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proMedico

Applicable to policies effected on/after 15 Oct 2020 and 1 Nov 2021

Please read this insurance policy carefully to ensure that you understand the terms and conditions and that this policy meets your requirements. If there are any changes that may affect the insurance cover provided, please notify us immediately.

Contents

Introduction

The cover provided shall be determined by the Policy wordings contained herein together with any Schedule and Memoranda. The benefit limits are stated in the Policy Schedule and any cover not shown therein is not provided. The base currency for this insurance is Singapore Dollars (S$).

The current policy replaces any other policy previously issued to cover insurance described herein. The Policy issued by Liberty Insurance Pte Ltd (the Insurer) governs the rights and obligations of all parties to the proMedico Health Plan (the Policy). The Insurance is effective only after the applicant has been accepted by the Insurer and becomes and remains insured in accordance with the terms provisions and conditions set out in the Policy.

Insurance shall commence from the date specified on the Policy. The policy is an annual contract which until terminated shall be renewed each year on the Due Date subject to the Policy being in force at the time of each renewal and any variations as may be set out in writing by the Insurer. All premiums will be payable on or before the Inception date or Due Date of the Policy. If payment is not made on or before the Inception date or Due Date the insurance will be terminated.

When an Insured Person undergoes medical treatment for Injury or Illness, he can claim for the course of treatment until the exhaustion of the stated limits as shown in the Schedule of Benefits or the expiry of the period of insurance or the termination of this insurance whichever is the earlier event.

Upon receipt of proof of claim the Insurer will pay up to the limits shown in the Schedule of Benefits for expenses necessarily incurred as a direct result of the Insured Person suffering bodily Injury or Illness during the period of insurance.

The legal representative of the Insured Person shall have the right to act for an Insured Person who is incapacitated or deceased. Benefits are payable to the Insured Person, his legal representative executor or to the licensed providers of the eligible medical treatments and/or services rendered to the Insured Person.

Benefits are limited to the usual Reasonable and Customary charges in the country or area where the treatment is provided.

Eligibility and Scope

Persons Eligible

To be eligible for cover under this Policy, You must be aged between 18 and 69 years (age next birthday). Your dependents are also eligible for cover. A newly born child is eligible for cover fifteen (15) days after the date of birth or after discharge from the hospital, whichever is later. Subject to Our approval, cover may be renewed for You and Your spouse up to (and including) age 90.

The following persons are eligible for cover as an Insured Person:

1. Residents of Singapore mean Singapore Citizens and Permanent Residents as well as holders of employment passes, work permits, students' passes or dependents' passes

2. Non-Residents of Singapore provided they are not Permanently Residing in USA. "Permanently Residing" means living or intending to live in another country for a period in excess of sixty (60) consecutive days

If an eligible Insured Person is confined in a Hospital on the date when his/her cover would otherwise become effective, such cover will not become effective until the date following his/her discharge from Hospital.

For Permanent Total Disability, cover will automatically cease on the first due date of the following 65th birthday of the Insured Person or whenever the Insured Person ceases full time occupation (whichever is the earlier).

Addition of Dependants

Your Dependants who are eligible may be included as Insured Persons under this Policy if:

1. You request such inclusion

2. Your Dependants are eligible to be insured in accordance with our terms and standards of acceptance; and

3. the required additional premium is paid

Cover for your Dependants will only commence on the date on which We determine the above conditions have been met.

Dependants must have the same coverage as an Insured Member (except Maternity Care benefits) and subject to acceptance by Us.

The Company must be informed of the location of any Dependants whose Usual Country of Residence is different from that declared for the Insured in the proposal form and We at all times reserve the right to cover such Dependants on terms and conditions that is consider appropriate or to decline to cover such Dependents under the Policy.

Geographical Scope

This Policy covers an Insured Person in his/her Usual Country of Residence on a twenty-four (24) hours basis. This Policy also covers an Insured Person while outside his/her Usual Country of Residence, subject always to the limits specified in the Policy Schedule, and subject to the following conditions:

1. An Insured Person, who is not Permanently Residing in USA, is covered for any treatment received in USA due to Illness or Injury subject to a 20% Co- insurance on the first S$16,000 of eligible medical expenses incurred

2. Where an Insured Person, who is domiciled in Singapore but lives/travels outside Singapore for a continuous period of more than ninety (90) days, the eligible expenses subsequently incurred outside Singapore will be capped & limited to the charges for equivalent treatment at the Singapore General Hospital, and subject always to policy limits

3. If the treatment is available and any Insured Person chooses to be treated outside Singapore or the Usual Country of Residence, our liability is capped and limited to the charges for equivalent medical treatment at the Singapore General Hospital or the Usual, Reasonable and Customary charges in the country or area where treatment is provided, and subject always to policy limits

Definitions

The following definitions apply to the Plan:

Term		Meaning
1.	Accident	An event of violent, accidental, external and visible nature, which independently of any other cause, is the sole cause of bodily Injury
2.	Age	Age next birthday, unless the context otherwise requires
3.	Chinese Herbal Medication	The medications prescribed by a Chinese Physician in writing, and directly related to the Sickness/Bodily Injury being treated. Note: Any charges made not within the definition of Chinese Herbal Medication shall not be subject to reimbursement
4.	Chinese Physician	A legally licensed Chinese medical practitioner (including a Chinese herbalist, acupuncturist or bonesetter) duly registered and practicing within the scope of their license and training under the geographical area of the country in which such practice is maintained and renders treatment directly related to the Sickness/Bodily Injury being treated. A Chinese Physician cannot be the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person. Note: Any charges made not within the definition of Chinese Physician shall not be subject to reimbursement
5.	Congenital Conditions	mean (i) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known about at birth and (ii) any neo-natal abnormalities developed within six (6) months of birth
6.	Day surgery	Surgery on an Insured Person for the treatment of a covered Illness or Injury and which is pre-planned and carried out by a Surgeon, at a Hospital or Clinic, but not on an Inpatient basis
7.	Deductible/Co-insurance	The portion of costs for which the Insured Person is liable for a benefit to be payable under the Policy. The Deductible/Co-insurance will apply to each and every ailment/diagnosed medical condition for which a claim is made within any one Policy Year. The Deductible/Co-insurance is subject to Goods & Services Tax (GST) if applicable
8.	Dentist	A person duly licensed and registered and practicing dentistry within the scope of their license and training under the geographical area of the country in which such practice is maintained but excluding a Chinese Physician or Physician. A Dentist cannot be the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person

Term	Meaning
9. Dependants	Any of the following persons: **a)** Legal spouse aged between 18 and 90 years old, provided that the aged of 70 to 90 years old shall be applicable to renewals only **b)** An unmarried and unemployed child Aged between 15 days and 18 years **c)** An unmarried and unemployed child between 19 and 25 years old (inclusive) if he or she is enrolled in an educational institution or full-time higher education
10. Disability	An Illness or Injury, and any symptoms, sequelae, or complications thereof. In the case of Injury, it means all injuries arising from the same event or series of contiguous events
11. Emergency	A sudden change in Insured Person's health which requires urgent medical or surgical intervention to avoid death or serious impairment to the Insured Person's health
12. Endorsement	An authorised amendment to the Policy
13. Home Country/Nationality	The country of which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be taken to mean the country which the Insured Person has declared to Us. Where Dependants are included, the Home Country for Dependants will be the Home Country declared to Us in the proposal form
14. Hospital	A legally constituted establishment operating pursuant to the laws of the country in which it is based, and registered as a Hospital with appropriate license (if licensing is required in the state or government jurisdiction), and meets the following requirements: **a)** operates primarily for the care and treatment of sick, ailing or injured persons **b)** provides a 24-hour a day nursing service by legally qualified registered nurses under medical supervision of a Physician **c)** always has a staff of one (1) or more Physician(s) available **d)** maintains organised facilities for the medical diagnosis and treatment, and provides (where appropriate) facilities for major surgery within the confines of the establishment or in facilities controlled by the establishment; and is not primarily an outpatient medical center, day procedure center, clinic, nursing, rest or convalescent home, psychiatric institution, community Hospital, rehabilitation institution, a place for alcoholics or drug addicts or similar establishment

