GREAT Maid Protect
Endorsement note

Your GREAT Maid Protect policy (the **policy**) has changed to take account of certain situations relating to **COVID-19**. This **endorsement** extends some cover to include losses occurring due to **COVID-19**.

Please note that:

- this **endorsement** forms part of the **policy**; and
- if anything in this endorsement note is inconsistent with the policy document, the terms of this **endorsement** will apply.

COVID-19 cover provided under this endorsement

We will only pay the necessary hospital and surgery expenses (as listed in section 3i to iv) if the **insured person** is diagnosed with **COVID-19**. The maximum amount we will pay is the limit shown in the **schedule** for section 3 of the **policy**.

Special conditions that apply to COVID-19 cover

a) The waiting period specified in section 3 does not apply to COVID-19 cover.

b) This cover only applies to medical treatment or expenses relating to a stay in a **hospital**, a **restructured hospital** or a **community hospital** (as classified by Singapore's Ministry of Health). **We** will not cover stays in private hospitals.

c) We will not pay any expenses for COVID-19 tests, COVID-19 vaccinations, or expenses relating to quarantining or self-isolation at home.

d) We will not pay any transport expenses.

e) We will not pay any benefit if **you** or the **insured person** does not meet requirements and regulations imposed by the Singapore Government.

f) COVID-19 cover under this endorsement note will automatically end:

- on the date the **insured person** is discharged from the **hospital**, **restructured hospital** or **community hospital**; or
- when the **policy** ends; or
- when we have paid benefits of up to the limit shown in the **schedule** for section 3;

whichever is earlier.

g) COVID-19 cover only applies if the **insured person** is fully vaccinated or unable to be vaccinated due to medical reasons. If an **insured person** is eligible to be fully vaccinated but isn't, they will not have COVID-19 cover.

The terms, conditions and exclusions of the **policy** also apply to the cover under this endorsement.

GREAT Maid Protect

This policy meets the Ministry of Manpower's minimum requirement for foreign-worker medical insurance.

Here is your GREAT Maid Protect policy document. Please read it with the **schedule** to make sure that you understand the terms and conditions and have the protection you need.

It is important that you carefully read this policy document, the **schedule** and any amendment or endorsement issued from time to time to avoid any misunderstanding. If you find any mistake or inaccuracy, return the documents to us so they can be corrected.

If you have any questions after reading these documents, please contact us or your insurance advisor. If there are any changes that may affect the cover, please contact us immediately.

Important notice

The cover provided under the policy is based on the information you gave in the proposal form.

All the information you give us must be complete and accurate (as far as you know or should know), otherwise the cover under the policy will not apply.

About the policy

The policy sets out the terms and conditions of a contract of insurance between you and us. That contract is based on the proposal form, declaration and any information you provided when you applied for cover.

In return for the premium you pay us, we will provide the cover described in the policy during the period of insurance or any subsequent period we accept a premium for.

Customer care

We are committed to providing a high standard of service and customer care. If you ever feel that we have not provided the service you expected, please contact us or your insurance advisor (if you used one).

Important – Please remember to quote your policy number or other reference in any communication with us.

Definitions

Accident
A sudden unexpected event which happens at an identified time and place and is the only cause of the death, **injury**, loss or damage **you** are claiming for.

Covid-19
The infectious disease known as Coronavirus Disease 2019 caused by the coronavirus called SARS-CoV-2 and its variants.

Community hospital
An establishment registered as a community hospital (as classified by Singapore's Ministry of Health) to provide medical services for patients who need a short period of non-specialist care, usually after they are discharged from a **hospital**.

Hospital
An institution that is lawfully run as a hospital and:

- provides full-time care and treatment to inpatients;
- has a staff of nurses;
- has one or more **medical practitioner**s available at all times; and
- has facilities for diagnosis, including (if necessary) facilities for major surgery.

This does not include any institution or special unit used mainly:

- as a clinic, nursing home, rest home or convalescent home, or a similar establishment;
- as a hydo, spa or nature-cure clinic; or
- for the treatment of alcohol or drug addiction; or
- as a facility for quarantine or isolation that is not medically necessary.

