



GREAT Senior Protect

This is your GREAT Senior Protect policy document. Please read it with the policy schedule to make sure that you understand the terms and conditions of the policy.

It is important that you carefully read this policy document, the policy 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 affect the cover, please contact us immediately.

Important notice

The cover provided under the policy is based on the information you have given us.

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 may not apply.

About the policy

The policy is made up of this policy document, the policy schedule and any amendment or endorsement issued from time to time. It 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 policy period 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.

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

Free-look provision

When the policy is first taken out, it has a free-look provision (that is, a provision which allows you to cancel the policy within a specific number of days and get a refund). See clause D1 for details.

A. Definitions

Wherever the following words appear in bold in this policy document or the policy schedule, they have the meanings shown below.

Accident

A sudden, unexpected event which results in the **insured person's** death, disability or **injury**.

Burn

A burn that:

- goes as deep as two or three layers of skin (the epidermis, dermis and subcutis);
- was caused by an **accident**;
- covers 5% or more of the body; and
- is diagnosed by a **medical practitioner**.

Community hospital

An institution the Ministry of Health of Singapore has approved to provide a medium level of care for people who are discharged from **hospital** but need a short period of non-specialist care. Community hospitals are not hospices, nursing, rest or convalescent homes or **hospitals**.

Confinement

Staying in a **community hospital** as an inpatient, as long as:

- the stay in the **community hospital** is advised by a **medical practitioner**; and
- the **community hospital** made a room and board charge.

Cover start date

The date that cover for a particular **insured person** starts, as shown as the 'effective date of cover' in the **policy schedule**. The cover starts at 12.01 Singapore time on this date.

Dislocation

An **injury** where bones in a joint are pushed out of their usual place, and that:

- happens within 90 days of the **accident** that caused it;
- is diagnosed by a **medical practitioner**; and
- requires surgery under anaesthetic.

Fracture

A broken bone that:

- happens within 90 days of the **accident** that caused it;
- is identified by an X-ray; and
- is diagnosed as a fracture of a bone by a **medical practitioner**.

Hospital

An establishment registered as a hospital for the care and treatment of sick and injured people as inpatients, and which:

- has facilities for diagnosing and treating patients and performing major surgery;
- provides 24-hour nursing care from fully qualified registered nurses, under constant supervision from a **medical practitioner**; and
- is not a **community hospital**, a clinic, a rehabilitation centre for drug or alcohol addiction, a nursing, rest or convalescent home, a spa or a hydroclinic or similar establishment.

Hospitalisation (also hospitalised)

Staying on a **hospital** ward, as an inpatient, for a period of at least 24 hours, as long as:

- the stay in **hospital** is advised by a **medical practitioner**; and
- the **hospital** made a room and board charge.

Injury

Bodily injury caused by an **accident** (not by any medical condition, illness, disease, physical wear and tear or mental deterioration).

Insured person

Each person named in the **policy schedule** as being insured under the policy.

Medical expenses

Expenses that arise from an **injury** and are for:

- medical or surgical treatment provided by a **medical practitioner**, **specialist** or physiotherapist;
- employing a trained nurse, if medically necessary; or
- a **physician's** reasonable and necessary expenses.

Medical expenses do not include expenses for treatment, nursing care or prescriptions provided by **you** or an **insured person**, or **your** or an **insured person's** relative, business partner, employer or employee.

Medical practitioner

A person who:

- has a medical degree in Western medicine;
- is legally licensed and authorised to practise medicine or surgery in the location where they work; and
- is not **you** or an **insured person**, or **your** or an **insured person's** relative, business partner, or employer or employee.

Mobility aids

Items or equipment which an **insured person** needs as a result of an **accident** to walk or move from place to place, such as walking frames, crutches, wheelchairs and prosthetics, but not medical implants.

Modifications

Additions, improvements or alterations needed to the **insured person's** home due to their physical needs (for example, stairlifts, ramps, railings and grab bars).

Nominated account

The bank or credit-card account (as appropriate) **you** or the **policy payer** will pay the premiums from.

Physician

A registered herbalist, chiropractor, acupuncturist, bone setter or osteopath licensed under relevant laws of the country they work in, including traditional Chinese medicine practitioners registered with the Traditional Chinese Medicine (TCM) Practitioners Board. The physician cannot be **you** or an **insured person**, or **your** or an **insured person's** relative, business partner, employer or employee.

Policy period

The period of cover set out in the **policy schedule** or a certificate of insurance, whichever is issued later.