Term	Meaning
15. Illness/Sickness	A physical condition marked by a pathological deviation from the normal healthy state contracted by an Insured Person but does not include Pre-existing Conditions
16. Injury	An external and visible bodily injury caused solely and directly by an Accident and does not include any Illness or naturally occurring medical conditions or degenerative process
17. Inpatient	An Insured Person who is admitted in the Hospital and occupies a bed overnight, or longer, which is Medically Necessary during the treatment of a Bodily Injury or Sickness and not solely for any form of nursing, convalescence, rehabilitation, rest or extended care
18. Insured Person	An individual person so described in the Policy Schedule, whose name is included in the proposal form and in respect of whom commencement of cover has been approved and confirmed in writing by Us and refers to the person as being covered under the Policy. May include an "Insured Member" or "Insured" or "Policyholder", if such is validly insured
19. Marriage/Married	The union of two individuals recognised by laws of any jurisdiction
20. Medically Necessary	The procedures, treatments, supplies or medical services which in the opinion of a Physician: **a)** are required for the direct treatment or diagnosis of the Insured Person's Bodily Injury or Sickness; and **b)** are appropriate and consistent with the symptoms and findings or the direct treatment or diagnosis of the Insured Person's Bodily Injury or Sickness; and **c)** are in accordance with generally accepted medical practice; and **d)** are not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and **e)** cannot have been omitted without adversely affecting the Insured Person's Bodily Injury or Sickness
21. Overseas	Any destination(s) outside the territorial boundaries of the Usual Country of Residence or Home Country
22. Period of Insurance	The period of Cover for the respective Insured Persons as shown in the latest Schedule or Endorsement
23. Physician	A legally qualified medical practitioner or Specialist who is registered and licensed to lawfully render medical and/or surgical services under the laws of the country and geographical area in which they practice but excludes the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person. Physician does not include allied health professionals or paramedical such as but not limited to podiatrist, psychologist, optometrist except as endorsed in the Schedule

Term	Meaning
24. Physiotherapist/ Chiropractor	A legally qualified Physician who is registered and licensed to lawfully render physiotherapy or chiropractor treatment and is practicing within the scope of its license under the laws of the country and geographical area in which they practice but excludes the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person
25. Planned Treatment	A pre-scheduled medical treatment which are Medically Necessary but does not include Emergency medical treatments. Planned Treatments where Insured Person is an Inpatient at a Hospital must obtain prior approval from Insurer. Considerations by Insurer for approval may include whether: **a)** the cost will not exceed the Usual, Reasonable and Customary Charges in Country of Residence; and **b)** whether Insured Person obtained medical treatment quotations from the elected Hospital and submitted to the Insurer for pre-authorisation. The Insurer shall reserve the rights to reimburse only a proportion of the cost or otherwise if the Insured Person fails to pre-notify the Insurer
26. Policy	Refers to a policy contract between You and Us. Its full terms are set out in the current versions of the following documents as sent to You from time to time even after inception and includes **a)** any application form We ask You to fill in **b)** the terms and the benefit table setting out the Cover under your plan in your Schedule **c)** Schedules **d)** Endorsements **e)** Memoranda
27. Policy Inception Date	The first commencement/effective date cover of an Insured Person
28. Policy Schedule/Schedule	The document We send which contains certain details relevant to and as part of the Policy
29. Policy Year	The period stated as Covered Period in the then current Schedule and Statement of Insured Person or Endorsement or such shorter time if the Policy is terminated, and for which cover applies under the Policy
30. Policyholder	The entity(ies) or individual(s) listed as policyholder in the Policy, and whom is the contracting party of the Master Policy and payer of the Premium. Where the Policyholder is more than one firm, partnership, company, association, organisation or entity of a similar nature, the Policyholder shall refer to all of them taken together as a whole and any

Term	Meaning
	obligation and any liability pertaining to Policyholder under this Policy or the Master Policy shall be joint and several. May also be an "Insured Person"
31. Polyclinic	Polyclinics located within Singapore, as listed on the Singapore Ministry of Health website, as the same is or may be updated, amended or revised from time to time
32. Pre-Existing Condition	**a)** any condition for which a Physician was consulted or for which treatment or medication was prescribed prior to the first day of coverage under this Policy; OR **b)** a condition, the manifestation, or symptoms of which a reasonable person in the circumstances would be expected to be aware of or to have taken reasonable steps to consult a Physician prior to the first day of coverage under this Policy; OR **c)** Sickness (including pregnancy) contracted or other bodily injury or dental condition sustained by an Insured Person for which the diagnosis of, or symptoms should reasonably have or will receive medical treatment, consultation, prescribed drugs or advice from a Physician prior to the first day of coverage under this Policy Pre-existing Conditions disclosed during application for which no exclusions were issued on the Schedule are covered. Pre-existing Conditions which have been declared and accepted by the Insurer in writing are covered. Non-disclosed Pre-existing Conditions or misleading information with respect to the medical history of the Insured Person could result in the denial of the application for coverage, denial of claim and/or cancellation or invalidation of this Policy
33. Psychiatrist	A duly qualified Physician who is registered and licensed to lawfully render psychiatric consultation or treatment and is practicing within the scope of its license under the laws of the country and geographical area in which they practice but excludes the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person
34. Renewal Date	The date on which the Policy is renewed for a further Period of Insurance
35. Serious Medical Condition	A condition which in the opinion of the Company or its authorised representatives constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Person's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Person's geographical location the nature of the medical emergency and the local availability of appropriate medical care or facilities
36. Specialist	A legally qualified Physician commonly recognized in the medical profession as a Specialist in the medical specialty in respect of the

Term	Meaning
	Insured Person's medical condition or treatment but excludes the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or an Insured Person
37. Spouse	The Insured Person's lawful husband or wife from Marriage
38. Standard One Bedded Private Room	A basic single occupancy room with adjoining bath or shower room, in a Hospital but excludes any room in a Hospital with amenities upgraded beyond a basic single occupancy room with adjoining bath or shower room
39. Territorial Scope	Worldwide excluding Insured Person residing in USA for a period of 60 days or more. Treatment received in USA during the first sixty (60) days will be subjected to a 20% Co-insurance on the first S$16,000 of eligible medical expenses incurred. The Policy shall be automatically terminated on day sixty-one (61) when the Insured Person is living or residing in USA for a period in excess of 60 days.
40. The Company, We, Our, Us, Insurer	Liberty Insurance Pte Ltd
41. Traditional Chinese Medical Practitioner	A person qualified as a traditional Chinese medicine practitioner (other than an Insured Person or a member of his Immediate Family or his business associates including any business partners, employers or employees) engaged in the practice of traditional Chinese medicine, and who is duly licensed and registered with the relevant statutory traditional Chinese medical practitioners board or council to practice traditional Chinese medicine and who in rendering treatment, is practicing within the scope of his licensing and training in the geographical area of his practice
42. Usual Country of Residence	The country in which the Insured Person is usually residing as stated in the Policy and which is declared in the proposal form. The Company must be informed in writing of any permanent change in the Insured Person's Usual Country of Residence. A permanent change in the Usual Country of Residence shall be deemed to mean the Insured Person's living or intending to live in another country for a period in excess of ninety (90) days. The Company reserves the right to continue cover on terms and conditions it considers appropriate to the new Country of Residence or to decline to continue cover under the Policy
43. Usual, Reasonable and Customary Charges	The standard or most common charges for treatment, supplies or medical services Medically Necessary to treat the Insured Person's Bodily Injury or Sickness, or Serious Medical Condition which does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed.

Term	Meaning
	No benefit shall be paid for charges which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for like or same Bodily Injury or Sickness or Serious Medical Condition. Reference on charges for medical treatment will be based on the guidelines provided by Singapore Ministry of Health (MOH). In the event that the particular treatment is not stated on the MOH guideline, we reserve the right to base the reference charge or proportionately reduce any claim to reflect the average charge of 3 physicians in the same specialty for the same surgical intervention or treatment. In the event of any differences in opinions between Our Physician and Your Physician, Our Physician's opinion shall prevail.
44. Waiting Period	The number of consecutive days (if any) during which no Benefit is payable under the Policy
45. You, Your	The Insured Person named in the Policy Schedule

1. Definition of Benefits

Annual Overall Limit

The total aggregate benefits limit that may be claimed in any one Policy Year by an Insured Person as specified in the Schedule of Benefits.