It also does not include any institution for mental or behavioural disorder, or the psychiatric department of a hospital.

Injury
Physical injury caused by an accident (not by any medical condition, illness, disease, physical wear and tear or mental disorder).

Illness
Any sudden and unexpected deterioration of physical health, that is due to a medical condition (other than a **pre-existing condition**) and needs to be treated by a **medical practitioner**.

Insured person
The foreign domestic worker who holds a valid work permit and is named in the **schedule**.

Medical expenses
Expenses for:

- treatment provided by a **medical practitioner;**
- a stay in **hospital**; or
- employing a trained nurse.

This includes expenses for an ambulance service, if this is medically necessary, reasonable and usual in such circumstances.

Medical practitioner
A person who is registered and legally qualified as a doctor, has a medical degree in Western medicine, and is authorised and licensed to practise medicine and surgery in the relevant country.

The medical practitioner cannot be **you** or the **insured person**, or:

- any member of **your** or their family; or
- **your** or their business partner, employer, employee or agent.

Period of insurance
The period **you** are covered by the **policy**, which is the policy period of either 14 or 26 months. as set out in the **schedule,** during which the **insured person** is employed by **you** and holds a valid work permit for that employment.

The period of insurance ends when:
- the **insured person**'s employment with **you**, or their work permit, ends;
- the policy period set out in the **schedule** ends; or
- for a claim under section 4 (Repatriation), the **insured person**'s body has been transported back to their home country;

whichever is the earliest.

Permanent disability
Any disability that:
- is set out in the table of benefits in section 2;
- has lasted for a continuous period of at least 12 months from the date of an **accident**; and
- a **medical practitioner** has certified as permanent.

Personal belongings
Articles designed to be carried or worn by a person (for example, clothing, handbags and so on), except jewellery, watches, mobile phones, pagers, laptops, tablets, or camera and video equipment.

Physician
A registered herbalist, chiropractor, acupuncturist, bonesetter or osteopath licensed under the relevant laws of the country **you** are in, including a traditional Chinese-medicine practitioner registered with the Traditional Chinese Medicine Practitioners Board. The physician cannot be **you** or the **insured person**, or:
- any member of **your** family or their family; or
- **your** or their business partner, employer, employee or agent.

Policy
The contract of insurance between **you** and **us**. The policy is made up of **your** application form, **your** declarations, the **schedule** and any endorsements **we** have issued for **your** cover.

Pre-existing condition
This means:
- any condition, **illness**, disease, **injury**, disability or birth defect which the **insured person** has received medical advice for, been diagnosed with, received medical treatment for, or been prescribed drugs for, in the 12 months before the **policy** started or was renewed; or

- any signs and symptoms that appeared in the 12 months before the **policy** started or was renewed and for which a cautious person could reasonably be expected to have received medical advice or counselling, undergone investigation, had diagnostic tests, received medical treatment, had surgery, been hospitalised, or been prescribed drugs.

Restructured hospital
A public or government **hospital** in Singapore that is owned by the government.

Schedule
The document containing **your** details and details of the **insured person**, the **period of insurance**, the sum insured and the plan you have chosen. The **schedule** forms part of the **policy**.

We (us, our)
Great Eastern General Insurance Limited

You (your)
The person named as the insured in the **schedule**, who is the employer of the **insured person**.

Section 1 – Insurance guarantee (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

We will provide a Letter of Guarantee to the Ministry of Manpower of Singapore, in line with regulation 12 of the Employment of Foreign Manpower (Work Passes) Regulations or regulation 21 of the Immigration Regulations. If **we** do this, **you** must:

- indemnify us against (fully compensate and not hold **us** responsible for) loss; and
- repay any amount **we** may pay to settle a claim arising from our liability under the guarantee.

The general conditions and general exclusions in this policy document do not apply to thissection.

Section 2 – Personal accident

We will pay compensation if, during the **period of insurance**, the **insured person** receives an **injury** that results in death, **permanent disability** or expenses within 12 months of the **accident**.