Policy schedule

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

Pre-existing condition

Any **injury**, illness, disease or condition that the **insured person**:

- has been diagnosed with;
- received (or should have received) treatment, medication or medical advice for; or
- had signs or symptoms of;

in the 12 months before the **cover start date**.

Premium payer

The person or organisation who will be paying the premiums, as named in the **policy schedule**.

Specialist

A **medical practitioner** registered and authorised as a specialist in a particular field of medicine, such as psychiatry, neurology, paediatrics, endocrinology, obstetrics, gynaecology, orthopaedics, cardiology, gastroenterology, ophthalmology and dermatology.

We (us, our)

Great Eastern General Insurance Limited.

You (your)

The policyholder named in the **policy schedule**, in whose name the policy has been issued and who acts on behalf of each **insured person**.

B. Benefits

We will pay the relevant benefits due under the policy, up to the sum insured set out in the **policy schedule** and the table of benefits below, if the **insured person** dies or suffers an **injury** as a result of an **accident** that happens while this policy is in force.

An **insured person** cannot be covered under more than one GREAT Senior Protect policy issued by **us**. If an **insured person** is covered under more than one such policy, **we** will only pay benefits under the policy **we** issued first. All other policies will be considered to be cancelled. **We** will then refund, without interest, any premium paid for those cancelled policies.

Except where this policy document says otherwise, the amount of benefit **we** pay under the policy will be in addition to, and not reduced by, any other insurance benefits the **insured person** may be entitled to.

Table of benefits

	Silver Plan	Gold Plan
Sum insured		
Annual aggregate limit (the maximum total amount of all benefits we will pay under the policy)	S\$40,000	S\$100,000
Benefit 1 Fracture, dislocation, burns	Up to S\$30,000 per policy	Up to S\$80,000 per policy
Benefit 2 Transport allowance	Up to S\$250 per accident	Up to S\$500 per accident
Benefit 3 Daily hospital allowance	S\$50 a day Up to 30 days per accident	S\$100 a day Up to 30 days per accident
Benefit 4 Weekly community hospital allowance	S\$150 a week Up to four weeks per policy period	S\$300 a week Up to four weeks per policy period
Benefit 5 Medical expenses	Up to S\$500 per accident (Limited to S\$50 per visit for expenses for traditional Chinese medicine)	Up to S\$1,000 per accident (Limited to S\$50 per visit for expenses for traditional Chinese medicine)
Benefit 6 Mobility aids	Up to S\$500 per policy	Up to S\$3,000 per policy
Benefit 7 Home modifications	Up to S\$2,500 per policy	Up to S\$5,000 per policy
Benefit 8 Accidental death	S\$20,000	S\$50,000

Benefit 1 – Fracture, dislocation, burn

We will pay the benefits shown in the compensation table below if an **accident** results in the **insured person** suffering a **fracture, dislocation** or **burn**.

If **we** accept a claim for a **fracture** shown in the compensation table below, and a **medical practitioner** diagnoses osteoporosis for the first time, **we** will not accept a claim for any **fracture** suffered by the **insured person** in the future.

After **we** have paid benefit for a **dislocation** shown in the compensation table, **we** will only pay benefits for a new **dislocation** at the same joint if that **dislocation** happens more than 12 months after the date of the previous **dislocation** at that joint.

Compensation table

Fracture		Dislocation	
Fracture of:	Percentage of sum insured for your plan	Dislocation of:	Percentage of sum insured for your plan
One or both:		Spine (except slipped disc)	40%
• hips	50%	One or both:	
• thigh bones (femurs)	30%	• shoulders	30%
• heels	30%	• shoulder blades	10%
• lower legs (tibias and fibulas)	25%	• elbows	20%
• ankles	25%	• wrists	20%
• elbows	25%	• ankles	20%
• arms	25%	• jaw bones	10%
Spine	45%	• hips	40%
Skull	40%	• knees	20%
Jaw		• collarbones	20%
• lower jaw	20%	One or more:	
• upper jaw	20%	• fingers	10%
One or both:		• toes	10%
		Burn	
• shoulder blades	20%	Covering 30% or more of the body surface	40%
• kneecaps	20%	Covering 25% to 29% of the body surface	30%
• hands	20%	Covering 15% to 24% of the body surface	20%
• feet	20%	Covering 10% to 14% of the body surface	15%
• cheekbones	20%	Covering 5% to 9% of the body surface	10%
• collarbones	25%		
One or more:			
• ribs	25%		
• toes	15%		
• fingers	15%		

Benefit 2 – Transport allowance

We will reimburse the fee reasonably charged for road transport to take the **insured person** to **hospital** for medically necessary treatment that is needed as a direct result of an **accident**, as long as:

- **we** have accepted a claim for benefit 1 – Fracture, dislocation, burn;
- the fee arises within 90 days from the date of the **accident**; and
- **you** provide original bills or receipts for the road transport.

