charges made by others of similar professional standing in the same locality where the charges are incurred, when providing like or comparable accepted medical standards, incurred within six (6) months from the date of Accident as a direct result of Bodily Injury sustained from the Accident.

The Company may proportionately reduce any claim to reflect what would have been reasonably incurred, based on the professional opinions between the Company’s Physician and the Insured Person’s Physician, the opinion of the Company’s Physician shall prevail.

“Monthly Premium” or **“Annual Premium”** shall mean the monthly or annual premium payable for the insurance under this Policy covering 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.

“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 medical practitioner qualified by a medical degree in Western Medicine and duly licensed and/ or registered with the relevant medical board or council to practice medicine and surgery in the geographical area of his/ her practice, and who in rendering such services, is practicing within the scope of licensing and training other than the Insured Person or the immediate family or relatives or the business partners, employers or employees.

A reference to a **“Physician”** in this Policy shall be construed to mean, wherever appropriate, a General Practitioner and/ or a Specialist

“Physiotherapist” shall mean a person who is qualified by a duly accredited medical degree/ certification in physiotherapy and who is duly licensed and/or registered to practice as a Physiotherapist within the scope of his/ her licensing and training in the geographical area of practice other than the Insured Person or immediate family or relatives or the business partners or employers or employees.

“Policy Payor” shall mean the person or entity described in the Policy Schedule who will be paying 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(s) or entity named in the Policy Schedule whose name the policy has been issued and who acts on behalf of the Insured Person(s) in making the declarations in the Proposal Form / Application which forms the basis of this Policy.

The Policyholder whose age is from eighteen (18) to sixty-five (65) years (age next birthday) on the Effective Date of Cover. Subject to the Company’s approval, this Policy may be renewed until date when the Policyholder reaches the age of seventy-five (75) years age next birthday.

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

“**Prescription Drugs**” shall mean drugs prescribed which are medically necessary, provided such drugs are listed in the Singapore Index Medical Supplies (SIMS).

“**Public Conveyance**” shall mean any regularly scheduled mode of transportation available to the public as fare-paying passengers provided and operated by a duly licensed carrier recognized by the respective countries (bus, coach, taxi, ferry, tram, train, underground train, ship, commercial airlines or hydrofoil) but excludes all modes of transportation chartered or arranged as part of a tour, even if the services are regularly scheduled.

“**Reasonable and Customary**” shall mean charges applicable for similar or comparable medical treatment or services provided to individuals of the same gender and comparable age for similar disability or injury in the geographical area where treatment is provided.

The Company may proportionately reduce any claim to reflect what would have deemed reasonably incurred, based on the professional opinions between the Company’s Physician and Insured Person’s Physician; the Company Physician’s opinion shall prevail.

“**Resident In-patient**” shall mean an Insured Person whose confinement is as a resident bed patient and whose confinement is due to Bodily Injury suffered by that Insured Person which is 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, whose age is from eighteen (18) to sixty-five (65) years old (age next birthday) on the Effective Date of Cover.

“**Total Permanent Disablement**” shall mean a state of incapacity resulting from the Insured Person suffering Bodily Injury which occurs within twelve (12) months from the occurrence of the Accident, which permanently prevents Insured Person from gainful employment of any and every kind where the Bodily Injury is medically certified within twelve (12) consecutive calendar months from the occurrence of the Accident with no hope of improvement for the rest of his/her life; and falls within one of the categories listed in the Scale of Total Permanent Disablement Benefits Table.

II. BENEFITS

This is a Personal Accident Policy and benefits will only be payable upon death or Bodily Injury as a result of an Accident whilst this Policy is still in force. The benefits under this Policy are payable, subject to the maximum limit as specified in the Policy Schedule and Benefits Table, if an insured event occurs or commences while an Insured Person is insured under this Policy, but continues or extends beyond the period of cover, the Company shall pay only such benefits pertaining to the period while the Insured Person was covered. No benefits will be payable once this Policy is terminated.

