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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 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, We hereby insures the person named in the Schedule and agrees to pay compensation for loss to the extent herein provided.

We 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

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

Please be reminded 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 Us for correction.

YOUR POLICY

Your Policy sets out the terms and conditions of a contract of insurance between You and Us. The proposal form, declaration and any information You gave to Us at the time of application shall form the basis of this contract.

In consideration of the payment of premium to Us, and subject to the terms, conditions, exclusions, provisions and limitations contained or endorsed in this Policy, We will provide You with insurance cover as described in the Policy during the Period of Insurance or any subsequent period for which You pay and We accept the required premium.

CUSTOMER CARE

We are committed to providing You with a high standard of service and customer care. Should You have any reason to feel that We have not provided the service You expected, please contact Your insurance advisor or Us.

Important – Please remember to quote your Policy number / reference in your communication.

FREE LOOK (for Non-Corporate Insured)

This Policy may be cancelled by written request to Us within fourteen (14) business days from the date of receipt of this Policy document. Any premium paid will be refunded to You provided We have not been notified of any claim.

If this Policy 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 dispatch.

The right to cancel the Policy is applicable only to newly incepted policies.

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.

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

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.

Capital Sum Insured shall mean the sum insured for Accidental death.

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 fifteen (15) days to seventeen (17) years old or up to and including twenty-four (24) 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.

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 his/her family members.

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.

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 Person(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 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 Physician.

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

Loss of Use shall mean total functional disablement and is treated like the loss of the said limb or organ as certified by a Physician.

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 hospitalisation or for employment of a trained nurse including expenses for treatment by a Specialist or Physiotherapist which is actual, medically necessary and reasonable and customary for such treatment or services. All treatment including treatment by a Specialist or Physiotherapist must be prescribed or referred by a Physician in order for expenses to be reimbursed under this Policy. The reimbursement will not exceed the usual level of charges for similar treatment, medical services or supplies where the expenses were incurred had this Policy not existed. 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.

Nominated Account shall mean the credit card account or bank account (whichever is applicable) nominated by the Insured or Policy Payer in the proposal form to which premiums payable under this Policy are to be charged/billed.

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 three hundred and sixty-five (365) days 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 three hundred and sixty-five (365) consecutive days; and
- (b) in the opinion of the attending Physician, at any time afterwards, to earn or obtain any wages, remuneration or profit.

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.

Policy Payer 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.

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 hospitalised, 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 hospitalised, or be prescribed drugs.

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.

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.

Specialist shall mean a Physician possessing the necessary additional qualifications and expertise to practice as a recognized Specialist of diagnostic techniques, treatment and prevention, in a particular field of medicine like psychiatry, neurology, pediatrics, endocrinology, obstetrics, gynaecology, orthopaedic, cardiology, gastroenterology, ophthalmology and dermatology.

Specified 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 Physician, supported by acceptable clinical, radiological, histological and laboratory evidence:

1. Avian Influenza or 'Bird Flu' due to Influenza A viral strains H1N1, H5N1, H9N2, H7N7 or H7N9
2. Chicken Pox
3. Chikungunya Fever
4. Dengue Fever
5. Hand, Foot and Mouth Disease (HFMD)
6. Japanese Viral Encephalitis
7. Kawasaki Disease
8. Malaria
9. Measles
10. Middle East Respiratory Syndrome (MERS)
11. Mumps
12. Pulmonary Tuberculosis
13. Rabies
14. Rubella
15. Severe Acute Respiratory Syndrome (SARS)
16. Zika Virus

We / Us / Our / the Company

Great Eastern General Insurance Limited

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 Schedule of Benefits, 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, We shall pay only such benefits pertaining to the period while the Insured Person was covered.

Benefit 1 – Death and Permanent Disablement

We 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 which results in death or Permanent Disablement.