For the purpose of this benefit, road transport is an ambulance, taxi or private-hire vehicle licensed to operate in Singapore at the time.

The maximum amount **we** will reimburse is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 3 – Daily hospital allowance

If the **insured person** is **hospitalised** due to any **injury** that happens within seven days of the **accident** that caused it, **we** will pay the daily hospital allowance for each complete 24-hour period of **hospitalisation**, starting from the day the **hospitalisation** starts, as long as:

- a **medical practitioner** considers the **hospitalisation** to be medically necessary; and
- **we** have accepted a claim for benefit 1 – Fracture, dislocation, burn.

We will not accept a claim for any subsequent period of **hospitalisation** that is due to the same or a related **injury** unless, since the first claim, there has been at least 60 days during which the **insured person** was not **hospitalised**.

The maximum amount of daily hospital allowance **we** will pay is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 4 – Weekly community hospital allowance

If **you** are discharged or transferred from a **hospital** to a **community hospital** for non-specialist care needed due to an **accident**, **we** will pay for each full week of **confinement**, for up to four weeks in each **policy year**, as long as:

- **we** have accepted a claim for benefit 1 – Fracture, dislocation, burn; and
- the **confinement** is medically necessary and not for physiotherapy, rehabilitation or being held in custody.

This benefit is only available if **you** are discharged or transferred from a **hospital** and admitted directly into a **community hospital** without going home or anywhere else in-between.

As well as the general exclusions, **we** will also not pay for:

- **confinement** of less than seven days in a row; or
- claims made for being readmitted to the **community hospital** as a result of the same **accident**.

The maximum amount of weekly community hospital allowance **we** will pay is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 5 – Medical expenses

We will reimburse the **medical expenses** relating to an **injury** suffered by the **insured person** as a direct result of an **accident**, as long as:

- the **injury** arises within 90 days from the date of the **accident**; and
- **we** have accepted a claim for benefit 1 – Fracture, **dislocation**, **burn**.

The **medical expenses** must be 'reasonable and customary'. Reasonable and customary **medical expenses** are expenses that:

- are for treatment, supplies or services that are medically necessary to treat or care for the **insured person**;
- are not above the usual level of charges for similar treatment, supplies or services in the area; and
- do not include amounts for any payments that would not have been made if no insurance existed.

We will also reimburse **medical expenses** for treatment by a **physician**. The most **we** will pay for **medical expenses** for traditional Chinese medicine is limited to S\$50 per visit.

The maximum amount **we** will reimburse for all **medical expenses** is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 6 – Mobility aids

We will reimburse expenses for buying or renting **mobility aids** needed within 90 days from the date of an **accident**, as long as:

- a **medical practitioner** has confirmed that the **mobility aids** are medically necessary; and
- **we** have accepted a claim for benefit 1 – Fracture, dislocation, burn.

The maximum amount **we** will reimburse for all **mobility aids** is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 7 – Home modifications

We will reimburse the reasonable cost of **modifications** that need to be made to the **insured person's** home within 90 days of an **accident** to help them move around their home.

As well as the general exclusions listed in part C, **we** will also not reimburse amounts for:

- **modifications** which are not to help the **insured person** move around;
- **modifications** to a home the **insured person** does not live in; or
- damage caused by the modification work.

We will only pay this benefit if **we** have accepted a claim for benefit 1 – Fracture, dislocation, burn.

The maximum amount **we** will reimburse is the relevant sum insured shown for **your** plan in the table of benefits.

Benefit 8 – Accidental death

If, while the policy is in force, the **insured person** dies as a result of an **accident**, **we** will pay up to the relevant sum shown for **your** plan in the table of benefits.

If the total amount **we** have paid for benefits 1 to 7 is more than the annual aggregate limit shown in the table of benefits, **we** will not pay any benefit for accidental death.

C. General exclusions

The policy does not cover any claim that is directly or indirectly caused by, or arising from or in connection with, any of the following.