Cover A – Death
We will pay the limit shown for this section in the **schedule** if an **injury** the **insured person** receives during the **period of insurance** results in their death within 12 months of the **accident**.

Cover B – Permanent disability
We will pay the **insured person** up to the limit shown for this section in the **schedule** if an **injury** they receive during the **period of insurance** results in a **permanent disability** within 12 months of the **accident**. The amount **we** pay will be a percentage of the limit, as shown in the table below.

Table of benefits

Permanent disability (as certified by a medical practitioner)		Percentage of limit paid
1	**Permanent disability** arising from the employment with you	100%
2	Physical loss of, or permanent loss of use of, two limbs	100%
3	Physical loss of, or permanent loss of use of, all fingers and both thumbs	100%
4	Physical loss of, or loss of use of: (a) one or both hands, at the wrist (b) one or both arms, above the wrist	100%
5	Physical loss of, or permanent loss of use of, one or both legs, above the ankle	100%
6	Total and permanent loss of sight in both eyes	100%
7	Total and permanent loss of sight (except perception of light) in one eye	50%
8	Total and permanent loss of lens of one eye	50%
9	Physical loss of, or total and permanent loss of use of the thumb and four fingers of one hand	50%
	Physical loss of, or total and permanent loss of use of: (a) four fingers of one hand	40%
	(b) thumb - whole thumb	25%
	- one joint	10%
	(c) index finger	10%
	- two joints	8%
	- one joint	4%
	(d) finger other than thumb or index finger	5%

	- whole finger	
	- two joints	4%
	- one joint	2%
	(e) all toes on one foot	15%
	(f) big toe - whole toe	5%
	- one joint	2%
	(g) any other toe	1%
10	(a) Total and permanent loss of hearing in both ears	50%
	(b) Total and permanent loss of speech	
11	Total and permanent loss of hearing in one ear	15%

Cover C – Medical expenses
We will reimburse the **medical expenses you** have to pay in connection with an **injury** that the **insured person** receives during the **period of insurance** and that requires treatment from a **medical practitioner** within 12 months of the **accident**, as long as the first expense arises within four weeks of the **accident**.

The most **we** will pay in total during any one **period of insurance** is the limit shown in the **schedule.**

Cover D – Treatment from a physician
If the **insured person** receives an **injury** during the **period of insurance**, **we** will reimburse the medical treatment provided by a **physician** within 12 months of the **accident**, as long as the first expense arises within four weeks of the **accident**. The most we will pay in connection with any one accident is the limit shown in the **schedule**.

Any compensation **we** pay under cover C will be reduced by any compensation **we** have paid under cover D during the **period of insurance**. The most **we** will pay in total under cover C and cover D during the **period of insurance** is the limit shown for cover C in the **schedule**.

Special conditions for section 2

a) For **injury** to more than one section of a limb, the most **we** will pay in total under cover B will be the amount **we** would pay for **injury** to the whole limb.

b) The most **we** will pay in total for **permanent disability** is the limit specified for cover B in the **schedule**.

c) The compensation **we** will pay under cover A will be reduced by any compensation **we** have already paid under cover B during the **period of insurance**, so our maximum liability under this section 2 during the **period of insurance** is the limit specified for cover A in the **schedule**.

Once **we** have paid:
- compensation for death (under cover A); or
- a total amount equal to the limit for cover B;

we will have no further liability under this cover A or cover B, but **we** will still pay expenses under cover C or cover D (or both) arising from the **accident** that led to **us** paying the compensation under cover A or cover B.

d) This section will also apply to an **accident** that happens outside Singapore. For cover C and cover D, **we** will reimburse:
- the actual expenses; or
- the reasonable amount that would have been due for equivalent medical treatment in Singapore;

whichever is lower.

Section 3 – Hospital and surgical expenses

This section covers **you** for the hospital and surgical expenses (as explained below) if the **insured person** needs to stay in **hospital** as a result of **injury** or **illness** caused or arising in Singapore during the **period of insurance**, as long as those expenses are for a class-B2 or class-C ward in a Singapore government **hospital, restructured hospital** or **community hospital**.