TABLE OF BENEFITS	% OF CAPITAL SUM INSURED
A. Death	100%
B. Permanent Total Disablement	150%
C. Loss of or the permanent total loss of use of two limbs	150%
D. Loss of or the permanent total loss of use of one limb	125%
E. Total Loss of Sight of both eyes	150%
F. Total Loss of Sight of one eye	100%
G. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%
H. Loss of Speech and Hearing	150%
I. Loss of Hearing	
• both ears	75%
• one ear	25%
J. Loss of Speech	50%
K. Loss of lens in one eye	50%
L. Loss of or the permanent total loss of use of thumb and four fingers of one hand	75%
M. Loss of or the permanent total loss of use of four fingers of one hand	40%
N. Loss of or the permanent total loss of use of thumb	
• two phalanges	30%
• one phalanx	15%
O. Loss of or the permanent total loss of use of index finger	
• three phalanges	10%
• two phalanges	8%
• one phalanx	6%
P. Loss of or the permanent total loss of use of other finger	
• three phalanges	5%
• two phalanges	4%
• one phalanx	2%
Q. 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%
R. Shortening of leg by at least 5cm	7.5%
S. 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 B to S 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 A of Table of Benefits) occur after any payment has been made for items B to S, We shall pay 100% of the Capital Sum Insured less any payment previously made cumulatively for items B to S. If total payment previously made cumulatively for items B to S exceeds 100% of the Capital Sum Insured, no further payment shall be payable upon death.

Benefit 2 – Additional Death or Permanent Total Disablement Benefit whilst in Public Conveyance or due to specified Natural Disasters

We shall pay up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits if the Insured Person suffers Bodily Injury leading to death or Permanent Total Disablement under Benefit 1, 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.

Benefit 3 - Medical Expenses

We 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, and the relevant specified sums under the extended benefits as follows:

Extended Benefits

1. Chinese Physician, Chiropractor and Physiotherapist Expenses
We shall reimburse the Medical Expenses incurred reasonably and necessarily on treatment by a registered Chinese Physician 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, excluding the first S\$50 per visit.
2. Accidental Dental Expenses
We shall reimburse up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits for 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.
3. Common Injuries Benefit
We shall reimburse the respective Common Injuries specified in the Schedule of Common Injuries below, up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits, when 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

- (a) Fracture of skull, spine, trunk, upper or lower limb
- (b) Dislocations requiring surgery under anesthesia for shoulder, spine (exclude slipped disc), hip, knee, elbow, wrist, ankle, jaws, fingers and toes.
- (c) 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 applicable to the selected plan as specified in the Schedule of Benefits. 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.

Benefit 4 - Medical Expenses due to Specified Infectious Diseases

We shall reimburse the Medical Expenses incurred from medical treatment of the Specified Infectious Diseases suffered by the Insured Person, excluding any of such claims where diagnosis of such infection is made within the first fourteen (14) days from the inception date of cover, up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits on any one occurrence.

The reimbursement of the Medical Expenses under this benefit is subject to the submission of blood test results with confirmed diagnosis as proof of claim in addition to any other document proof as required under this Policy.

Benefit 5 - Mobility Aids and Ambulance Services Expenses

We shall reimburse the actual expenses incurred up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits, in the event of Bodily Injury or Permanent Disablement suffered by the Insured Person due to an Accident, for

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

Benefit 6 - Daily Hospital Cash

We 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 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 Physician;

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- (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 7 - Education Fund (applicable to Child Plan only)

We shall pay up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits to the Insured Person in the event if one or both of Insured Person's parents sustains Bodily Injury during the Policy Period leading to death or Permanent Total Disablement as a result of an Accident.

This benefit is payable once per Insured Person during the Policy Period.

Benefit 8 - Reconstructive Expenses

We will reimburse the cost reasonably incurred in Singapore within twelve (12) months of the Accident up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits any one accident and in the aggregate during the Policy Period.

If the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period and requires surgical procedure for

1. Facial Reconstructive Surgery;
2. Skin Transplantation due to burns;
3. Re-attachment of severed fingers, toe and limbs,

we will reimburse the cost reasonably incurred in Singapore.

Definition

Facial Reconstructive Surgery shall mean the undergoing of plastic or reconstructive surgery (restoration or reconstruction of the shape and appearance of facial structures above the neck which are defective, missing, or damaged) which, in the opinion of the Physician, is medically necessary for treatment of facial disfigurement being a direct result of an Accident requiring inpatient treatment and subsequently the performance of such surgery.