Hospital Benefits

1. Daily Hospital Room and Board
   Insurer will reimburse the Usual, Reasonable and Customary Charges for Standard class room accommodation (including meals and general nursing services) incurred per day up to the Benefit limit stated in the Schedule while the Insured Person is admitted as Inpatient in the Hospital.
   If the Insured Person's room is upgraded exceeding the coverage level, the Room & Board reimbursement will be paid up to the level covered by the Policy.

   In the event that an Insured Person shall be confined as an Inpatient in a high dependency unit (HDU) or coronary care unit (CCU) or such other similar care units or sections in a Hospital, We shall pay under this Benefit.

2. Parent's accommodation as companion for child
   Insurer will reimburse the Usual, Reasonable and Customary Charges for parent's accommodation incurred by one (1) parent of an Insured Person under 12 years old, whom is treated for Illness or Injury at a Hospital in excess of three (3) days, and the treating Physician has advised in writing that a parent should remain with the Insured Person.

3. Intensive Care Unit
   Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for intensive care unit up to the Benefit limits stated in the Schedule if an Insured Person is admitted as Inpatient in the Hospital.
   This Benefit shall be payable when the Insured Person is charged for intensive care unit expenses for Serious Medical Condition, Sickness or Bodily Injury which necessitated an intensive care phase.

4. Hospital Services
   Insurer will reimburse the Usual, Reasonable and Customary Charges for the actual expenses incurred as Hospital services for Medical treatment and services or materials supplied by the Hospital to the Insured Person during a Hospital confinement and provided they are medically necessary, arising out of or related to an Illness or Injury. These include operating theatre charges; anaesthetist fee; oxygen and their administration; drugs, dressings or medicines prescribed by the attending Physician for in hospital use; inpatient diagnostic procedures and laboratory tests, nursing, theatre consumables and other ancillary charges. The costs of non-medically necessary goods or services including items such as telephone, television and newspapers are not covered.

5. Surgeon's Fee
   Insurer will reimburse the Usual, Reasonable and Customary Charges for the actual expenses incurred for Surgery or Day Surgery, charged by a Surgeon, provided that such Surgery or Day Surgery was performed by a Surgeon.

6. Day Surgery (includes minor surgical procedure in a clinic)
   Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for a surgery carried out by a Surgeon on an out of-hospital basis. Surgical procedure performed in a clinic is subject to the same interpretation. Day Surgery cover excludes all non-surgical procedures and related treatment.

7. Daily In-Hospital Physician's Visit
Insurer will reimburse the Usual, Reasonable and Customary Charges for the fees charged by the attending Physician for daily bedside visits to the Insured Person after Inpatient treatment and limited to one (1) visit by each Physician per day.

8. Pre-Hospitalisation/Pre-Day Surgery Diagnostic Services
Insurer will reimburse the Usual, Reasonable and Customary Charges for X-ray, laboratory examinations or other medically necessary diagnostic procedures which are recommended in writing by a Physician, which are incurred within 90 (ninety) days or 120 (one hundred and twenty) days if so specified in the Schedule immediately prior to Hospitalisation or Day Surgery (includes minor surgical procedure in a clinic) for the treatment of a covered Illness or Injury.

9. Pre-Hospitalisation/Pre-Day Surgery Specialist's Consultation
Insurer will reimburse the Usual, Reasonable and Customary Charges for consultation (Including medication) with a General Practitioner, or a Specialist, if recommended in writing by General Practitioner, which are incurred within 90 (ninety) days or 120 (one hundred and twenty) days if so specified in the Schedule immediately prior to Hospitalisation or Day Surgery (includes minor surgical procedure in a clinic) for the treatment of a covered Illness or Injury.

10. Post-Hospitalisation/Post-Day Surgery Treatment
Insurer will reimburse the Usual, Reasonable and Customary Charges for follow-up treatment by the same attending physician within 90 (ninety) days or 120 (one hundred and twenty) days if so, specified in the Schedule immediately following discharged from Hospital or Day Surgery (includes minor surgical procedure in a clinic). Cover is restricted to follow-up treatments of the specific medical condition for which the Insured Person received Inpatient treatment or Day Surgery (includes minor surgical procedure in a clinic) covered by the Policy. Charges for medicines or drugs prescribed for use beyond 90 (ninety) days or 120 (one hundred and twenty) days if so, specified in the Schedule after discharged from Hospital or Day Surgery will be excluded.

11. Home Nursing
If this benefit is specifically stated and covered under the Schedule of Benefits, Insurer will reimburse the Usual, Reasonable and Customary Charges incurred for the cost of nursing services of a government licensed nurse in the Insured Person's abode when prescribed by a Physician for continued treatment of the specific medical condition for which the Insured Person was hospitalised and only when such services are essential for medical as distinct from domestic reasons. Cover will be limited to a maximum of 26 weeks per Policy Year.

12. Surgical Implants
Insurer will reimburse the Usual, Reasonable and Customary Charges incurred by an Insured Person for any lens, prostheses, braces (excluding braces for teeth), pacemakers, artificial cardiac valve, artificial limbs or similar orthopaedic appliances and implants, provided that they are surgically implanted, and certified to be Medically Necessary and not implanted for cosmetic reasons up to the benefit limits stated in the Schedule. Dental implants are not covered.

For the appliances of stents for percutaneous transluminal coronary angioplasty and intraocular lens for cataract surgery, such cost of appliances will be paid under Hospital Services.

13. Cancer Treatments
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for cancer treatments up to the Benefit limit stated in the Schedule if an Insured Person has undergone the following:

a) chemotherapy

b) radiotherapy

c) target therapy

d) gamma knife

e) cyberknife

f) immunotherapy

g) hormonal therapy

h) proton therapy

for cancer treatment in a Physician's office or as a Day-patient or In-patient in the Hospital for the above treatments subject always to the benefit overall limit as stated in the Schedule.

This Benefit shall cover any expenses for related supportive treatment, such as antiemetic and haematopoietic agents and target therapy treatment monitoring procedures such as Computerised Tomography Scans (CT Scan), Positron Emission Tomography (PET) and blood tests if performed on an Day-patient or Inpatient basis subject always to the benefit overall annual limit as stated in the Schedule.

14. Kidney Dialysis
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undergone regular haemodialysis or peritoneal dialysis as a result of chronic and irreversible kidney failure in a Physician's office or as In-patient in the Hospital for such treatment as recommended by a Specialist. In no event shall the reimbursement exceed the benefit overall annual limit as stated in the Schedule. We do not cover the costs for the acquisition of any device, apparatus, appliance, machine and equipment for Kidney Dialysis. Without prejudice to the foregoing, We do not cover the costs of acquisition of a cycler device or such similar equipment for peritoneal dialysis.

15. Miscarriage (due to accident only)
Insurer will reimburse the Usual, Reasonable and Customary Charges incurred for necessary Emergency Treatment by a Physician for miscarriage suffered by an Insured Person as a result of an Accident. This Benefit shall be payable for each occurrence of a miscarriage suffered by an Insured Person as a result of an Accident in each Period of Insurance, up to the limit as shown on the Schedule.

In the event that an Insured Person shall suffer from an ectopic pregnancy and miscarriage as a result of an Accident, We shall pay under this benefit for the miscarriage only, the ectopic pregnancy shall not be payable under this benefit.

16. Rehabilitation Benefit
If while this Benefit is in force and recommended by a Physician in writing as Medically Necessary, Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred up to 90 days after discharge from the Hospital for a covered Sickness or Bodily Injury, if an Insured Person requires rehabilitation to restore normal form/near to normal form or function to the body. In addition to room and board and general nursing fees, the following additional costs incurred while admitted to a rehabilitation centre will be covered under this benefit:

a) occupational therapy fees

b) special treatment room fees

c) speech therapy fees

In no event shall the reimbursement exceed the benefit overall limit as stated in the Schedule.