This section will also apply if the **insured person** is outside Singapore (with your permission) when they suffer an **injury** or **illness** which results in a serious medical condition, and a **medical practitioner** confirms that the **insured person** needs emergency medical treatment in order to prevent death or serious immediate or long-term health problems.

We will reimburse:

- the actual hospital and surgical expenses; or
- the reasonable amount that would have been due for equivalent medical treatment in a class-B2 or class-C ward in a Singapore government **hospital**, **restructured hospital** or **community hospital**;

whichever is lower.

We will pay up to the limit shown in the **schedule**. **You** will have to pay any expenses over the limit shown in the **schedule**.

If the **insured person** is admitted to a ward better than class-B2 or class-C, the hospital and surgical expenses **we** pay will be reduced by the percentage shown in the pro-rata table below.

Pro-rata table

Ward type	Reduction
Ward in a private hospital	60%
A1 ward in Singapore government hospital, restructured hospital or community hospital	50%
A2 ward in Singapore government hospital, restructured hospital or community hospital	40%
B1 ward in Singapore government or restructured hospital or community hospital	30%

For Nanny and Silver plans, if the total amount of hospital and surgical expenses you claim is more than $15,000 in a policy year, you must pay a co-payment as shown in the table below.

Co-payment table

Hospital and surgical expenses	Co-payment
Up to $15,000	None
Above $15,000, up to the limit shown in the **schedule**	25% of the amount being claimed

Hospital and surgical expenses include the following.

i. **Daily room and board**
We will pay the actual charges for room and board, including the cost of meals and general nursing care, when the **insured person** is staying in **hospital**, as an inpatient, under the instructions of a **medical practitioner**.

ii. **Hospital miscellaneous services**
If **we** pay expenses for daily room and board, we will also pay the actual charges made by the **hospital** for the following.

(a) Usual supplies and services the **hospital** provides for the **insured person** while they are in **hospital**
(b) Drugs or medicines prescribed by a **medical practitioner**
(c) Dressings, ordinary splints and plaster casts, X-rays, electrocardiograms (ECGs), basal metabolism tests (measuring the amounts of oxygen used and carbon dioxide produced), laboratory tests, intravenous infusions, blood transfusions, gastroscopy, brain scans and ultrasound scans that are medically necessary
(d) Anaesthesia and oxygen, and the costs of them being administered

(e) The use of an operating theatre if necessary for surgery
(f) The cost of an ambulance if this is medical necessary, up to a maximum of S$150 per **injury**

iii. Surgery
We will pay the surgeon's or **medical practitioner's** actual charges for surgery performed on the **insured person** in a **hospital** or a licensed clinic.

iv. Medical practitioner's in-hospital visit
We will pay the **medical practitioner**'s actual charges for consultations during the period the **insured person** is in **hospital**, up to a maximum of one visit per day if no surgery is performed.

v. Specialist's pre-hospitalisation consultation
We will pay a licensed medical specialist's actual charges for the opinions and advice they are asked for, in connection with an **illness** or **injury**, in the 90 days before the **insured person** is admitted to **hospital** on the recommendation of a **medical practitioner**. **We** will not pay these charges if the specialist's consultation does not lead to the **insured person** being admitted to **hospital** or having surgery within the 90-day period.

vi. Pre-hospitalisation diagnostic X-rays and laboratory tests
We will pay the actual charges for diagnostic X-rays and laboratory examinations or tests which are recommended by a **medical practitioner** in connection with an **illness** or **injury**, and are carried out in the 90 days before the **insured person** is admitted to **hospital**. **We** will not pay these charges if the diagnostic X-rays and laboratory examinations or tests do not lead to the **insured person** being admitted to **hospital** or having surgery within the 90-day period.

vii. Follow-up treatment
We will pay the actual charges for necessary follow-up treatment after the **insured person** is discharged from **hospital** or has had day surgery in a **hospital** or licensed clinic, including the necessary and reasonable charges for a **specialist** consultation and diagnostic X-rays and laboratory tests, as long as the follow-up treatment is provided or recommended by the attending **medical practitioner** within 90 days of the **insured person** being discharged from the **hospital** or licensed clinic.