Skin Transplantation shall mean the undergoing of skin transplantation due to accidental burns resulting in the full thickness skin destruction of at least 10% of the body surface area of the Insured Person. The treatment must be certified by the Physician that it is medically necessary. Correction of facial disfigurement is excluded under the Policy.

Re-attachment of severed fingers, toes and limbs shall mean to undergo re-attachment of the said parts and the surgery must be, in the opinion of the Physician, medically necessary for the treatment.

Benefit 9 - Asset Protection (applicable to Adult Plan only)

In the event the Insured Person sustains Bodily Injury as a result of an Accident during the Policy Period resulting in Death or Permanent Total Disablement within twelve (12) months of the Accident, we will pay up to the benefit limit applicable to the selected plan as specified in the Schedule of Benefits for the Insured Person's outstanding credit liabilities as at date of Accident for credit card, cashline, overdraft, education loan, renovation loan and automobile loan with Overseas-Chinese Banking Corporation Limited ("OCBC").

All claims must be accompanied with the original copy of statement from OCBC. In the event of joint-account holders, only the Insured Person's proportion of his/her credit liabilities will be taken into account.

This benefit only applies if there is a claim under Benefit 1, table of benefits item A or B for the same Accident.

Benefit 10 - Personal Liability (applicable to Adult Plan only)

We will indemnify the Insured Person against all sums for which the Insured Person may be legally liable to third party including legal costs and expenses in respect of:

- (a) Accidental bodily injury (whether fatal or not)/death; and/or
- (b) Accidental damage to property,

occurring during the Period of Insurance.

In addition, in respect of a claim to which this indemnity applies, We will pay:

- (a) all costs and expenses of litigation recovered by any claimant against the Insured Person
- (b) all costs and expenses of litigation incurred by the Insured Person with Our written consent

Provided always that Our maximum liability for compensation under this Section shall not exceed the benefit limit applicable to the selected plan as specified in the Schedule of Benefits in the aggregate for all claims in respect of or arising out of one occurrence or in respect of or arising out of all occurrences of a series consequent on or attributable to one source or original cause.

In the event of the death of any person entitled to indemnity under this Section, the Company will, in respect of the liability incurred by such person, indemnify his legal representatives in the terms of and subject to the limitations of this Policy provided that such representatives shall as though they were the Insured observe, fulfil and be subject to the terms exceptions and conditions of this Policy in so far as they can apply.

Exclusions to Benefit 10

We shall not be liable in respect of

- (a) Bodily injury to any person being a member of the Insured Person's family or household or at the time of sustaining such injury is engaged in and under a contract of service or contract for service verbal or otherwise with the Insured Person
- (b) Damage to property belonging to or in the charge of or under the control of the Insured Person or any member of the Insured Person's family or household or of a person in and under a contract of service or contract for service verbal or otherwise with the Insured Person
- (c) Bodily injury or damage arising out of or incidental to:-
 - (i) the Insured Person's profession or business
 - (ii) the use of lifts, elevators, motor vehicles, watercraft, aircraft or aerial devices
 - (iii) any commodity, article or thing supplied, repaired, altered or treated by or to the Insured Person's order and/or the Insured Person's family and/or domestic servant (excluding food and beverage served for consumption by the Insured Person and/or the Insured Person's family and/or domestic servant)
- (d) Any liability which attaches by virtue of an agreement but which would not have attached in the absence of such agreement
- (e) Any liability resulting directly or indirectly from the transmission of any communicable disease by the Insured Person or any member of the Insured Person's family, domestic maid or pets
- (f) Any liability caused by or arising from or in connection with the ownership of any dog or animal (wild or domesticated) kept by the Insured Person and/or any member of the Insured Person's family or household as pet
- (g) Any liability in respect of bodily injury and loss or damage caused by or in connection with or arising from alterations, additions and repairs to the Building and/or whilst the Building is undergoing renovation or construction
- (h) Any loss of or damage caused by or arising from or in connection with vibration or interference with support of land, building or other property or subsidence or any earth movement
- (i) Any liability arising out of libel and slander
- (j) Any liquidated damages awarded under any penalty clause or any punitive or exemplary damages

Territorial Limits

- (a) Anywhere in Singapore and
- (b) Worldwide in respect of travel abroad provided that such travel shall not exceed ninety (90) consecutive days in any one period of insurance.