Rehabilitation centre refers to a facility specifically licensed to care for people who have suffered neurological, musculoskeletal, orthopaedic and other Serious Medical Conditions and are not yet able to care for themselves at home. It must be:

a) a unit within a Hospital or a separate facility having accommodation for bed patients

b) organised to provide an intensive rehabilitation program to inpatients; and

c) under supervision of a Physician; and

d) staffed with full-time by nurses working under the supervision of a duly registered and licensed nurse

Rehabilitation treatment must be certified by a Physician as Medically Necessary. The factors to be considered in making such certification must include, but are not necessarily limited to,

a) The type and severity of the illness or injury, and the Insured Person's overall state of health and prior treatment history

b) The amount of therapy expected to be performed every day

c) The risk of deterioration or non-recovery of function if therapy is not completed; and

d) The extent to which the Insured Person will be able to perform activities of daily living during the rehabilitation period

We reserve the right to require re-authorisation of any rehabilitation centre services at any time upon notice to the Insured Person.

17. Local Ambulance Services
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for the Medically Necessary or Emergency road ambulance transportation services to and from a local Hospital up to the limits as stated in the Schedule.

18. Taxi-Fare Travelling to and from Hospital within Singapore
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for the taxi fare incurred by the Insured Person for the purpose of travelling to and from Hospital within Singapore only upon a Hospital admission or arising from a Day Surgery procedure.

19. Mobility Aids and Medical Appliances
Insurer will reimburse the Usual, Reasonable and Customary Charges for the following items and their accessories if prescribed by a Physician for a disability:

a) crutches, canes, walkers, manual wheelchairs

b) medical appliances include cranial helmets, nebulizers, oxygen pumps and masks, hearing aids, corrective splints, insulin pumps, infusion pumps, glucose monitors and lancets, orthotic/ orthopaedic braces and supports, trachea-esophageal voice prosthesis, arch support, and consumable diabetes or ostomy supplies. All these should be necessary to assist the Insured Person following discharged from the Hospital

up to the limit as stated in the Schedule

20. Inpatient Psychiatric Treatment
If while this Benefit is in force and recommended by a Physician in writing, Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person is admitted as registered Inpatient and has undergone the psychiatric treatment by a Psychiatrist in the Hospital. In no event shall the reimbursement exceed the benefit limit as stated in the Schedule. Pre-Hospitalisation treatment which is given before and Post-Hospitalisation treatment which is given after Inpatient psychiatric treatment are excluded under this benefit.

21. Organ Transplantation
If the Insured Person, is a recipient of an organ or bone marrow for a covered organ transplant, Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred in respect of the following organ transplant operations only:

a) kidney

b) heart

c) liver

d) lung

e) pancreas; and/or

f) bone marrow

The cost of transplantation incurred by the donor will be payable up to 20% of the transplantation cost and is subject to 2 (two) years waiting period.

The covered donor's medical cost will be reduced by the amount which is payable to the donor in relation to those costs under any other insurance policy or from any other source.

For avoidance of doubt, all costs relating to the acquisition of the organ or bone marrow are not covered under this benefit if it is chargeable to the Insured Person.

Outpatient Treatments

1. Emergency Outpatient Accidental Treatments
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for services and medical supplies provided by the Hospital or clinic or Chinese Physician for emergency treatment of an Injury as a result of an Accident and received as an outpatient within 24 hours after the Accident. Eligible expenses incurred thereafter for follow-up treatment of the specific medical conditions by the same Physician or Chinese Physician will be reimbursed up to 30 days from the date of Accident, including charges for medication prescribed in writing for that same treatment or consultation.

Provided that: where treatment is received by Chinese Physician, the total aggregate liability under this Section shall not exceed S$300 per event/occurrence in any Period of Insurance.

2. Emergency Outpatient Dental Treatment following accident
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for medically necessary dental emergency treatment by a Dentist to restore or replace sound natural teeth lost or damage as the result of an Accident within 24 hours after the Accident. Eligible expenses incurred thereafter for follow-up treatment of the specific condition will be reimbursed up to 30 days from the date of Accident, including charges for medication prescribed in writing by the attending Dentist.

3. Outpatient Alternative Treatments
Subject to the availability of this Benefit, Insurer will reimburse the Usual, Reasonable and Customary Charges incurred by an

Insured Person for consultation and treatment provided and prescribed by a qualified Alternative Practitioner (registered chiropractor, podiatrist, dietitian, nutritionist, naturopath, physiotherapist, acupuncturist, homeopath, osteopath and traditional Chinese medicine practitioner).

Insurer will also pay for vitamins, supplements, and Chinese traditional medicine when such are prescribed by the Alternative practitioner or Physician within this benefit and up to the limits stated in the Schedule. You should obtain a non-contra-indication for the use of alternative treatment from their treating physician as Insurer will not pay for any complications arising from such alternative treatment in excess of the limit shown for this Benefit. In no event shall the reimbursement exceed the benefit limit stated in the Schedule.

Other Benefits

1. Daily Hospital Cash Allowance
If an Insured Person is admitted in a Singapore Government/Restructured Hospital ward which is lower than the room and board entitlement as stated in the Schedule of Benefits, and provided this Hospitalisation claim is payable under this Policy, We will pay You a daily hospital cash benefit up to the sub-limits stated in the Schedule of Benefits and for a maximum of thirty (30) days per disability. However, no benefit will be payable if the Hospital admission is for a Day Surgery.

2. Medical Report Fees
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred by an Insured Person for any medical reports requested by Us in respect to an Illness or Injury suffered or sustained by the Insured Person in relation to a claim submitted to Us under this Policy.

3. Dread Disease Recuperation Benefit (Coronary Artery By-Pass, Heart Attack, Cancer, Stroke)
This benefit applies to an Insured Person who contracts Cancer or sustains a Heart Attack or a Stroke or undergoes Coronary Artery By-pass surgery.

This benefit is not payable in respect of Cancer, Coronary Artery By-pass Surgery or Heart Attack which takes place within ninety (90) days of the date on which an Insured Person is first covered under this Policy.

a) Coronary Artery By-Pass Surgery
The actual undergoing of open-chest surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts. This diagnosis must be supported by angiographic evidence of significant coronary artery obstruction and the procedure must be considered medically necessary by a consultant cardiologist. Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures are excluded.

b) Heart Attack
Death of a portion of the heart muscle arising from inadequate blood supply to the relevant area. This diagnosis must be supported by three or more of the following criteria which are consistent with a new heart attack:

i) History of typical chest pain

ii) New electrocardiogram (ECG) changes proving infarction

iii) Diagnostic elevation of cardiac enzyme CK-MB

iv) Diagnosis elevation of Troponin (T or 1)

v) Left ventricular ejection fraction less than 50% measured 3 months or more after the event

c) Cancer
A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by an oncologist or pathologist.

The following are excluded:

i) Tumours showing the malignant changes of carcinoma-in-situ and tumours which are histologically described as premalignant or non-invasive, including, but not limited to: Carcinoma in-Situ of the Breasts, Cervical Dysplasia CIN-1, CIN-2 and CIN-3

ii) Hyperkeratosis, basal cell and squamous skin cancers, and melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3, unless there is evidence of metastases

iii) Prostate cancers histologically described as TNM Classification T1a or T1b or Prostate cancers of another equivalent or lesser classification, T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1cm in diameter, Papillary micro- carcinoma of the Bladder, and

iv) All tumours in the presence of HIV infection

d) Stroke
A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, cerebral embolism and cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

i) Evidence of permanent neurological damage confirmed by a neurologist at least 6 weeks after the event; and

ii) Findings on Magnetic Resonance Imaging Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis or a new stroke

The following are excluded:

i) Transient Ischemic Attacks

ii) Brain damage due to an Accident or Injury, infection, vasculitis and inflammatory disease

iii) Vascular disease affecting the eye or optic nerve; and

iv) Ischemic disorders of the vestibular system

4. Special Grant
If while this Benefit is in force, the Insurer will pay the benefit amount stated in the Schedule in the event that Insured Person dies from:

a) A covered Injury

b) A covered Illness as a registered Inpatient during the treatment for such Illness at the Hospital or within 90 (ninety) days after discharge from the Hospital, in the Insured Person's Usual Country of Residence

5. Congenital Conditions
If while this Benefit is in force and recommended by a Physician as Medically

Necessary, the Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for treatments of Congenital Conditions that did not manifest or was not diagnosed before the Insured Person attained the Age of eight (8). In no event shall the reimbursement exceed the lifetime benefit limit stated in the Schedule.

