



PA Supreme

Policy Conditions

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

It is important that **you** carefully read this **policy** document, the **schedule** and any amendment or endorsement issued (which all together make up the **policy**), from time to time to avoid any misunderstanding. If **you** find any mistake or inaccuracy, return the documents to **us** or **your** insurance intermediary (the person who arranged this insurance for **you**) so they can be corrected.

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

Important notice

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

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

About the policy

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

In return for the premium **you** pay **us**, **we** will provide the cover described in the **policy** during the **policy period** or any subsequent period **we** accept a premium for, as long as **you** keep to the terms and conditions of the contract of insurance between **you** and **us**.

Territorial limit

The cover provided by the **policy** applies anywhere in the world, unless the **schedule** says otherwise.

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, contact **your** insurance intermediary. If this insurance was not arranged for **you** by an insurance intermediary, please contact **us** direct, preferably in writing.

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

Free-look provision (for non-corporate insured)

The **policy** 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 full refund). Under this provision, **you** can cancel the **policy** by writing to **us** within 14 business days from the date **you** received this **policy** document (the freelook period). **We** will refund the premium **you** have paid, as long as **you** have not made a claim.

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

The free-look provision applies only to new policies, not renewals.

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Definitions

Accident

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

Appointed assistance company

The company appointed by **us** to provide **you** with emergency assistance services.

Hospital

An institution that is lawfully run as a hospital and:

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

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

- as a community hospital, clinic, nursing home, rest home or convalescent home, or a similar establishment;
- as a hydro, spa or nature-care hydroclinic; or
- for the treatment of alcohol or drug addiction.

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

Injury

Physical injury caused by an **accident** (not by any medical condition, illness, disease, ageing, physical wear and tear or mental disorder), and arising within 12 months of the **accident**.

Insured person

The person named as the insured person in the **schedule**.

Medical expenses

Expenses that arise within 12 months of an **injury** and are for:

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

This includes expenses that are medically necessary, reasonable and usual in such circumstances such as for an ambulance service. It does not include expenses for any treatment that the **insured person** provides for themselves or is provided by a member of the **insured person's** family, including the cost of medication they buy, or for the consequence of that treatment.

Medical practitioner

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

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

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

Permanent disability

Any disability that:

- is set out in the table of benefits for section 1;
- has lasted for a continuous period of at least 12 months from the date of an **accident**; and
- a **medical practitioner** has certified as permanent.

Personal belongings

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

Physician

A registered herbalist, chiropractor, acupuncturist, bonesetter or osteopath licensed under the relevant laws of the country **you** are in, including a traditional Chinese-medicine practitioner registered with the Traditional Chinese Medicine Practitioners Board.

The physician cannot be **you**, the **insured person**, or:

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

Policy

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

Policy period

The period of cover shown in the **schedule**.

Schedule

The document containing **your** details and details of the **insured person** and the **policy period**. The schedule forms part of the **policy**.

Pre-existing condition

This means:

- any condition, illness, disease, injury, disability or birth defect which the **insured person** has received medical advice for, been diagnosed with, been hospitalised with, received medical treatment for, or been prescribed drugs for, in the last 12 months before the **policy** started or was renewed; or
- any signs and symptoms that appeared in the last 12 months before the **policy** started or was renewed and for which a cautious person could reasonably be expected to have received medical advice or counselling, undergone investigation, had diagnostic tests, received medical treatment, had surgery, been hospitalised, or been prescribed drugs.

We (us, our)

Great Eastern General Insurance Limited.

You (your)

The person or company named as the insured in the **schedule**.

What the policy covers

Section 1 – Compensation for death or permanent disability

For death

If the **insured person** receives an **injury** as a result of an **accident** that happens during the **policy period**, and results in their death within 12 months of the **accident**, **we** will pay 100% of the maximum limit shown for **your** chosen plan in the summary of benefits at the end of this document.

For permanent disability

If the **insured person** receives an **injury** as a result of an **accident** that happens during the **policy period**, and results in **permanent disability** within 12 months of the **accident**, **we** will pay a percentage of the maximum limit shown for **your** chosen plan in the summary of benefits. The percentage **we** will pay is shown in the table of benefits below.