Section 1 – Accidental Death

The Company shall pay the Accidental Death Benefit as specified in the Policy Schedule, if the Insured Person sustains Bodily Injury which results in his/her death within one hundred and eighty (180) days from the date of the Accident.

Section 2 – Total Permanent Disablement

The Company shall pay the Benefit Amount up to the limit of the Benefit Amount as specified in the Policy Schedule, if the Insured Person sustains any of the following permanent disablements within one hundred and eighty (180) days from the date of the Accident in which such Bodily Injury was sustained, as certified by a Physician the expense of the Insured Person; subject to the limits for each category of Disablement as set out in the Schedule of Benefits below:

Schedule of Benefits	Limit (percentage of such Benefit Amount)
Total Permanent Disablement	100%
Total Paralysis of All Limbs	100%
Total Loss of Sight in Both Eyes	100%
Total Loss of Both Hands or Both Feet	100%
Total Loss of One Hand or One Foot	100%
Total and Permanent Loss of Speech and Hearing	100%

and provided that:

- The total Benefit Amount payable in respect of all categories of loss shall not exceed 100% of the Benefit Amount specified in the Policy Schedule for any Insured Person.
- Any existing disablement will be taken into account in assessing the amount of the Benefit Amount payable in respect of any Bodily Injury.

Section 3 – Additional Accidental Death or Total Permanent Disablement Benefit whilst in Public Conveyance or specified Natural Disasters

The Company shall pay up to the limit of the Benefits Amount as specified in the Policy Schedule if the Insured Person suffers Bodily Injury leading to Death or Total Permanent Disablement under Section 1 or 2, respectively, as a result of an

Accident occurring whilst the Insured Person is travelling as a fare-paying passenger on a Public Conveyance or in the event of specified natural disasters limited to earthquake, typhoon, cyclone, hurricane and flood.

Section 4 – Accidental Medical Expenses

The Company shall reimburse the Medical Expenses or Reasonable and Customary Charges incurred within twelve (12) months from date of an Accident for Bodily Injury sustained by the Insured Person as a result of that Accident, up to the limit of the Benefit Amount as specified in the Policy Schedule or Benefits Table.

a. Chinese Physician, Chiropractor and Physiotherapist Expenses

The Company shall reimburse Medical Expenses paid for the reasonable and necessary outpatient treatment provided to an Insured Person by

- i. Chinese Physician including prescribed written medication; and/or
- ii. Chiropractor or Physiotherapist as recommended in writing by the attending Physician,

for any Bodily Injury sustained by the Insured Person caused by an Accident, up to Benefit Amount specified in the Benefits Table for such Medical Expenses incurred within twelve (12) months from date of the Accident.

b. Mobility Aids and Ambulance Services Expenses

The Company shall reimburse the actual expenses incurred up to limit of the Benefit Amount as specified in the Benefits Table, in the event Bodily Injuries or permanent disablement suffered by an Insured Person due to an Accident, for

- i. any mobility aids and accessories prescribed by the Physician. The mobility aids payable is limited to crutches, canes, walkers, wheelchairs and motorized scooters; and/ or
- ii. the local road ambulance service incurred for the transportation of the Insured Person to Hospital in medical emergencies following an Accident.

c. Accidental Dental Expenses

The Company shall reimburse up to the Benefit Amount stated in the Benefits Table any emergency dental treatment performed by a Dentist to restore or treat the Insured Person's sound natural teeth lost or damaged during an Accident.

d. Common Injuries Benefit

The Company shall reimburse the respective Common Injuries specified in the Schedule of Common Injuries below, up to the Benefit Amount specified in the Benefits Table, the Insured Person sustains Bodily Injury which results in broken bones, dislocation and/or burns within three (3) months from the date of Accident, for each category of injuries as set out below:

Schedule of Common Injuries

- i. Fracture of skull, spine, trunk, upper or lower limb
- ii. Dislocations requiring surgery under anesthesia for shoulder, spine (exclude slipped disc), hip, knee, elbow, wrist, ankle, jaws, fingers and toes.
- iii. Burns of 3rd degree on at least 30% of body surface area

Provision

The maximum amount payable in respect of any one Accident to an Insured Person shall not exceed the Common Injuries Benefits Amount as specified in the Benefits Table. Any Pre-existing medical conditions will be taken into consideration in assessing the amount of benefit payable in respect of such injuries.