6. Permanent Total Disability

The Permanent Total Disability of an Insured Person, as a consequence of bodily Injury arising from Accident or Illness which prevents the performance and exercises of the usual profession or occupation, or any occupation which by education and training the Insured Person may be qualified to perform and can reasonably be expected to do so.

Subject to the availability of this Benefit, Cover for the Permanent Total Disability benefit will take effect when shown in the Policy.

a) Insured Person

An employee or a self-employed person who has completed or whose name is included on the proposal form and for whom commencement of cover has been confirmed by Us. All Dependents and housewives are excluded from cover under the benefit.

b) Manual Worker

An Insured Person whose occupation involves him/her in work of a manual or physical nature, sometimes known as blue collar worker.

7. Overseas Emergency Services

In addition to all applicable Exclusions under this Policy, We may determine, review and revise at our absolute discretion the scope, terms and conditions and/or provider of these Overseas Emergency Services from time to time and shall not be liable for any loss, damage, liability or claims arising from or in connection with acts or omission of any third-party service providers, including without limitation those providing worldwide emergency assistance and all other services available to You or the Insured Persons under this Policy.

If the Insured Person becomes entitled to a refund or reimbursement of all or part of such Overseas Emergency Services from any other source, We will only be liable for the additional amount not recoverable from such other source or insurance.

The Plan's 24-hour Assist Hotline number provided should be contacted to obtain advance approval for any Emergency evacuation or repatriation and to make the necessary transportation arrangements. Failure to do so may invalidate a claim for such costs.

a) Emergency Medical Evacuation/ Repatriation

If during the Policy Year, whilst the Insured Person is outside Country of Residence and sustains Bodily Injury or suffers from Serious Medical Condition arising out of and in the course of his/her journey, provided that such journey is not undertaken against the advice of a Physician, which directly causes or results in the necessity for Emergency medical evacuation and/or repatriation services, Our appointed services provider or its authorised representative, will on Our behalf, arrange for:

i) the Emergency transfer of the Insured Person to one of the nearest Hospitals

ii) en-route Emergency medical care; and

iii) if required for Medically Necessary treatments and care, the medically supervised Emergency evacuation of the Insured Person by any appropriate means (including but not limited to air ambulance, scheduled commercial flight, and/or road ambulance) to a Hospital more properly equipped for the particular Serious Medical Condition; or

iv) following the stabilisation of an Insured Person's condition, if it is determined Medically Necessary, repatriate the Insured Person back to the Country of Residence or Home Country for further and continued care and proper treatment.

Our appointed services provider retains the absolute right to decide if the Insured Person's medical condition is sufficiently serious to warrant Emergency medical evacuation or repatriation and the place to which the Insured Person shall be evacuated and the means or method by which such evacuation or repatriation will be carried out having regard to all the facts and circumstances of which Our appointed Emergency services provider is aware at the relevant time and in consultation with its designated Physician and the local attending Physician.

The Policy shall pay for the Usual, Reasonable and Customary Charges necessarily and unavoidably incurred in the above Emergency evacuation and repatriation services so arranged by Our appointed service provider.

This Benefit is not available to any maternity-related incidents unless the Accident or Serious Medical Condition sustained by the Insured Person directly caused the maternity-related Emergency, and the Insured Person is insured with the optional Maternity Care Benefit in the Policy and in no circumstances where the pregnancy has entered or entering the third trimester at the Commencement Date of the Policy, Date of Entry, or at the start of any Overseas journey.

b) Repatriation of Mortal Remains

Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred up to the Benefit limits stated in the Schedule (if any), if during the Policy Year, in the event of an Insured Person's death while Overseas, Our appointed services provider will arrange for:

i) repatriation of the mortal remains of the Insured Person to the airport of the Insured Person's Country of Residence or Home Country; or

ii) assist Insured Person's Family Members in local burial arrangements in the Overseas country

c) Compassionate Visit

If the Insured Person is travelling alone Overseas and is hospitalised outside his/her Country of Residence for seven (7) consecutive days, and the appointed service provider's designated Physician along with the local attending Physician determines that it is Medically Necessary for the Insured Person to be accompanied by a Family Member or a friend, the appointed service provider will arrange and pay for a round trip economy class air ticket and/or a reasonable transportation mean for the Family Member or friend designated by the

Insured Person who will be visiting the Insured Person from his/her home to the place where the Insured Person is being hospitalised.

d) Return of Dependent Child(ren)
If the Insured Person is hospitalised outside his/her Country of Residence while travelling Overseas with his/her Dependent Child(ren), whom is/are left unattended due to the Insured Person's Hospitalisation, the appointed service provider will arrange for a single trip economy class transportation and/or a reasonable transportation mean for the Dependent Child(ren) to be transported back to their Country of Residence with an appropriate escort, when necessary.

Rider–Outpatient Services

If this benefit is specifically stated and covered in the Schedule, we will pay for the Medically Necessary treatments, medications, consultation, tests, examinations, check-ups provided or prescribed to the Insured Person who is not a registered in-patient in a Hospital or in any other facility for medical care, unless stated otherwise and subject always to any applicable Waiting Periods.

1. Outpatient Panel General Practitioner (GP) Services
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undergone treatment ordered, prescribed or performed by a Physician who is licensed as a General Practitioner and located on Insurer's Appointed Panel or a Singapore Polyclinic, including consultation fee and medication fee.

This Benefit shall be subject to presenting the medical card to the Clinic on Our Appointed Panel, failing which the reimbursement amount for the charges incurred will be considered under Non-Panel Outpatient General Practitioner treatment, up to the limit and maximum number of payable visit as stated in the Schedule.

2. Outpatient Non-Panel General Practitioner (GP) Services
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undergone treatment ordered, prescribed or performed by a Physician who is licensed as a General Practitioner not on Insurer's Appointed Panel, including consultation fee and medication fee, up to the limit stated in the Schedule.

3. Outpatient Laboratory and X-Ray Services
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for diagnostic services limited to X-Rays and laboratory tests referred by panel General Practitioner or Singapore Polyclinics for diagnostic purpose only up to the limit as stated in the Schedule. Dental X-rays are excluded under the Policy.

4. Treatment in Accident and Emergency (A&E) Department
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for treatment in Accident & Emergency (A&E) Department in a Hospital in Singapore Restructured Hospitals only and up to the limit as stated in the Schedule.

5. Treatment by Traditional Chinese Medicines
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for treatment by Chinese Physician including consultation fee and Chinese Herbal Medication fee, such treatment is limited to panel services only and up to the limit as stated in the Schedule.

6. Overseas outpatient cover is applicable only for the first 90 (ninety) days of Insured

Person's travelling overseas up to the limit as stated in the Schedule.

7. Outpatient Specialist Services (SP)
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undergone outpatient treatment by a Specialist (excluding Paediatrician) to whom the Insured Person has been referred to by the General Practitioner in writing. This benefit includes consultation fee and medication fee for such treatment. In no event shall the reimbursement exceed the limit as stated in the Schedule.

8. Outpatient Diagnostic Scan, X-Ray and Laboratory Test
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for outpatient Diagnostic Scans include and are limited to laboratory testing, X-Ray, Ultrasound, Mammogram, MRI, CT Scan, PET Scan, recommended by a Physician/Specialist in writing for diagnostic purposes to treat medical conditions other than routine check-up. Dental X-rays are excluded under the Policy.