Table of benefits

Permanent disability (as certified by a medical practitioner)		Percentage of maximum limit
1.	Total paralysis or disability that prevents the insured person from: <ul style="list-style-type: none"> performing any work, profession or occupation for a continuous period of at least 12 months; and ever earning or getting any wages, payment or reward 	150%
2.	Physical loss of, or permanent loss of use of: <ul style="list-style-type: none"> two hands, at or above the wrist; or two feet, at or above the ankle 	150%
3.	Physical loss of, or the permanent loss of use of: <ul style="list-style-type: none"> one hand, at or above the wrist; or one foot, at or above the ankle 	125%
4.	Total and permanent loss of sight in both eyes	150%
5.	Total and permanent loss of sight in one eye	100%
6.	Total and permanent loss of sight in one eye, plus physical loss of, or permanent loss of use of: <ul style="list-style-type: none"> one hand, at or above the wrist; or one foot, at or above the ankle 	150%
7.	Total and permanent loss of all hearing and speech	150%
8.	Total and permanent loss of hearing <ul style="list-style-type: none"> Both ears One ear 	75% 25%
9.	Total and permanent loss of speech	50%
10.	Physical loss of lens in one eye	50%
11.	Physical loss of, or permanent loss of use of, the thumb and four fingers on one hand	75%
12.	Physical loss of, or permanent loss of use of, four fingers on one hand	40%
13.	Physical loss of, or permanent loss of use of, a thumb <ul style="list-style-type: none"> Whole thumb One joint 	30% 15%

14.	Physical loss of, or permanent loss of use of, an index finger	
	• Whole finger	10%
	• Two joints	8%
	• One joint	6%
15.	Physical loss of, or permanent loss of use of, a finger other than the index finger	
	• Whole finger	5%
	• Two joints	4%
	• One joint	2%
16.	Physical loss of, or permanent loss of use of a toe or toes	
	• All toes on one foot	15%
	• Whole big toe	5%
	• One joint of big toe	3%
	• A toe other than the big toe	1% per toe
17.	Shortening of leg by at least 5cm	7.5%
18.	Third-degree burns	
	• Head (percentage of surface area of the whole body)	
	– equal to or greater than 2% but less than 5%	20%
	– equal to or greater than 5% but less than 8%	25%
	– equal to or greater than 8%	50%
	• Body (percentage surface area of the whole body)	
	– equal to or greater than 10% but less than 15%	20%
– equal to or greater than 15% but less than 20%	25%	
	– equal to or greater than 20%	50%

The most **we** will pay in total for **permanent disability** arising during the **policy period** is 150% of the maximum limit shown for **your** chosen plan in the summary of benefits.

If the **insured person** dies after **we** have paid compensation for one or more of disabilities 1 to 18, **we** will pay 100% of the maximum limit less the total amount of compensation **we** have already paid for **permanent disability**. If the total amount of compensation **we** have paid for **permanent disability** is more than 100% of the maximum limit, **we** will not pay any compensation for death.

Section 2 – Temporary disability

We will pay a weekly benefit, up to the maximum limit shown for **your** chosen plan in the summary of benefits at the end of this document, if, within 21 days from the date of an **accident**, a resulting **injury** leads to a disability that a **medical practitioner** confirms will temporarily prevent the **insured person** from performing every duty of their work, profession or occupation.

For each **accident** that happens during the **policy period**, **we** will pay the benefit for each week that the **insured person** is temporarily unable to perform one or more of their duties, for up to 104 weeks in total from the date of the **injury**.

We will not pay any benefits for a temporary disability if **we** have already paid compensation for their **permanent disability** that arose from the same **accident**.

We can ask for a medical examiner's report after every four benefit payments, regardless of whether those payments were consecutive.

Section 3 – Daily hospital allowance

We will pay a daily benefit, up to the maximum limit shown for **your** chosen plan in the summary of benefits at the end of this document, for each full 24-hour period that the **insured person** has to stay in a **hospital**, as an inpatient, due to an **injury**.

We will only pay this allowance if the **insured person** is admitted to **hospital** within seven days after the **accident**, and a qualified **medical practitioner** confirms that this is medically necessary.

We will pay the allowance from the first day that the **insured person** is in **hospital** as an inpatient, for up to 90 days for any one **injury**.

Separate stays in **hospital** due to the same or a related cause will be considered to be for the same **injury**, unless they are separated by a single period of at least 60 days.

Section 4 – Medical expenses

We will reimburse **medical expenses** reasonably and necessarily charged in connection with an **injury**. The most **we** will pay for any one **accident** is the maximum limit shown for **your** chosen plan in the summary of benefits at the end of this document.

Section 5 – Physician's expenses

We will reimburse the **medical expenses** reasonably and necessarily charged by a **physician** for treatment of an **injury**. The most **we** will pay in connection with any one **accident** is S\$150. **You** will have to pay the first S\$50 of the **medical expenses**.

Section 6 – Mobility aid

If the **insured person** needs to use a mobility aid or wheelchair as a result of **permanent disability we** pay a claim for under section 1, **we** will reimburse the costs of buying the mobility aid or wheelchair. The most **we** will pay in connection with any one **accident**, and in total during the **policy period**, is S\$1,000.