Definitions for the Schedule of Common Injuries

"Trunk" shall include the clavicle, sternum, scapula, rib, spine, ilium, ischium and pubis.

"Upper Limb" shall include the humerus to the distal phalanges.

"Lower Limb" shall include the femur to the distal phalanges.

The Company's aggregate liability for Section 4a to 4d above is subject to an annual policy limit and sections limit as stated in the Policy Schedule and/or Benefits Table.

Benefits for Child(ren)

The benefits payable for an Insured Child shall be 20% of the benefits payable for an Insured Adult under Section 1, 2 and 3 above, and 50% of the benefits payable for an Insured Adult under Section 4 above.

FREE EXTENSION BENEFIT

Section 5 – Subsidy for Day Care Centre

The Company shall pay up to the Benefits Amount specified in the Benefits Table if an insured parent shall sustain Bodily Injury as a result of an Accident and is confined in a Hospital as an inpatient for more than three (3) days; provided both insured parent and insured Child are covered under this Policy.

OPTIONAL BENEFIT

The below section is applicable to Insured Child(ren) only when specified in the Policy Schedule.

Section 6 – Child Rider

The Company shall pay up to Benefit Amount up to the limit specified in the Policy Schedule and the relevant specified sums set up in the Benefits Table for the following:

a. Medical Expenses

The Benefits under this Section 6a are payable on a reimbursement basis as set out below:

i. Due to Specified Infectious Disease

The Company shall reimburse the actual Medical Expenses or Reasonable and Customary Charges arising from the medical treatment of infectious diseases as defined in this Policy, up to the policy limit specified in the Benefits Table for an Insured Child, but excludes any claims made within first fourteen (14) days from the Effective Date of Cover under this Policy.

ii. Due to Animal Bites

In the event that the Insured Child suffers Bodily Injury through accidental, direct, violent, forcible assault, without the Insured Person's provocation, the Company shall reimburse the Medical Expenses or Reasonable and Customary Charges incurred for the medically necessary treatment of the Bodily Injury sustained by the Insured Child, up to the Benefit Amount specified in the Benefits Table.

b. Education Fund

The Company shall pay in one lump sum the Benefit Amount specified in the Benefits Table in the event that the Insured Child suffers Bodily Injuries which lead to Total Permanent Disablement subject to the category of Disablement as set out in the Schedule of Benefits under Section 2 within twelve (12) months from date of the Accident.

The Company shall insure up to the maximum of three (3) children under this Section.

c. Get Well Benefit

The Company shall pay on a daily basis, an amount of cash up to the Benefit Amount specified in the Benefits Table if an Insured Child is hospitalized due to an Accident, as an inpatient provided that the Insured Child is confined for a minimum period of three (3) days in a Hospital.

BENEFITS PROVISION

1. An Insured Person shall not be covered under more than one following plans issued by the Company:
 - i. PA Protect
 - ii. EnhancedCare
 - iii. Double Protector
 - iv. FlexiCare
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 which is first issued, and all other policies are deemed to be cancelled. The Company will refund, without interest, any premiums paid for the cancelled policies, 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, subject to the aggregate limit of all claims for Bodily Injury to Insured Persons travelling in one conveyance shall not exceeds the Conveyance Limit of S\$3,000,000 or the aggregate compensation amount payable in respect of such Insured Persons, whichever is the less. However, if the aggregate claims of such Insured Persons exceed the Conveyance Limit, the Company's liability in respect of each of such Insured Persons will be a ratable proportion of the Benefits due in respect of that person.