1. War, invasion, hostilities (whether or not war is declared), civil war, rebellion, revolution, uprising or overthrowing of power.
2. Property being confiscated, seized or destroyed by or under the order of any government or authority.
3. Ionising radiation or radioactive contamination from nuclear weapons, nuclear fuel or the nuclear waste from burning nuclear fuel or material.
4. Any deliberate acts, including suicide, attempted suicide or self-inflicted injury.
5. Mental or nervous disorders, psychiatric conditions, stress, anxiety and depression.
6. Illness, disease or infection, even if contracted as a result of an **accident** or **injury**.
7. Any condition which is, results from or is a complication of the following.
 - (a) Pregnancy, childbirth, miscarriage (unless resulting from or accelerated by an **injury**), abortion, infertility or sterilisation
 - (b) Any type of hernia
 - (c) Sexually transmitted disease, HIV (human immunodeficiency virus) or AIDS (acquired immune deficiency syndrome). For the purpose of this exclusion, 'AIDS' has the meaning specified by the World Health Organization.
8. Provoked assault or any act or event the **insured person** provokes, instigates or takes part in, either directly or indirectly.
9. Being under the influence of alcohol or any drug that:
 - was not prescribed for (and used correctly by) the **insured person**; or
 - was prescribed for the treatment of drug addiction, alcoholism or mental illness.
10. Routine health checks when there are no signs or symptoms of ill health.
11. Dental surgery, work or treatment.
12. Cosmetic or plastic surgery, unless it is necessary as a result of an **injury**.
13. Congenital conditions (conditions present at birth), or any **pre-existing condition** relating to them.
14. Osteoporosis or 'pathological fracture' (a **fracture** in an area where bone disease has caused weakening of the bone) if the osteoporosis or bone disease was diagnosed before the **cover start date**, the renewal date or the date an endorsement or amendment came into force, whichever is later.
15. Practising for or taking part in winter sports, big-game hunting, mountaineering, rock climbing (other than indoor rock climbing), scuba diving or any underwater activities, motor rallying, speed contest or racing (other than on foot), and any airborne activities.
16. Any **injury** that arises in the course of the **insured person's** occupation, if the occupation is or involves any of the following.
 - (a) Taking part in naval, military, air force, civil defence, police, CISCO (Commercial and Industrial Security Corporation) or fire-service training, duties, services or operations in or for any country or international authority (including National Service), other than reservist training during peacetime.
 - (b) Prison officer, immigration officer or security guard.
 - (c) Pilot, member of aircrew, or an occupation relating to aviation or air travel, except when travelling as a fare-paying passenger on a fully licensed aircraft operated by a commercial airline or recognised charter company and flying between commercial airports.

- (d) Private investigator or detective.
- (e) Professional sports player.
- (f) Professional diver, member of a ship's crew, worker on sea vessels, stevedore, shipbreaker or any occupation that involves deep-sea diving.
- (g) Offshore work, worker on an oil or gas rig.
- (h) Working underground.
- (i) Occupations involving the use of heavy machinery and tools.
- (j) Construction worker, unskilled worker or any occupation or role that involves:
 - working at a height of more than 10 metres from ground level;
 - handling hazardous chemical or explosive material, high-voltage electricity, woodworking, welding or any work involving heat or in a high-heat environment.

17. Communicable disease

Regardless of anything to the contrary set out in this policy document, the policy does not cover any actual or alleged loss, liability, damage, disease, injury or death, costs and expenses or any other amount **you** have to pay, if directly or indirectly caused by, or arising in connection with, a communicable disease or the fear or threat of a communicable disease.

For the purpose of this exclusion, a communicable disease is any disease which can be spread from one organism to another by a substance or agent, including but not limited to, a virus, bacterium, parasite or other organism, whether living or not, and where:

- the method the disease spreads by, whether directly or indirectly, includes (but is not limited to) through droplets or particles in the air, bodily fluids or contact with any surface or object – solid, liquid or gas; and
- the disease, substance or agent can cause bodily injury, illness, emotional distress, damage to health or well-being, or damage to property.

18. Cyber loss

Regardless of anything to the contrary set out in this policy document or any endorsement, the policy does not cover cyber loss.

Cyber loss means actual or alleged loss, damage, liability, disease, injury or death, costs or any amounts **you** have to pay, if directly or indirectly caused by, or arising from or in connection with, any:

- unauthorised or malicious act;
- threat of, or hoax relating to, any unauthorised or malicious act;
- error, omission or accident; or
- act of not meeting legal or regulatory requirements;

involving any person or group having access to or using any data or computer system.