Section 7 – Personal belongings

If **we** accept a claim for section 1, 2, 3 or 4, **we** will pay the cost of repairing or replacing the **insured person's** **personal belongings** that are damaged in the same **accident**, less a deduction for the age and condition of the items.

The most **we** will pay in connection with any one **accident**, and in total during the **policy period**, is the maximum limit shown for **your** chosen plan in the summary of benefits at the end of this document.

Section 8 – Evacuation and repatriation

For emergency medical evacuation

If the **insured person** receives an **injury** while overseas, and the **appointed assistance company** thinks that it is appropriate to move the **insured person** to another location for medical treatment, or return them to Singapore, **we** will reimburse all the expenses for this. The **appointed assistance company** (or their authorised representative) will arrange and make all decisions about moving the **insured person**, and the most suitable final destination, based on the **insured person's** condition.

If the **insured person** is moved to a location outside Singapore for emergency medical treatment, **we** will also pay the unavoidable and necessary expenses of returning them to Singapore after the medical treatment.

The only expenses **we** will pay are those for services provided or arranged by **our appointed assistance company** for necessary transport, medical services and medical supplies. **We** will not pay any expenses which:

- are for services provided by a party other than **our appointed assistance company** (or their authorised representative); or
- are already included in the cost of a scheduled trip overseas.

For repatriation after death

If the **insured person** dies within 30 days of receiving an **injury** overseas, **we** will reimburse the necessary expenses of:

- transporting the **insured person's** body or ashes to Singapore; or
- the **insured person** being buried in the country where they died.

The **appointed assistance company** (or their authorised representative) will arrange and make all decisions about the repatriation. **We** will not pay any expenses which:

- are for services provided by a party other than **our appointed assistance company** (or their authorised representative); or
- are already included in the cost of a scheduled trip overseas.

The most **we** will pay under this section is the maximum limit shown in the summary of benefits at the end of this document.

Section 9 – Funeral expenses

If the **insured person** dies as a result of an **accident**, **we** will pay S\$3,000 for funeral expenses.

General exclusions that apply to the whole policy

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

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

1. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution, uprising or overthrowing of power.
2. Property being confiscated, seized, detained, or damaged by any government or authority.
3. Ionising radiation, toxic contamination or radioactive contamination from nuclear fuel or the nuclear waste from burning nuclear fuel.
4. Any deliberate acts of the **insured person**, including suicide, attempted suicide and self-inflicted injury.
5. Mental and nervous disorders, including sleeping disorder, depression, stress and anxiety.
6. Pregnancy, childbirth or miscarriage (unless caused or induced by an **accident**) or any associated condition or complication.
7. Any kind of hernia.
8. Any sexually transmitted disease, HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome) or any AIDS-related condition.
9. Provoked assault or any act or event the **insured person** provokes, instigates or takes part in, either directly or indirectly.
10. The effect or influence of alcohol or of drugs that:
 - are not prescribed for (and used correctly by) the **insured person**; or
 - are prescribed for the treatment of drug addiction, alcoholism or mental illness.
11. Routine health checks, services and supplies not recommended by a **medical practitioner**, or preventive care or measures, including vaccinations and contraception.
12. Dental surgery or treatment, unless it is needed as a result of an **accident**.
13. Cosmetic or plastic surgery, unless it is needed as a result of an **accident**.

- 14. Any pre-existing condition.**
- 15.** Taking part in winter sports (such as skiing or snowboarding), big-game hunting, mountaineering, rock climbing, underwater activity (such as snorkelling, skin diving or scuba diving), motor sports, racing or speed contest of any kind (other than on foot), and any activity that involves being airborne (whether suspended or not).
- 16. Any injury that arises in the course of the insured person's occupation, if their occupation is, or involves, any of the following.**
- a) Taking part in naval, military, air force, civil defence, police, auxiliary police force (including CISCO personnel) or fire-service training, duties, services or operations, other than reservist training during peacetime
 - b) Prison officer or immigration officer
 - c) Pilot, member of aircrew, or an occupation that involves working in or on an aircraft for the purpose of any trade, technical operation, or air travel other than as a fare-paying passenger on a fully licensed passenger-carrying airline.
 - d) Private investigator or detective
 - e) Professional sports player
 - f) Professional diver or an occupation that involve deep-sea diving
 - g) Ship crew or an occupation that involves working in, on or around vessels
 - h) An occupation that involves oil and gas rigs, underground work or working offshore
 - i) An occupation that involves the use of heavy machinery and tools
 - j) Construction worker or an occupation that involves working;
 - at a height of more than 10 metres above the ground or the floor level; or
 - in a high temperature environment
 - k) An occupation that involves handling hazardous chemical or explosive materials, high-power voltage electricity work, woodworking or welding
- 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 or any amounts **you** have to pay, if directly or indirectly caused by, arising from or 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 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. Contracts (Rights of Third Parties) Act**
- The **policy** conditions cannot be enforced by anybody other than **you** (or **your** estate after **your** death) or us.
- 19. 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 false statement relating to, any unauthorised or malicious act or acts;
- 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.