III. EXTENSIONS

This Policy shall provide the following subject to the Terms and Conditions in this Policy:

1. Exposure

The Company shall pay, subject to the Terms and Conditions of this Policy, the Accidental Death Benefit Amount under II. Benefits - Section 1 if, by reason of Bodily Injury, an Insured Person is unavoidably exposed to the elements as a result of an Accident and suffer death due to such exposure.

2. Disappearance

The Company shall pay the Accidental Death Benefit Amount under II. Benefits - Section 1 of this Policy if in the event an Insured Person is not found within one (1) year after date of disappearance of the Insured Person, following an accident leading to the sinking or wrecking or destruction of the aircraft or conveyance in which he/ she was traveling during the policy period if it is reasonable to believe that such Insured Person would have died as a result of Bodily Injury subject to a signed undertaking and guarantee from the legal personal representatives of the Insured Person, in such

form as the Company may require. If such belief is subsequently found to be wrong, the legal personal representatives of the Insured Person shall on demand immediately refund such Accidental Death Benefit Amount in full and any other sums paid by the Company under this Policy to the Company.

IV. EXCLUSIONS

1. The Company shall not be liable and shall not provide insurance under this Policy 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, CISCO (the Commercial and Industrial Security Corporation) personnel or security officers or security guards or military personnel of any country or international authority, including National Service under Section 10 of the Enlistment Act Cap 93 of the Republic of Singapore, other than for reservist training under Section 14 of the Enlistment Act, Chapter 93 of Singapore.
 - b. a chauffeur, despatch rider (riding a motorcycle) or a bus, taxi, delivery van or heavy vehicle driver, but not including 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.
 - c. professional divers, ship crews, workers on board vessels, oil and gas rig workers, offshore workers, stevedores, shipbreakers.
 - d. pilots, aircrew or any occupation involving aviation activities or air travel.
 - e. construction workers, unskilled workers or any occupations involving height and/or works underground and/or travel beyond normal speed on land and/or handling of hazardous chemical/ electricity, woodworking related occupations, welders or any occupations involving heat.
2. The Company shall not be liable in respect of death or 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 activities:
 - a. The Insured Person is engaging in any professional sports teams or as a jockey.
 - b. The Insured Person is engaging in or practising for or taking part in any kind of caving, scuba-diving, water-skiing, or any activities involving the use of underwater breathing apparatus, rock-climbing, mountaineering, potholing, winter sports, motor rallies, speed contest or racing other than on foot or martial arts or any professional competition or sports or training, bungee jumping, sky-diving parachuting, para-gliding, hang-gliding or any activities in aerial balloon whilst airborne.
 - c. The Insured Person is engaging in aerial activities or air travel, other than as fare-paying passenger in a fully licensed aircraft operated by a regularly scheduled licensed commercial air carrier or recognized charter company operating between established commercial airports.
3. The Company shall not be liable in respect of death or 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 events:
 - a. Declared or undeclared war, or any act of hostilities, invasion, acts of foreign commotion assuming the proportions of or amounting to popular uprising, military uprising, insurrection, rebellion, revolution, military or usurped power, riot, strike, civil war, martial law, confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any Government or public or local authority.
 - b. Ionising, radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel and/or material.
 - c. Any exposure to nuclear emission, discharge, dispersal, release or escape of any solid, liquid or gaseous of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
 - d. Any exposure to chemical emission, discharge, 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.
 - e. Any exposure to biological 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 synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
 - f. Illegal acts of the Policyholder, the Insured Person, or their executors, administrators, legal heirs or personal representatives.
 - g. 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 attempted threat.
 - h. 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.
 - i. 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.