9. Paediatrician Consultation
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for outpatient treatment by a Paediatrician at any Clinic where such treatment is recommended by the General Practitioner in writing, up to the limit as stated in the Schedule.

Referral letter from General Practitioner shall be waived for treatment render to Children up to 36 months old.

10. Physiotherapy & Chiropractic Treatment
If while this Benefit is in force and recommended by a treating Physician for Medically Necessary reasons, the Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred when, upon referral by a Physician or Specialist in writing, that an Insured Person has undergone treatment by a Physiotherapist/Chiropractor. In no event shall the reimbursement exceed the limit as stated in the Schedule.

11. Medical Appliances
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undergone the treatment of slings and bandages, arch support or require the rental of medical appliances prescribed by a Physician or Specialist when the Insured Person is not a In/Day-patient in the Hospital, or in any other facility for medical care. In no event shall the reimbursement exceed the limit as stated in the Schedule.

12. Hearing Aids
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for the hearing aids prescribed by a Physician or Specialist when the Insured Person is not a In/Day-patient in the Hospital, or in any other facility for medical care. In no event shall the reimbursement exceed the limit as stated in the Schedule.

13. Wellness and Optical Benefits

a) Medical Check Up
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undertaken consultation or tests without any clinical signs or symptoms being present. In no event shall the reimbursement exceed the limit as stated in the Schedule.

b) Vaccination
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person

has undertaken vaccinations and immunisations rendered by a Physician. In no event shall the reimbursement exceed limit as stated in the Schedule.

c) Hearing Test
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undertaken hearing examinations by an Audiologist and/or Physician. In no event shall the reimbursement exceed the limit as stated in the Schedule.

d) Eye Exam & Corrective Vision Aids
Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred if an Insured Person has undertaken vision examinations and vision aids for diagnostic purpose only as prescribed by certified optometrist or Physician. Only the lens/contact lens due to change in vision and first set of frames will be covered. No Vision Care benefit will be paid for "Sunglasses". In no event shall the reimbursement exceed the limit as stated in the Schedule.

Additional exclusions applicable to Outpatient General Practitioner and Outpatient Specialist Services

Charges incurred in respect of the followings are excluded under the Policy:

1. More than one outpatient visits per day
2. Visits at home or in office
3. Prescription drugs obtained without consultation
4. Kidney dialysis and cancer treatment
5. Paediatric consultations and services
6. Physiotherapy and Chiropractic treatment
7. Congenital Conditions or genetic defects including hereditary conditions

Rider – Dental Care

Dental Care is supplementary benefit to the Policy and only available in the Area of Coverage as an additional optional cover to Outpatient Services. Benefits listed below are only applicable if it is specified in the Schedule as part of Your chosen Plan coverage subject to any applicable Waiting Periods and reimbursement percentages stated in the Schedule.

Insurer will reimburse the Usual, Reasonable and Customary Charges actually incurred for the dental treatments as listed below ("Covered Dental Expenses"). These treatments must be performed by a Dentist. In no event shall the reimbursement exceed the limit as stated in the Schedule.

Covered Dental Expenses

1. Oral Examination, Scaling & Polishing twice per policy year
2. Dental Treatment (with 6 months waiting period)
   - **a)** Intra Oral X-ray
   - **b)** Impaction
   - **c)** Emergency Treatment to relief dental pain (palliative)
   - **d)** amalgam fillings, composite resin filling, ceramic filling and glass lonomer cement filling (molar and pre-molar)
   - **e)** Medication/Drugs
   - **f)** Root Canal Treatment
   - **g)** Extraction (including wisdom tooth)

h) Periodontal treatment

3. Major Restorative Treatment (with 12 months waiting period)

a) Dentures, Crowns & Bridges

b) Inlays

c) Implants (Surgical Implant Placement/ Implant abutments)

4. Orthodontic Treatment (with 12 months waiting period) - for dependent child aged below 18

For avoidance of doubt, in addition to the Exclusions under this Policy, the following treatments, conditions, activities, items and their related expenses are excluded from the Covered Dental Expenses and the Insurer shall not be liable for:

a) Charges for treatment made by a person other than a Dentist excluding the Policyholder, an insurance intermediary, an employer, an employee, a Family Member, or business partner of the Policyholder and/or the Insured Person

b) Conditions arising out of Congenital Conditions

c) Dental cosmetics procedures beyond what is Medically Necessary, including but not limited to bleaching and veneers

d) All other dental procedures not mentioned under the Covered Dental Expenses are excluded

e) Cost incurred within the respective Waiting Periods from the Commencement Date of the Dental Care Benefit except for Oral Examination

Rider - Maternity Care Benefit

This Benefit is supplementary to the Policy with Hospital Services and only available as an optional cover in the Area of coverage subject to any applicable Waiting Periods. While this Benefit is in force, the Insurer will reimburse the Usual, Reasonable and Customary Charges incurred for pre-natal, childbirth, post-natal treatment and miscarriage, or abortion out of medical reason, or any complications arising from pregnancy for the Insured Person with respect to normal and complicated delivery. It will apply to pregnancies whose actual date of birth is at least 12 (twelve) months after the Commencement Date of Maternity Care of the Insured Person. Except that in the event of premature termination of pregnancy because of medical grounds, provided such pregnancy commences after the Commencement Date of Maternity Care coverage of an Insured Person and if the pregnancy is carried on to its full term delivery, the event date would have fulfilled the 12 (twelve) months Waiting Period. In the event the Maternity Care Benefit is deleted in respect of any Insured Person and We subsequently agrees to re-introduce Maternity Care for the same Insured Person, the waiting period of 12 (twelve) months shall be re-applied.

In no event shall the reimbursement exceed the limit as stated in the Schedule.

Maternity Care is only available and provided if all members of an Insured's Family are insured under the same Plan in the same Policy.

2. Administration

Dispute Resolution

Disputes may be submitted to FIDREC for resolution, alternatively, any dispute arising out of or in connection with this contract, including any question regarding its existence, validity or termination, shall be referred to and finally resolved by arbitration administered by the

Singapore International Arbitration Centre ("SIAC") 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 1 arbitrator. The language of the arbitration shall be English.

Fraud

If any claim shall in any respect be false or fraudulent or if any fraudulent means or devices are used to obtain or to attempt to obtain benefits hereunder, then the Policy shall be cancelled immediately, and all benefits and premiums will be forfeited.

Co-ordination of Benefits/Subrogation

The Policy will not provide indemnity other than on a proportional basis if the Insured Person has any other Insurance in force or is entitled to indemnity from any other source in respect of the same bodily Injury, Illness, disease, death or expenses.

The Company must be informed without delay of circumstances where a claim against a third-party can be made. The recipients of benefits shall use their best endeavours to recover the amount of benefit paid from any third-party against whom a claim for recovery can be made and shall account and pay over to the Company for any amount so recovered from the third-party.

Examination

The Company shall have the right through his/her medical representative to examine any Insured Person whenever and as often as may be reasonably required within the duration of any claim. In addition, the Company shall have the right to require an autopsy to be done in the case of death where this is not forbidden by law or religious beliefs.

Legal Proceedings

No action in law or equity shall be brought to recover under the Policy prior to the expiration of 60 (sixty) days after proof of claim has been furnished in accordance with the requirements of the Policy.

The parties hereto agree that the laws of Singapore shall govern this contract.

Proof of Claim

Written proof of claim must be submitted to the Company within 30 (thirty) days starting from the first date of treatment of the Insured Person's disability for which the claim is made. Failure to claim within the time required by the Policy shall invalidate or reduce the claim unless it can be shown that it was not reasonably possible to furnish such proof within the required time and that it was furnished as soon as reasonably possible.

Original documents supporting invoices and receipts must be submitted with a fully completed claim form signed by the treating Physician. Affirmative proof of Illness or Injury must be submitted at the expense of the claimant.

Photocopies are not admissible.

The Maternity Care Benefit becomes payable only after delivery.

Payment of Benefit

Upon receipt of satisfactory proof of claim, the Insurer will pay the benefit up to the limits shown in the Schedule of the Policy. The receipt of any benefit under this Policy shall in all cases be deemed final and complete discharge of all our liability.