Jurisdiction Clause

The indemnity provided by Benefit 10 shall only apply in respect of judgments, which are in the first instance delivered by or obtained from a Court of competent jurisdiction in Singapore.

Benefit 11 - No Claim Discount

No Claim Discount of 10% will be accorded and applied to the renewal premium based on the selected plan at each Anniversary Date, provided always that:

1. No claim has been paid during the Policy Period preceding the renewal;
2. No claim has been submitted by any Insured Person under this Policy in the most recent twelve (12) month period before such Anniversary Date;
3. No outstanding claim pending assessment under this Policy in the most recent twelve (12) month period before such Anniversary Date;
4. Insured Person must have been continuously covered under this Policy for 12 consecutive months;
5. The No Claim Discount is non-transferable.

The No Claim Discount is not affected by any notification or information which the Insured Person is obliged to provide to Us unless it is in relation to a claim made on Us.

POLICY EXTENSIONS

1. Strike, Riot and Civil Commotion

Notwithstanding General Exclusion 1, 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.

2. Murder and Assault

This 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.

3. Hijacking

This Policy is extended to cover hijacking or any attempt thereat 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, revolution or terrorism.

4. 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.

5. 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 Us that leads Us inevitably to the conclusion that he sustained Bodily Injury and that such injury caused his death, we 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 Us if the Insured Person is subsequently found to be living.

6. 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, We 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.

7. Unscheduled Flight

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

GENERAL EXCLUSIONS

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

We 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 induced 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 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 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.

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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 (other than indoor 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
 - (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. Illness, disease, bacterial or viral infections even if contracted by Accidents, other than the Specified Infectious Diseases under Benefit 4 as 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 to the contrary within this insurance or endorsement thereto, it is agreed that this Policy shall exclude infectious diseases; when it is declared/announced/notified:
- (a) as an epidemic by the health authority in Singapore or the Government of the Republic of Singapore;
 - (b) as pandemic by World Health Organisation; or
 - (c) by any local or international recognized medical bodies or council or government.

The benefit for Medical Expenses due to Specified Infectious Diseases under Benefit 4 in the Benefits Section shall be reinstated upon the termination of such epidemic or pandemic from the date of such declaration, announcement or notification.

14. Communicable Disease Exclusion

Notwithstanding any provision to the contrary within this Policy, this Policy does not cover all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Communicable Disease or the fear or threat (whether actual or perceived) of a Communicable Disease.

For the purposes of this clause, loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor or test for a Communicable Disease.

As used herein, a Communicable Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

- (a) the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
- (b) the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
- (c) the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress, damage to human health, human welfare or property damage.

LMA5396 (17 Apr 2020)

15. Cyber Loss Exclusion

Notwithstanding any provision to the contrary within this Policy or any endorsement thereto this Policy excludes any CYBER LOSS.

Definitions:-

CYBER LOSS means all actual or alleged loss, damage, liability, injury, compensation, sickness, disease, death, medical payment, claim, cost, fee, expense or any other amount incurred by or accruing to the INSURED, including but not

limited to any mitigation cost or statutory fine or penalty, directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any CYBER INCIDENT.

CYBER INCIDENT means:

- (a) an unauthorised or malicious act or series of related unauthorised or malicious acts, regardless of time and place, or the threat or hoax thereof; and/or
- (b) a failure to act, any error or omission or accident or series of related failures to act, errors or omissions or accidents; and/or
- (c) a breach of duty, statutory duty or regulatory duty or trust or series of related breaches of duty, statutory duty or regulatory duty or trust;

involving access to, processing of, use of or operation of any COMPUTER SYSTEM or any data by any person or group of persons.

COMPUTER SYSTEM means any computer, hardware, software, application, process, code, programme, information technology, communications system or electronic device owned or operated by the Insured or any other party. This includes any similar system and any associated input, output or data storage device or system, networking equipment or back up facility.

16. Sanctions Limitation and Exclusion Clause

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 may, in the insurer's opinion, expose that insurer to the risk of or result in any breach or violation of, or non-compliance with, any sanction, prohibition, restriction or regulations imposed by any state or transnational organisation including but not limited to the United States of America, the United Nations, the European Union, the United Kingdom, the Republic of Singapore and any state or country where the insurer or its related entity carries on business ("Sanctions").