Waiting period
We will not pay any amount under this section until the **insured person** has been in **hospital** for a period of at least six hours, unless:

- the stay in **hospital** is due to a surgical procedure; or
- the **hospital** makes a charge for room and board.

Section 4 – Repatriation

If the **insured person** suffers an **illness** or **injury** during the **period of insurance**, and within 12 months that **illness** or **injury** results in the **insured person**'s death or a **permanent disability** that prevents him or her from performing their duties under their contract of employment, **we** will pay up to the limit shown for this section in the **schedule** to reimburse the expenses **you** pay (or commit to pay) for the following.

a) In the case of **permanent disability**, the transport costs for the **insured person** to travel back to his or her home country

b) In the case of death, the cost of:

- transporting the **insured person**'s body to their home country;
- the **insured person's** local burial; or
- the **insured person's** local cremation, plus the cost of transporting their ashes to their home country.

The following apply to this section.

1. **We** will only pay one claim during a **period of insurance**, and the most **we** will pay for a claim is the limit shown for this section in the **schedule**.

2. **We** will only reimburse the costs set out in a detailed account approved by us.

3. This section will not apply until the medical examination required for new applicants by the relevant ministry has been completed.

Section 5 – Recuperation expenses (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

If **we** accept a claim under section 3 (Hospital and surgical expenses) **we** will pay **you** a recuperation benefit, as shown in the **schedule**, for each day (up to 60) that the **insured person** is in **hospital** as an inpatient.

Section 6 – Wages, compensation and levy refund (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

If **we** accept a claim under section 3 (Hospital and surgical expenses), **we** will pay **you** up to the limit shown in the **schedule** for the **insured person**'s wages, and the government levy imposed on foreign domestic workers, for the period that they cannot work.

The maximum period **we** will make these payments for is 60 days.

Section 7 – Ending employment and hiring a replacement (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

If a **medical practitioner** confirms that the **insured person** cannot perform their duties under their contract of employment, **we** will pay **you** up to the limit shown in the **schedule** for **your** actual expenses of:

- ending the **insured person**'s employment; and
- hiring a new employee in their place.

We will only pay these costs if **you** hire the new employee within 90 days of the **insured person** returning to their home country.

Section 8 – Special grant (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

If the **insured person** dies during the **period of insurance**, **we** will pay **you** benefit of up to the limit shown in the **schedule** for any inconvenience this causes **you**.

Section 9 – Employer's liability to the insured person (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

This section covers all amounts **you** are legally liable to pay as compensation for an **injury** or **illness** the **insured person** receives during the **period of insurance** as a result of and during the course of their employment with **you** in Singapore.

The most **we** will pay under this section for any claim or series of claims arising out of one event, or in total during the **period of insurance**, is the limit shown in the **schedule**.

Section 10 – Liability to third parties (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

This section covers all amounts **you** have to pay as compensation for any **accident** which:

- is caused by the **insured person**'s negligence while in the course of their work or arising out of their employment;
- happens in Singapore during the **period of insurance**; and
- causes the death of or **injury** to a third party, or loss of or damage to a third party's property.

The most we will pay under this section for any claim or series of claims arising out of one event, or in total during a period of insurance, is the limit shown in the **schedule**

Exclusions to section 10

This section does not cover the following.

1. The death of or **injury** to any member of **your** family or household.

2. Loss of or damage to property that **you** or any member of **your** family or household own or are responsible for.

3. Any liability arising out of or in connection with **your** own employment, business or profession.

4. Any liability **you** have under a contract or agreement if **you** would not have had that liability if the contract or agreement did not exist.

5. Fines, penalties or any exemplary or punitive damages (that is, damages intended to punish or make an example of **you**, rather than to compensate the third party).

6. Judgements that were not first made by a competent court in Singapore.

7. **Your**, the **insured person**'s, or **your** or their representative's, deliberate acts or deliberate negligence.