For the purpose of this exclusion, a computer system is any computer, hardware, software, application, process, code, program, information technology, communications system or electronic device. This includes any associated device, equipment or system, including routers, data-storage devices, networking equipment or back-up facilities.

19. 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 by any state, country or organisation that operates across national borders (sanctions).

If **you** or any party associated with the policy, such as an **insured person**, beneficial owner or beneficiary (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 any 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 void it (treat it as if it had never existed)
- (b) Close-out or cash in any financial product or investment
- (c) Hold back or suspend any payment, transfer of money, refund or benefit
- (d) Refuse or reject any transaction or request
- (e) 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) indemnify **us** against (fully compensate **us** for and not hold **us** responsible for) any and all losses, damages, costs and expenses **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 (e) above.

20. Terrorism

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

For the purpose of this exclusion, 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 (whether acting alone or on behalf of or in connection with any organisation or government);
- intending 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 any action taken to control, prevent or suppress any act of terrorism.

21. If **we** think that any exclusion prevents the policy from covering any loss, damage or liability, and **you** disagree, **you** must provide proof that the exclusion does not apply.

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

D. Cancelling the policy

1. Cancellation during the free-look period

Under the free-look provision, **you** can cancel the policy by writing to **us** within 14 business days from the date **you** received this policy document (the free-look period). As long as **you** have not made a claim, **we** will refund the premium **you** have paid, without interest and less any administration fee for processing **your** application.

If **we** sent **you** this policy document by post, **you** are considered to have received it seven days after the date **we** posted it.

2. Automatic cancellation

All cover under the policy for a particular **insured person** will end at 12.01am Singapore time on the earliest of the following events.

- (a) The date the **insured person** dies.
- (b) The policy anniversary immediately after the **insured person's** 80th birthday.

3. Cancellation due to employment ending

The policy will automatically end on the date the **insured person's** contract of employment ends or, if they are working in Singapore under a work permit or employment pass issued by the Ministry of Manpower, the date the permit or pass stops being valid.

As long as no claim has been made in the **policy period**, **we** will refund a percentage of the premium paid for that **policy period**. The percentage depends on how long the policy has been in force, as shown in the table in clause 5 below.

We will not refund any amount under S\$50.

4. Cancellation for non-payment of premium

If a premium is not paid from the **nominated account**, the cover will end immediately when any subsequent premium is not paid.

5. Cancellation by you or the premium payer

You or the **premium payer** can cancel the policy by sending **us** 30 days' notice. If **you** have not made a claim, **you** will be entitled to a refund.

- (a) If **you** pay an annual premium, and **you** have not made a claim in the current **policy period**, **we** will refund a percentage of the premium paid for that **policy period**. The percentage depends on how long the policy has been in force, as shown in the table below. The refund will be made to the **nominated account**.

How long the policy has been in force	Percentage of premium refunded
Up to one month	90%
Up to three months	75%
Up to six months	50%
Up to eight months	25%
More than eight months	0%

We will not refund any amount under S\$50.

- (b) If **you** pay a monthly premium, the policy will end on the next premium due date and **we** will not refund any amount.

6. Cancellation by us

We can cancel the policy by sending **you** 30 days' notice by registered letter to **your** last known address.

7. Outstanding claims when cover ends

The cover ending will not affect any claims relating to an event that happened before the date the cover ended.

8. Premiums when cover ends

When cover under the policy ends, the following will apply.

- (a) If any premium paid covers a period after the cover ends, the relevant proportion of the premium will be credited to the **nominated account**, or refunded to **you** or the **premium payer**, without interest.
- (b) If, on the date the cover ends, any premium is overdue, **you** or the **premium payer** must still pay the premium. **We** can choose to take the premium from the **nominated account**.

E. General conditions

1. Eligibility

You can only take out this policy if all of the following are true.

- (a) **You** or your husband, wife, parent or biological or legally adopted child is an **insured person**.
- (b) The **insured person** is a Singapore citizen, a Singapore resident, or living and working in Singapore with a valid pass (such as a work visa) that was issued by the Immigration and Checkpoint Authority or the Ministry of Manpower of Singapore.
- (c) The **insured person** is aged at least 40 and up to 70.

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 terms and conditions of the policy cannot be enforced by anyone other than **you** (or **your** estate after **your** death) or **us**.