If the Insured, Policyholder, beneficial owner of the Policy, life assured(s) (if applicable), beneficiary, payee or any affiliate, successor or assign of any of the foregoing (collectively the "Insured") is designated or listed as a person subject to Sanctions ("Restricted Party") or has any involvement whatsoever with any Restricted Party, whether directly or indirectly, or has been charged, or convicted or has had judgment taken against them under any local or foreign law or regulations implementing any Sanctions, the insurer shall be entitled, in its sole discretion and without incurring any liability whatsoever, to exercise any one or more of the following rights and/or remedies against the Insured, namely (i) cancel, terminate, void and/or nullify any policy, contract, transaction or business; (ii) liquidate and/or close-out any financial product or investment; (iii) withhold and/or suspend any payment, transfer and/or receipt of any money, refund or benefit; (iv) decline and/or refuse any transaction or request; and/or (v) take or refrain from taking any step or action necessary to eliminate, reduce or minimise the risk of any breach or violation of any Sanctions or exposure to any Sanctions.

The Insured shall indemnify the insurer and hold the insurer harmless from and against any and all losses, damages, costs and/or expenses suffered and/or incurred by the insurer, including but not limited to legal costs and attorney's fees.

17. 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.

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

EFFECTIVE DATE AND TERMINATION

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.

Termination

1. Free Look (For Non-Corporate Insured)

This Policy may be cancelled by written request to Us within fourteen (14) days from the date of receipt of this Policy document. Any premium paid will be refunded to the Insured provided We have 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.

2. Automatic Termination

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

- (a) Upon the death of such Insured Person; or
- (b) The renewal Anniversary date immediately following the Insured Person's attainment of the age seventy-five (75) years.

2.2. In the case of a Child, this Policy shall terminate immediately on the earliest of any of the following events:

- (a) when the Child is no longer wholly dependent on the Insured for financial support; or
- (b) when the Child is gainfully employed; or
- (c) when the Child is married; or
- (d) 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 full-time student in a recognised institution.
- (e) Upon the death of such Insured Person.

In the event of an Accident resulting to a claim under Table of Benefits item A or B in relation to an Insured Person, the insurance under this Policy shall terminate in relation to any further Accidents occurring to that Insured Person.

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.

3. 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 Us of the termination of his contract of employment and We 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 Our 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.

4. 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.

5. Effective Time of Termination

This Policy 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.

6. 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.

7. 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 Insured or Policy Payer by Us. If premium has not been paid for any period up to the date of termination as aforesaid, the Insured or Policy Payer shall be liable to Us for the payment of such premium, which We may, at Our option, charge to the Nominated Account.

GENERAL CONDITIONS

1. Age Limit

Cover is available to an Insured Person between the age of eighteen (18) and fifty (50) years old with renewal up to and including the age of seventy-five (75) years old.

Cover is available to Child(ren) between ages fifteen (15) days and seventeen (17) years old (up to and including twenty-four (24) 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 Us

We 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/Policy Payer

The Insured or Policy Payer may cancel this Policy by giving seven (7) days' notice in writing to Us and if;

- i. premium is payable yearly, Policyholder or Policy Payer shall be entitled to a refund premium less the premium computed at Our Short Period Rates for the duration this Policy has been in force subject to a minimum premium payment of S\$50 by the Policyholder or Policy Payer. Provided no claim has arisen during the period which this Policy has been in force.

Short Period Rates

Cancellation duration not exceeding (but including)	% of Refund Based on Annual Premium Paid
1 month	90
3 months	75
6 months	50
8 months	25
12 months	0

- ii. premium is payable monthly, such termination shall become effective on the next Premium Due Date and there will be no premium refund.

6. 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.

7. Compliance with Policy Provisions

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

8. Currency

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

9. 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.

10. 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.

11. Governing Law

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

12. Alterations

The Company reserves the right to vary the premium payable and amend the Terms and Provisions of this Policy by giving Insured 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.

13. Notice of Material Changes

The Insured shall give immediate written notice to Us 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, We may charge additional premium, impose additional restrictions or cancel this Policy.