Section 11 – Fidelity guarantee (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

We will pay up to the limit shown in the **schedule** to cover any financial loss **you** suffer as a result of the **insured person** committing fraud or dishonest acts during the **period of insurance**.

We will only pay a claim if:

- the loss is in connection with the **insured person**'s employment;
- **you** provide a police report; and
- the **insured person** has been found guilty by the relevant authority in Singapore.

You must pay an excess of S$50 for each claim.

Section 12 – Insured person's belongings (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

This section covers loss of or damage to the **insured person**'s **personal belongings** as a result of fire or theft (if force was used to enter) while the belongings were in **your** premises where the **insured person** lives in Singapore.

The most **we** will pay under this section for any claim or series of claims arising out of one event, or in total during a **period of insurance**, is the limit shown in the **schedule**.

Section 13 – Bond protector (applies to Silver, Gold and Platinum plans)

This **section** only applies if the **schedule** shows that **you** have this cover.

If **we** have to pay a claim under section 1 (Insurance guarantee) as a result of the **insured person** not keeping to regulation 12 of the Employment of Foreign Manpower (Work Passes) Regulations or regulation 21 of the Immigration Regulations, **we** will not exercise **our** rights to claim **our** losses and costs from **you**.

Exclusions to section 13
This section does not cover the following.

1. Any liability from or consequence of **you** not keeping to regulation 12 of the Employment of Foreign Manpower (Work Passes) Regulations or regulation 21 of the Immigration Regulations.

2. Any loss, claim or payment **you** knew about before the date the cover under this section started or was renewed.

3. Any loss, claim or payment arising within 30 days of the date the cover under this section started or was renewed, unless that date is the date the **cover** under section 1 started.

4. Any loss, claim or payment arising out of any circumstances caused directly or indirectly by you or any member of **your** family or household.

You must pay the excess shown in the **schedule** for every claim under this section.

General conditions

1. Increase in risk

All cover under the **policy** will end if the risk of a claim increases, unless **we** agree in writing that the cover can continue.

2. Arbitration

Any dispute arising out of or in connection with the **policy** must be referred to the Financial Industry Disputes Resolution Centre Ltd (FIDReC).

If the dispute cannot be brought before or dealt with by FIDReC, it will be settled by arbitration in Singapore, in line with the Arbitration Rules of the Singapore International Arbitration Centre (the SIAC Rules) in force at the time.

The arbitration will be conducted in English by three arbitrators in Singapore.

3. Contracts (Rights of Third Parties) Act 2001

The policy conditions cannot be enforced by anybody other than **you**, **us**, the **insured person**, the **insured person**'s legal representative, or any person appointed by the Controller of Work Passes to act on behalf of the **insured person**.

4. Cancellation

(a) **You** or **we** may cancel the **policy** by sending thirty (30) days' notice by registered letter to the other party's last known address.

(b) In the **insured person**'s contract of employment ends, the cover under the **policy** will automatically end from the date of the Letter of Discharge issued by the Ministry of Manpower.

(c) If the **policy** is cancelled before the date the cover starts, **we** will refund the premium **you** have paid, less a S$25 administration charge.

(d) If the **policy** is cancelled within 270 days from the date it started, and **you** have not made a claim, you will be entitled to a refund of a percentage of the premium. The percentage depends on how long the cover has been in force, as shown in the refund table below.

Refund table

How long the policy has been in force	Amount refunded
60 days or less	80% of premium
61 days to 120 days	50% of premium
121 days to 180 days	30% of premium
181 days to 270 days	20% of premium

5. If a claim arises

When anything which may give rise to a claim under the **policy** happens, **you** must do the following.

(a) Give **us** written details of the **accident** or **illness** within 30 days.

(b) Give **us** any information, evidence and supporting documents **we** reasonably need, at **your** own expense and in the form **we** specify.

(c) Make sure the **insured person** undergoes any medical examinations needed in connection with a claim. (**We** will pay for those examinations.)

(d) In the case of a death where there is any reasonable doubt about the cause, make sure a suitably qualified person appointed by us is allowed to carry out a post-mortem. (**We** will pay for this.)