4. Keeping to terms and conditions

We will only pay benefit under the policy if **you** and the **insured person** have kept to all relevant terms and conditions of the policy.

5. Currency

All premiums and benefits due under the policy must be paid in Singapore dollars.

6. Entire contract and interpretation

The policy, **policy schedule** and any endorsements make up the entire contract between **you, us** and the **premium payer**.

Any word or expression explained in the definitions section has that meaning wherever it appears in bold in this policy document and in the **policy schedule**.

7. False declaration

If **you** or the **insured person**:

- does not give **us** all relevant facts that they know or should know; or
- has deliberately made a false declaration or given **us** incorrect information, and this constitutes fraud; the policy will be considered to be void (that is, to have never existed).

8. Governing law

The policy will be governed by, and interpreted in line with, Singapore law.

9. Alterations

We can change the premium and the terms and conditions of the policy by giving **you** 30 days' notice of the change.

Any change will not apply until it is approved in writing by **our** authorised representative and shown in an endorsement.

10. Notice of changes

You must give **us** immediate written notice of any change in the **insured person's** country of residence (the country they were living in on the **cover start date**), occupation, hobbies, leisure activities or habits, any **accident, injury** or illness, or any physical condition which has affected the **insured person**.

After these changes (referred to as material changes), **we** may charge an additional premium, restrict the cover provided or cancel the policy.

11. Paying benefits

While the **insured person** is alive, all benefits due under the policy will be paid to them. After the **insured person's** death, any benefits due under the policy will be paid to the **insured person's** legal representative or estate.

Any receipt that **you**, the **insured person**, or anyone acting on the **insured person's** behalf gives **us** for a benefit payment will be proof that **we** have met **our** full obligation relating to the claim.

12. Premium payment before cover

(a) The premium for the policy must be paid to **us** on or before the **cover start date**, the renewal date, or the date an endorsement comes into effect. The premium will be considered to have been paid when:

- cash for the premium is handed over to **us**;
- a cheque for the premium is handed over to **us** 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 to **us** on or before the relevant date, no cover will be provided, regardless of any payment made after that date.

13. Paying the premium

The monthly premium shown in the **policy schedule** will be taken from the **nominated account**. If **you** pay an annual premium, **you** or the **premium payer** must pay it when it is due, along with any goods and services tax charged.

14. Premium due dates

The premium shown in the **policy schedule** will be due on the **cover start date**. Subsequent premiums will be due as follows.

- (a) If **you** pay a monthly premium, on the same day of each month. If the month a subsequent premium is due in does not have a date that corresponds with the day the **cover start date** fell on, the premium must be paid on the last day of that month.
- (b) If **you** pay an annual premium, on each anniversary of the **cover start date**.

15. Reasonable care

The **insured person** must take all reasonable precautions to prevent an **accident** or **injury**.

16. Automatic renewal

Unless **you** or **we** exercise the right to cancel the policy, or the cover under the policy ends, the policy will be renewed automatically each year, as long as all premiums are up to date. **We** do not guarantee to renew the policy. If **we** do, **we** may adjust the renewal premium.

The policy can be renewed up to the **insured person's** 80th birthday.

17. Territorial limits

This policy will cover claims arising:

- in Singapore; or
- while outside Singapore for no more than 180 days in a row.

F. Claim conditions

1. Medical examination

The **insured person** must, whenever reasonably required by **us**, have a medical examination carried out by a **medical practitioner** appointed by **us**. **We** will pay for that examination.

2. Reporting an accident

When any **accident** likely to give rise to a claim under the policy happens, **you** must give **us** full details of the **accident** and the resulting **injury** (or injuries) within 30 days. After the **accident**, the **insured person** must get proper medical or surgical advice as soon as possible, and follow that advice properly.

3. Providing documents

You must give **us** all certificates, forms, bills, receipts, information, documents and evidence **we** ask for to support a claim, unless **we** agree otherwise in writing.

You must provide any proof of loss **we** need within 60 days of the loss arising.

G. Total distribution cost

The Total Distribution Cost of this policy is up to 35% of the premium. This cost includes commissions, fee, benefits and services provided to the distribution channel. Please note that the Total Distribution Cost is not an additional charge to you, as it is already incorporated into your premium.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Protection is automatic for the policy. You do not need to take any action. For more information on the benefits covered under the scheme, contact us or visit the General Insurance Association website (www.gia.org.sg) or the SDIC website (www.sdic.org.sg).