For Permanent and Total Disability claims, payment is a once in a lifetime lump sum benefit. No further payments shall be made to such Insured Person by reason of any Policy of

Permanent and Total Disability issued by the Company of this Policy.

Co-operation

As a condition precedent to the Company's liability, the Policyholder or the Insured Person or his representatives shall co- operate fully with the Company and its medical advisers and will fully and faithfully disclose all material facts and matters which the Policyholder or the Insured Person knows or ought to know and will upon request execute any document to empower the Company to obtain relevant information at the Insured Person's expense from any Physician or Hospital or other source as may from time to time be required.

Policy Renewal

The maximum age for enrolment is 69 years old (age next birthday). Renewals are available between age 70 to 90 on yearly review basis, subject to the Company's acceptance.

You may renew this Policy by paying the premium applicable at the time of renewal. Premiums payable for this coverage are not guaranteed and may be revised at policy renewal at the full discretion of the Company.

Misstatement of Age

If the age of any Insured Person has been misstated and the premium paid as a result is insufficient, any claim payable under this Policy shall be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the entire Period of Insurance. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age an Insured Person would not have been eligible for Cover under this Policy, no benefit shall be payable, and our liability shall be limited to the refund of the premium paid without interest.

Alterations

We reserve our rights to amend the terms and conditions of the Policy by informing you of the intended amendments at least 30 (thirty) days prior to the renewal. Unless specifically mentioned, such amendments shall not affect any special conditions or endorsements applicable at the time of commencement of cover. No alterations to this Policy shall be valid unless approved in writing by us and reflected on an endorsement.

Changes in Circumstances

In the event of a change in circumstances affecting the risk, You must notify the Company in writing particular changes in occupation/Country of Residence, or health affecting You or any Insured Person. The Company shall increase or reduce the premium rates according to the risk classification of the new occupation/Country of Residence or to decline the coverage.

Contracts (Rights of Third Parties) Act 2001

It is hereby noted and agreed that a person who is not a party to this Policy contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

Cancellation

This Policy may be cancelled by either the Insurer or the Insured Person by giving 30 (thirty) days' notice in writing. No premium will be refunded if claim has already been made during the current Policy Year.

Pro-rata refund of premium will be made to the Insured if the Policy is cancelled by the Company during its currency, provided no claims were made under the current Policy Year and subject to an administrative fee of S$100 plus GST.

The Policy shall terminate automatically if the Insured Person is living in USA for a period in excess of 60 (sixty) days.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancelation. If the Insured terminates the Policy the premium charged will be based on the following Short-Term Premium Table, provided no claim were made under the current Policy Year:

Period of Cover	Premium Charged
1 month	3 months rate
2 months	4 months rate
3 months	6 months rate
4 & 5 months	7 months rate
6 & 7 months	9 months rate
8 months	1 full year premium

Right to Return Policy/Free Look Period

In the event that the Policyholder or the Insured Person is not satisfied with the Policy for any reason, it may be returned to the Company for cancellation within 14 (fourteen) days of receipt.

1. any premium paid or billed will be refunded in full

2. this Policy is deemed to be voided from inception; and

3. the Company shall not be liable for any claims occurring prior to the return of the Policy

Payment Before Cover Warranty (Individual)

1. Notwithstanding anything herein contained but subject to clauses 2 and 3 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement

2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover never attached on the Policy, Renewal Certificate, Cover Note and Endorsement

3. In respect of insurance coverage with "Free Look" provision, the Insured may return the original policy document to the Company or intermediary within the "Free Look" period if the Insured decides to cancel the cover during the "Free Look" period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance.

Premium Payment Warranty (Corporate)

1. Notwithstanding anything herein contained but subject to clause b) below, it is hereby agreed and declared that if the period of insurance is sixty (60) days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within sixty (60) days of the:
   a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or

   b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note

2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the sixty (60) day period referred to above, then:

a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement is automatically terminated immediately after the expiry of the said sixty (60) day period

b) the automatic termination of the cover shall be without prejudice to any liability incurred within the said sixty (60) day period; and

c) the Company shall be entitled to a pro-rata time or risk premium subject to a minimum of S$25.00

3. If the period of insurance is less than sixty (60) days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

Breach of Premium Warranty

It is a condition precedent to the validity of this Policy that the Policyholder or any Insured Person has never had any insurance cancelled due solely or in part to a breach of premium payment warranty in the last 12 months.

Personal Data Protection

You hereby give consent to Liberty Insurance Pte Ltd ("Liberty") and third-parties including related entities, employees, agents, insurers, contractors, service-providers, the Monetary Authority of Singapore, General Insurance Association, etc ("appointees"), and each of their downstream appointees in turn, to collect, use, process, transfer and/or disclose all personal data whatsoever howsoever about myself and other individuals, from any source, whether they were, are and/or will be collected by Liberty and/or the appointees in the past, present and/or future, in accordance with the terms in & for one or more of the purposes as described in Liberty's Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy, to which I agree entirely, both now and as it may be amended from time to time.

All personal data are true, accurate and complete, and You shall inform Liberty of any changes to the personal data to my knowledge, as soon as practicable. If You have given any personal data about or belonging to other individuals howsoever You continually warrant that You had obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or the appointees to collect, use, process and disclose their personal data for the purposes and on the terms stated herein and in accordance with Liberty's Data Protection Policy, as if they were You. All consents are given now, unconditionally and independently of any contract, last beyond any contractual term and remain in force until You or the individuals request to withdraw or amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to dpo@libertyinsurance.com.sg.

3. Claims Procedures

1. Pre-authorisation must be obtained for any inpatient or Day Surgery procedure, otherwise a 20% Co-insurance shall be imposed on all eligible medical expenses covered under the Policy.

   This will not apply in the event of an Emergency and the Insured Person or his/her representative contacted the Company within 24 hours after admission.

   To obtain the pre-authorisation, the Insured Person or his/her representative must submit the request at least 5 working days prior to his/her admission or treatment.

   Pre-authorisation is not a guarantee of benefits or eligibility and all services are subject to the benefit, limitations and other Policy terms and conditions.

Pre-authorisation is subject to the Indemnity Clause.

2. Submission of non-pre authorised Claim

a) Written notice shall be given to the Company or its appointed representatives as soon as possible and in any circumstances within:

i) eight (8) days in the event of a claim for Permanent Total Disability; or

ii) 30 (thirty) days in the event of all other claims of the occurrence of any event, which may give rise to a claim under this Policy

b) A claim form obtainable from the Company upon request shall then be submitted accompanied by the necessary supporting evidence of the occurrence, character and extent of loss.

The Insured Person has to submit the following original documents in support of his/her claim to the Company when making a claim for Injury, Illness or surgery:

i) Duly completed Liberty Medical Claim Form: with Section A completed and Section B completed by the attending doctor

ii) Inpatient discharge summary (i.e. if you are admitted to a restructured hospital)

iii) Final and itemised hospital bill from the Hospital for the admission

iv) All other original hospital bills where appropriate such as Pre-hospitalisation/diagnostic and Post-hospitalisation/follow-up bills

Should the claim be due to Accident, the immediate notification must state the place, date, time and cause and circumstances surrounding such Accident, the identity of any witnesses and a medical certificate stating the degree and nature of Injury suffered must be provided so far as reasonably possible. The Insured Person or his/her legal representative must notify the Insurer immediately not later than 8 days after the date of occurrence.

c) All certificates, receipts, information and evidence required by us shall be supplied free of expense to the Company, in the form prescribed by the Company.

The Company reserves the right to require the Insured Person or his/her legal representative to furnish at his/her own expense all original documents as reasonably required with regard to the claim and to instruct any Physician, Hospital etc presently or previously treating the Insured Person to release such information to the Company, also concerning previous medical history of the Insured Person as may be required.

It is explicitly stipulated that failure to perform any of the above-mentioned obligations by the Insured Person or his/her legal representative results in loss of entitlement to benefits under the terms of this Policy.

Payment of all claims and benefits will be made in Singapore currency.