6. Discharge

When we pay any compensation under the **policy** to **you**, the **insured person** or the insured person's legal representatives, as appropriate, we will have no more liability under the **policy**.

7. Fraud

If any claim under the **policy** is fraudulent in any way, the **policy** will be declared void (treated as if it had never existed) and all cover will end immediately without a refund of premium.

8. Governing law
The **policy** will be governed by and interpreted in line with the laws of Singapore.

9. Interpretation
This policy document and the **schedule** should be read together. Any word or expression which has a specific meaning in any part of the **policy** has the same meaning wherever it appears in the documents.

10. Jurisdiction
If there is a legal dispute between **you** and **us** in connection with the **policy**, that dispute will not take account of judgments that were not first made by a competent court or tribunal in Singapore.

11. Keeping to the policy
We will only be liable under the **policy** if **you** keep to all the terms and conditions.

12. Other insurance
The **policy** does not cover:
- any claim for loss, damage or liability which is insured by (or would have been if **you** did not have the **policy**) any other policy or policies, except for claims under cover A or B under section 2; or
- any amount over that which would be paid under the other policy or policies if **you** did not have this.

13. Notice of changes
You must immediately give us written details of any **illness** or **injury** which the **insured person** suffers, whether or not **you** intend to make a claim.

If any change increases the risk of a claim or the amount **we** would be liable for, we may charge extra premiums, apply restrictions or special conditions to the cover or cancel the **policy**.

14. Payment before cover
(a) The premium for the **policy** must be paid to us, or the intermediary **you** took the **policy** out through, on or before the start date or renewal date of the **policy**. The premium will be considered to have been paid when:
- cash for the premium is handed over to **us** or the intermediary;
- a cheque for the premium is handed over to **us** or the intermediary and is not returned unpaid;
- a credit-card or debit-card payment for the premium is approved by the card issuer; or
- an electronic transfer or online payment goes through.

(b) If the premium is not paid on or before the start date or renewal date of the **policy**, no cover will be provided, regardless of any payment you make after that date.

(c) For insurance cover with a free-look provision (that is, a provision which allows **you** to cancel the **policy** within a specific number of days and get a full refund), **you** can cancel the **policy** by returning this original policy document to us or the intermediary within the free-look period. **We** will refund the premium **you** have paid, as long as **you** have not made a claim, and the cover will be considered to have never been in place.

15. Sanctions
We will not be considered to have provided cover, and will not be liable to pay any claim or provide any benefit under the **policy**, if doing so may, in our opinion, lead to **us** breaking or going against any sanction, prohibition, restriction or regulations set out by any state, country or organisation that operates across national borders (sanctions).

If **you** or any party associated with the **policy**, such as a policyholder, beneficial owner or an **insured person** (an associated party):
- is marked or listed as a person that sanctions apply to;
- is involved in any way, whether directly or indirectly, with a party that sanctions apply to; or
- has been charged, found guilty or had judgment taken against them under any local or foreign law or regulations that give effect to sanctions;

we may decide to do one or more of the following without having any liability to **you** or any associated party.

a) Cancel any policy, contract, transaction or business, or treat it as if it had never existed
b) Close-out any financial product or investment
c) Cash in any financial product or investment

d) Hold back any payment, transfer of money, refund or benefit
e) Suspend any payment, transfer of money, refund or benefit
f) Refuse or reject any transaction or request
g) Take any step or action necessary to remove, reduce or minimise the possibility of **us** breaking or going against any sanctions

You and any associated party (or both) will indemnify **us** (fully compensate and not hold **us** responsible) for any and all losses, damages, costs and expenses which **we** may suffer as a result of or in connection with **your** or any associated party's actions or failure to act in relation to the sanctions, or **us** taking any of the actions a) to g) above.

16. Transferring the policy

You cannot transfer **your** rights, benefits and claims under the **policy** without **our** permission in writing.

17. Reasonable precautions

You must take all reasonable precautions to protect the **insured person** against any **accident**, **injury** or **illness**.