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4. The Company shall not be liable in respect of death or 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 conditions:
- a. 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.
 - b. 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).
 - c. 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, in his professional capacity and/or other person or persons who are not qualified to practice as Physicians.
 - d. Any condition, which is, results from or is a complication of infection with a venereal disease.
 - e. Any condition, which is, results from or is a complication of pregnancy, childbirth, miscarriage, abortion, infertility or sterilization.
 - f. Illness, disease, bacterial or viral infections even if contracted by Accidents, other than the specified infectious diseases specified in the policy. 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. Notwithstanding any provision contract within this insurance or endorsement thereto it is agreed that this Policy shall exclude any infectious diseases specifically covered under Section 6a; when it is declared/announced/notified as:
 - i. an epidemic by the health authority in Singapore or the Government of the Republic of Singapore;
 - ii. pandemic by World Health Organisation; or
 - iii. any local or international recognized medical bodies or council or government.The benefit for infectious diseases under Section 6a in the Benefits Table shall be reinstated upon the termination of such epidemic or pandemic from the date of such announcement or notification.
 - g. 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
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.
 - h. Opportunistic infections shall include but are not limited to pneumocystis carinii pneumonia, organism or chronic enteritis virus and/or disseminated fungi.
 - i. 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.
 - j. Any outpatient treatment, dental care, eye examinations or anomalies and cosmetic or plastic surgery; and its related treatment except as specifically covered under this Policy.
 - k. Any treatment or surgical operation for congenital conditions, circumcision, chronic and terminal Illnesses or diseases.
 - l. Treatment arising from any geriatric, psycho-geriatric or psychiatric conditions, stress, anxiety and depression.
 - m. Treatment for obesity, weight reduction or weight improvement.
 - n. Charges arising under any legislation or corresponding insurance cover relating to occupational death, injury, or illness.
 - o. Experimental medical treatment.
 - p. Any treatment for children developmental delay and/ or learning disablement.

5. 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.

6. 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.

7. 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 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.

V. 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 Cover in the Policy Schedule.

TERMINATIONS

1. Free Look Policy (For Non-Corporate Insured)

In the event the Policyholder is not satisfied with the Policy for any reason, the Policyholder or Policy Payor may in writing inform the Company for annulment within fourteen (14) 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 Cover and the Company shall not be liable for any claim under this Policy for Bodily Injury suffered by an Insured Person 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 the insurance under this Policy 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 renewal Anniversary date immediately following the Policyholder's attainment of the age seventy-five (75) years.

4.2 Any insurance 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 renewal Anniversary date immediately following his/her attainment of age seventy-five (75) 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
 - when the Child is gainfully employed; or
 - when the Child is married; or
 - on the renewal anniversary following the Child's attainment of the age of eighteen (18) years or twenty-five (25) years if the Child is unmarried, unemployed and a student in a recognised full-time tertiary education institution.
- 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. In the event of an Accident resulting to a claim under Section 1 or 2 or any claim which in aggregate is more than 50% under Section 1 or 2 Benefit Amount in relation to an Insured Person, the insurance under this Policy shall terminate in relation to any further Accidents occurring to that Insured Person.
- f. 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.

g. Upon Insured person(s) remains outside of his / her Country of Residence for a period in excess of one hundred and eighty (180) consecutive days. This policy shall be terminated at 23:59 Singapore Standard Time on the 180th day after departure of Insured Person's from his/ her Country of Residence.

5. Termination for the Non-payment of Premium

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 automatically 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 above.

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.

VI. GENERAL POLICY CONDITIONS

1. Alterations

The Company reserves the right to vary the premium payable and amend the Terms and Provisions of this Policy by giving Policyholder thirty (30) days' notice of such amendment.

No alteration to this Policy shall be valid unless approved in writing by the Company's authorized representative and reflected in an endorsement.

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. 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 the Benefits Table 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 or of the Benefits Table shall bear such specific meaning wherever it may appear.