Charges incurred in any other currency shall be payable in Singapore Dollars on the basis of the quoted exchange rate in effect on the date such charges were incurred.

3. Indemnity Clause
   Where Letters of Guarantee are issued to the Insured or Insured Person, the following terms and conditions apply:
   a) The Letters of Guarantee shall be used only for hospital admission by Insured Person insured under the Policy

   b) For medical costs which are in excess of the limits of benefits and/or which are not reimbursable under the terms and conditions of Policy, the Insured or Insured Person shall undertake to repay the Insurer within 30 days from the receipt of all expenses that are not claimable under the policy. An interest charge of 6% will be levied on any amounts outstanding after 30 days

   c) The Policyholder and Insured Person undertakes to furnish the Company details of the insured event for which the claim is made. Failure to furnish proof of claim will render the Policyholder or Insured Person responsible for all interest charges, if any, imposed by the Hospital for delayed settlement of hospital bills

   d) The Policyholder and Insured Person agrees to return all unused Letters of Guarantee to the Company when the Policyholder terminates the contract of insurance with the Company or after the expiry of the validity period

   e) The Policyholder and Insured Person agrees to sign the Medisave Authorisation Form and MediShield Authorisation Form at the Admission Room of the hospital notwithstanding the production of the Letter of Guarantee

   f) The Policyholder will be liable for its subsidiary companies who are covered under the insurance policy for all the above-mentioned terms

   g) The Policyholder will be liable for any outstanding amounts due to the Company in the event it is not recoverable from an Insured Person howsoever for whatever reason

Exclusions

The following treatments directly or indirectly condition activities items and their related expenses and any complications relating thereto are excluded from this insurance and the Company shall not be liable for:

1. Treatment arising from any geriatric, psychogeriatric, emotional or mental illness, behavioural, psychiatric disorders such as, but not limited to, depression, eating disorder or any neuroses and their physiological or psychosomatic manifestations, or any disorders which by their nature have to or would have to be treated by a psychologist, psychotherapist, psychiatrist or neuropsychiatrist unless the "Psychiatric Treatment" Benefit is explicitly stated on the Schedule and recommended by a Physician

2. Services or treatment at any institution that is mainly a long-term care facility, spa, hydro-clinic, or sanatorium and/or that provides only incidental or limited Hospital services or non-Medically Necessary treatments

3. Treatment relating to birth defect, Congenital Conditions and congenital illnesses unless otherwise explicitly provided and endorsed in the Policy or Schedule. Birth defects are deemed to include, but not limited to, hereditary conditions, treatment for learning problems or speech defects of a dependent child and foetal surgery

4. Tests and treatment relating to infertility, contraception, sterilisation or inducing pregnancy, sexual dysfunction, treatment relating to sex change, varicocele, impotence or any consequence of it

5. Treatment not undertaken by or on the recommendation of a Physician or against the advice of a Physician

6. Any expenses for health supplements and all specialised Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, ginseng, cordceps sinensis, agaricus blazei murill, sika deer antler, and/or not falling under definition of Chinese Herbal Medicine

7. Drug purchased without Physician's prescription, the use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, as drugs used in any circumstances other than in accordance with their licensed medications

8. All dental treatment, oral or maxillofacial surgery, including Temporo-Mandibular Joint disorder and its related treatment unless explicitly stated on the Schedule

9. Treatment arising out of addictive conditions/disorders, including but not limited to, alcoholism, drug or substance abuse

10. Treatment for wilfully self-inflicted or grossly negligent Bodily Injury, Sickness, Accident, suicide, or attempted suicide or any attempt threat whether sane or insane

11. Routine medical examinations and preventive treatment (including vaccinations or inoculations), routine eye and ear examinations, refractive errors of the eyes unless the "Wellness or Optical Package" Benefits is explicitly stated on the Schedule or otherwise provided under the Policy for Insured Persons aged below 18

12. Tests primarily not incident to treatment or diagnosis of a covered Sickness or Bodily Injury; or any treatment which is not Medically Necessary; or any treatment or investigation of a preventive nature

13. Elective cosmetic surgery. Treatment related to or arising from the removal of healthy, surplus or fat issue or other treatment undergone for cosmetic or psychological reasons or natural cause such as aging, menopause, or puberty and which is not due to any underlying cause, illness or injury, treatment for obesity, weight reduction and weight improvement programmes

14. Treatment by the Insured Person himself, business partner(s) or employer/employee of the Insured Person or Policyholder or the Spouse or Family Members, whether qualified or not

15. Treatment for Injuries or Illnesses arising from or consequent upon war (whether declared or undeclared), riot, civil commotion, civil war, invasion, epidemics, acts of foreign enemies, hostilities, rebellion, mutiny revolution, insurrection or military or usurped power, confiscation or nationalisation by or under the order of any government or public or local authority, nuclear energy (nuclear reactions radiation contamination), illegal act, regular imprisonment and full-time service in any of the uniform groups except reservist duty or training

16. Illnesses or Injuries arising from Racing of any form other than on foot, Rock climbing, Caving, Pot holing, Mountaineering, Skydiving, Parachuting, Hang-gliding,

Paragliding, Parasailing, Bungee Jumping, all diving unless the person concerned has been duly qualified and certified as a diver by an internationally recognised diving organisation or unless such person is at the time of the happening of the event giving rise to a claim actually receiving diving instruction from a duly qualified and certified diving instructor, or any other type of competitive sports other than those in which the Insured Person participates purely as an amateur; and all professional or inherently dangerous sports unless declared to and accepted by the Company in writing prior to the event giving rise to a claim

17. Maternity Care and Complications of Pregnancy. No benefit shall be payable, unless otherwise explicitly provided and endorsed in the Schedule

18. Treatment of sickness or disease directly or indirectly arising from sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive

19. Acquisition of the organ itself and all expenses incurred by the donor

20. Pre-existing conditions as defined or Injuries before the Policy Inception Date of this Policy unless declared in the proposal form and specifically accepted by Us during underwriting stage and endorsed herein

21. Treatment for Injury or illness incurred while serving as a member of police or military forces

22. Non-medical services, including the issue of medical certificates and attestations and examinations as to suitability or employment or travel

23. Expenses which was incurred after the expiry of the Policy Year unless the Policy has been renewed and Premium paid within any applicable Grace Periods. Thereafter, such expenses that may be claimable to follow standard procedure of Policy

24. Charges exceeding the Usual, Reasonable and Customary Charges range as defined

25. Non-approved Planned Treatments

26. All transportation costs incurred for trips specifically made for the purpose of obtaining medical treatment if not part of an Emergency Medical Evacuation and except as covered under the Benefits of Local Ambulance Services and Taxi Fare Traveling to and from Hospital within Singapore

27. Experimental and yet to be scientifically proven medical treatment

28. Cryopreservation, or harvesting or storage of stem cells as a preventative measure against possible future disease or illness or injury

29. Active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection

30. Any consequence or loss, which is a direct result of nuclear reaction or radiation or other processes following any form of alteration to the atomic structure of matter

31. Genetic tests, nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not Insured member may be genetically disposed to the development of a medical condition in the future

32. Outpatient treatment costs not related to Inpatient treatment or Day Surgery except as a result of an Accident under Emergency Outpatient Accidental Treatment or Optional Outpatient Services

33. Provision of implants, medical appliances and prosthetic devices such as but not limited to hearing aids, wheelchairs, artificial limbs, lenses and dialysis machine except as specifically Covered under this Policy

34. Any treatment directed towards developmental delay and/or learning disabilities in children

35. All types of sleep disorder including snoring, insomnia, obstructive sleep apnoea, sleep study test

36. Any Flying Activity or Air Travel other than as a fare paying passenger in a commercially licensed passenger carrying aircraft

37. Permanent Total Disability resulting from participation in any illegal acts including resultant imprisonment

38. Expenses recoverable from a third-party including Workmen's Compensation insurance or Social Security Organisation

39. The cost of Second Opinions for medical conditions unless considered by the Company's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances

40. All Emergency Medical Evacuation costs not approved in advance by the appointed Assistance Centre

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 (servicecenter@libertyinsurance.com.sg) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).