18. Our rights in proceedings

We can act on **your** behalf, and in **your** name, to conduct, control and settle any claims against **you**. We can also start proceedings in **your** name, but at **our** expense and for **our** benefit, to recover compensation or losses from any third party liable for anything covered by the **policy**.

General exclusions
(Plain English Campaign's Crystal Mark does not apply to this section.)

The **policy** does not cover any claims directly or indirectly caused by, or arising from or in connection with, the following.

1. Group A: Treatment that is elective and not medically necessary

- Ambulance fees
- Cosmetic surgery
- Dental work (except due to accidental injuries)
- Vaccination
- Infertility, sub-fertility, assisted conception or any contraceptive operation, including their related complications
- Sex change operations, including their related complications
- Expenses incurred after the 7th calendar day from being certified to be medically fit for discharge from inpatient treatment and assessed to have a feasible discharge option by a medical practitioner
- Optional items which are outside the scope of treatment
- Health screening examinations for the purpose of diagnosis and any treatment of a preventive nature

2. Group B: Treatment resulting from Insured or Insured Person's acts

- Treatment of conditions or injuries arising from any malicious / willful / illegal acts by the **Insured** or their family members
- Treatment for conditions or injuries arising from any criminal acts committed by the **Insured Person**
- Maternity charges (including Caesarean operations or abortions, and their related complications)
- Treatment for conditions or injuries arising from voluntary participation in hazardous sports which include winter sports (such as skiing or snowboarding), underwater activity (such as snorkelling or scuba diving), aerial activity (such as taking a helicopter tour or para-gliding) or motor sport (such as motorcycle racing or motor car racing).
- Treatment of conditions or injuries arising directly or indirectly from nuclear fallout, war and related risk
- Treatment of venereal diseases and/or sexually transmitted diseases
- Repeat occurrence under each of the following categories:

a. Treatment of conditions or injuries arising from drug addiction (except that of illicit drugs) or alcoholism
For avoidance of doubt, **we** will not cover for any treatment or conditions arising from the consumption of illicit or controlled drugs listed under the First Schedule of the Misuse of Drugs Act.
b. Treatment of conditions or injuries arising from participation in civil commotion, riot, or strike
c. Treatment of mental conditions and conditions or injuries arising from self-inflicted injuries and attempted suicide

An "occurrence" refers to the inpatient and/or day surgery episode in which the **Insured Person** is treated till fit for discharge from **Hospital**. The repeated occurrence exclusion shall apply on a lifetime basis under the same **Insured**.

3. **Group C: Others**

• Any pre-existing condition, unless the insured person has continually been covered under another maid policy and there was no break in cover between the end of that maid policy and the start of this policy.
• Treatment relating to birth defects, congenital abnormalities, hereditary conditions or conditions arising therefrom
• Overseas medical treatment
• Private nursing charges
• Purchase of medical equipment such as X-ray machine, dialysis machine, CPAP machine and the like
• Medical repatriation
• Outpatient rehabilitation such as physiotherapy, occupational therapy and speech therapy, unless recommended by a medical practitioner during hospitalisation period
• Traditional Chinese medicine or any forms of alternative treatment
• Treatment which has received reimbursement from Work Injury Compensation Insurance (WICI) and other forms of insurance coverage

4. **Terrorism**

Regardless of anything to the contrary set out in this policy document or any endorsement, the **policy** does not cover any actual or alleged loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with terrorism.

For the purpose of this exception, terrorism is any action or threat of action, whether or not it involves force or violence, that is:

- committed for political, religious, ideological or similar purposes;
- intended to influence any government; and
- Designed to scare or intimidate the public or any section of the public.

The **policy** also does not cover any loss, damage, cost or expense directly or indirectly caused by or in connection with action taken to control, prevent or suppress any act of terrorism.

If we think that this exception prevents the **policy** from covering any loss, damage or liability, and **you** disagree, **you** must provide proof that this exception does not apply. If **you** don't, the loss, damage, cost or expense will not be covered.

If any part of this exception cannot be enforced, the rest of it will still apply and can be enforced.

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).