7. Failure to Give Notice on Change of Circumstances

In the event Insured Person following any change of occupation, pursuits, habits or country of residence, any claim

arising from any loss suffered by Insured Person due to an Accident, occurring on or after Renewal Date following the material change, the Company may reject such claim or, at its discretion, adjust the benefits payable.

8. False Declaration

This Policy has been issued on the basis that the Policyholder or Policy Payor or the Insured Person(s) has fully and faithfully given to the Company all facts as he or she knows then or ought to know then. In the event that the Policyholder or Policy Payor 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 Cover.

9. Governing Law

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

10. Interest

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

11. 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.

12. 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.

13. 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.

14. Renewal

a. When No Renewal Allowed

The Company will not renew the Insurance under this Policy for the Insured Person

- when Insured Person reaches his/her expiry age.
- upon full discharge of the benefits Amount payable under Section 1 or 2 or aggregate claims of other Sections exceeding 50% of Section 1 or 2 benefits Amount as specified in the Policy Schedule.
- when there is a material change of information in the Insured Person's country of residence and/or any business or occupation or pursuits or habits which are in the exclusions specified in the Policy.

The Company will not be required to give notice for termination in accordance with clause 14a above.

b. Renewal upon Payment of Premium

Unless Clause 14a applies, insurance under this Policy will be renewed for a further Period of Insurance from a Renewal Date of this Policy upon receipt of payment for the required premium on or before the Renewal Date. No renewal documents will be issued and the existing Policy is the evidence of valid cover, unless otherwise notified.

15. 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.

16. 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 tax chargeable by law and payable by the Policyholder or Policy Payor.

17. Premium Due Dates

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

- a. 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.
- b. If payable yearly, on each Anniversary Date.

18. 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.

19. 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 incept.

20. 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.

21. Territorial Limits

This Policy shall cover an Insured Person twenty-four (24) hours worldwide subject to the condition that Insured Person when sustains an Bodily Injury due to accident, must not be outside his/her Country of Residence for more than one hundred and eighty (180) consecutive days.

VII. 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. Insured Person is required to submit to the Company the original documentation and receipts

together with a fully completed claim form signed by the treating Physician. Any medical examination required by the Company to verify the claim will be at the Company's expense. In the event of death, the legal representation of the Insured Person shall be required the submission of death certificate and may require a post-mortem examination 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).

PA PROTECT BENEFIT TABLE			
Section	Benefits	ClassicWise	PremierWise
		Sum Insured (per policy year)	
1	Accidental Death	\$150,000	\$250,000
2	Total Permanent Disablement (TPD)	\$150,000	\$250,000
3	Additional Accidental Death or Total Permanent Disablement Benefit whilst in public conveyance or due to specified natural disasters limit to earthquake, typhoon, cyclone, hurricane and floor	\$50,000	\$100,000
4	Accidental Medical Expenses	\$2,000	\$3,000
a	Chinese Physician (incl bonesetters), Chiropractor & Physiotherapist Expenses	\$500	\$750
b	Mobility Aid & Ambulance Service Expenses	\$500	\$750
c	Accidental Dental Expenses	\$500	\$750
d	Common Injuries Benefit: fractures, dislocation & burns	\$500	\$750
		(sub-limit of accidental medical expenses)	
5	Subsidy for Day Care Centre (per day \$100 with min hospitalization of 3 days)	\$500	\$1,000
	Benefit per Child	20% of adult benefit for section 1, 2 & 3. 50% of adult benefit for section 4.	
6	Optional: Child Rider	\$12,000	
a	Medical Expenses Due to Infectious Diseases: -Chicken Pox -Chikunguya Fever -Dengue Fever -Hand, Foot & Mouth Disease -Kawasaki Disease -Measles Due to Animal Bites	\$1,500	
b	Education Fund (due to child's TPD as a result of accident)	\$10,000 per child (up to max of 3 children)	
c	Get Well Benefit (per day S\$50 with min hospitalization of 3 days)	\$500 (\$250/accident)	

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