14. 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 Us for any benefit payable under this Policy to the Insured Person shall be deemed a final and complete discharge of all Our liability of the Company in respect of such benefit and of the loss for which the benefit is claimed.

15. 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 Us (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 Us 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.

(b) In the event that the premium due is not paid to Us (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 Us. 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 Us 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 Us 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 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 Us (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 Us (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) We shall be entitled to a premium computed at Our 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 Us (or the intermediary through whom this Policy was effected) within the Period of Insurance.

17. 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 Insured or Policy Payer.

18. 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.

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 Us before cover incepts.

20. Reasonable Care

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

21. Automatic Renewal of Coverage

Unless the Insured or the Company exercises the right to cancel the Policy or the Policy is terminated, the Policy will be renewed automatically from year to year so long as premium is paid when due.

The premium rates and renewal are not guaranteed and may be adjusted by Us upon policy renewal at our sole discretion.

22. Territorial Limit

The territorial limit is worldwide unless otherwise stated in the Policy Schedule or Benefits 1 to 11.

23. Waiting Period

No benefit under this Policy shall be payable if the Insured Person suffered or contracted any Specified Infectious Diseases within the first fourteen (14) days from the Effective Date of Insurance or effective date of reinstatement, whichever is later.

CLAIM CONDITIONS

1. Medical Examination

The Insured Person shall (at Our expense), whenever reasonably required to do so, submit to medical examination by Physician appointed by Us 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 Us 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 Us all certificates, forms, bills, receipts, information and evidence as may be required by Us and submit only original bills, receipts and other documents required to support a claim, unless otherwise agreed in writing by Us.

4. Time for Filing Proof of Loss

Affirmative proof of loss must be furnished to Us in the case of a claim for which We are liable within sixty (60) days after the date of such loss.

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).

GREAT PA

Schedule of Benefits - Adult

Benefit	Cover	Plan		
		Starter	Essential	Ultimate
1.	Death and Permanent Disablement	100,000	300,000	500,000
2.	Additional Death or Permanent Total Disablement Benefit whilst in Public Conveyance or due to specified Natural Disasters	50,000	75,000	100,000
3.	Medical Expenses	1,500	3,500	5,000
	A. Chinese Physician, Chiropractor and Physiotherapist Expenses	500	750	1,000
	B. Accidental Dental Expenses	500	750	1,000
	C. Common Injuries Benefit	500	750	1,000
4.	Medical Expenses due to Specified Infectious Diseases	750	1,500	3,000
5.	Mobility Aids and Ambulance Services Expenses	500	750	1,000
6.	Daily Hospital Cash	100 per day Up to 12,000	200 per day Up to 18,000	300 per day Up to 24,000
7.	Education Fund	Not Applicable		
8.	Reconstructive Expenses	Not applicable	15,000	20,000
9.	Asset Protection	10,000	30,000	50,000
10.	Personal Liability	30,000	50,000	80,000
11.	No Claim Discount	10% on renewal premium		

All amounts are in Singapore Dollars.

Please refer to the Policy for full details.

GREAT PA

Schedule of Benefits - Child

Benefit	Cover	Plan		
		Starter	Essential	Ultimate
1.	Death and Permanent Disablement	10,000	30,000	50,000
2.	Additional Death or Permanent Total Disablement Benefit whilst in Public Conveyance or due to specified Natural Disasters	5,000	7,500	10,000
3.	Medical Expenses	750	1,750	2,500
	A. Chinese Physician, Chiropractor and Physiotherapist Expenses	250	375	500
	B. Accidental Dental Expenses	250	375	500
	C. Common Injuries Benefit	250	375	500
4.	Medical Expenses due to Specified Infectious Diseases	300	750	1,500
5.	Mobility Aids and Ambulance Services Expenses	250	375	500
6.	Daily Hospital Cash	50 per day Up to 12,000	75 per day Up to 18,000	100 per day Up to 24,000
7.	Education Fund	Not applicable	15,000	30,000
8.	Reconstructive Expenses	Not applicable	10,000	15,000
9.	Asset Protection	Not Applicable		
10.	Personal Liability	Not Applicable		
11.	No Claim Discount	10% on renewal premium		

All amounts are in Singapore Dollars.

Please refer to the Policy for full details.