20. Sanctions

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

If **you** or any party associated with the **policy**, such as a policyholder, beneficial owner, **insured person** 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 sanctions;

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

- a) Cancel any **policy**, contract, transaction or business, or treat it as if it had never existed
- b) Close-out any financial product or investment
- c) Cash in any financial product or investment
- d) Hold back any payment, transfer of money, refund or benefit
- e) Suspend any payment, transfer of money, refund or benefit
- f) Refuse or reject any transaction or request
- g) Take any step or action necessary to remove, reduce or minimise the possibility of **us** breaking or going against any sanctions

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

21. Terrorism

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

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

- committed, whether acting alone or on behalf of or in connection with any organisation or government, for political, religious, ideological or similar purposes;
- intended to influence any government; and
- designed to scare or intimidate the public or any section of the public.

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

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

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

General conditions that apply to the whole policy

1. Age limit

For cover to apply, the **insured person** must have been aged:

- between 16 and 65 when the **policy** was first taken out; and
- younger than 75 when the **policy** was renewed.

Cover is available to any of **your** children (including stepchildren and legally adopted children) who, during the **policy period** is:

- at least one year old;
- under the age of 19 (or under 26 if studying full-time in a recognised institution of higher learning);
- unemployed; and
- unmarried.

The maximum limits that apply to claims relating to children are shown in the summary of benefits at the end of this document.

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. Cancellation by us

We can cancel the **policy** by sending **you** 30 days' notice by registered letter to **your** last known address. **We** will refund the premium **you** have paid, less a deduction that reflects the period the **policy** has been in force. **We** will not refund any amount under S\$50 + GST.

4. Cancellation by you

You can cancel the **policy** by sending **us** 30 days' notice in writing. If **you** have not made a claim, **you** will be entitled to a refund of a percentage of the premium **you** have paid. The percentage depends on how long the **policy** has been in force, as shown in the table below.

How long the policy has been in force	Amount refunded
Up to one month	75%
Up to two months	67%
Up to three months	58%
Up to four months	50%
Up to five months	42%
Up to six months	33%
Up to eight months	17%
More than eight months	0%

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

5. Keeping to the policy

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

6. False information and fraud

If any information you have provided in connection with the policy is untrue, inaccurate or incomplete, or any claim under the **policy** is fraudulent in any way, the **policy** will be declared void (treated as if it had never existed) and all cover will end immediately without a refund of premium.

7. Governing law

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

8. Notice and alterations

All notices **you** need to give **us** must be in writing. Any alteration or addition to the **policy** will only be valid if it is signed or initialled by an authorised officer of **ours**.

9. Notice of changes in circumstances

You must immediately give **us** written notice:

- if the **insured person** moves to another country;
- if the **insured person** changes their occupation;
- if the **insured person** changes their leisure activities and this increases the risk of a claim or the potential size of a claim (for example, if they take up extremely adventurous sports or activities);
- about any injury, illness, disease or disability suffered by the **insured person**; or
- about any other change of circumstance that increases the risk of a claim or the size of claim.

Following any change in circumstance, **we** may charge an extra premium, restrict cover or cancel the **policy**.

10. Paying claims

All amounts due under this **policy** would be paid to **you**, or to **your** estate or legal personal representative after **your** death.

Any receipt that **you** or the **insured person** (or anyone acting on behalf of **you** or the **insured person**) give **us** for any claim payment **we** make under the **policy** will be proof that **we** have met **our** full obligation relating to the claim.

11. Premium warranty

11.1 Payment before cover warranty (non-corporate insured)

a) The premium for the **policy** must be paid to **us**, or the intermediary **you** took the **policy** out through, on or before the start date or the renewal date of the **policy**. The premium will be considered to have been paid when:

- cash for the premium is handed over to **us** or the intermediary;
- a cheque for the premium is handed over to **us** or the intermediary and is not returned unpaid;
- a credit-card or debit-card payment for the premium is approved by the card issuer; or
- an electronic transfer or online payment goes through.

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

11.2 Premium payment warranty (corporate insured)

- a) If the **policy period** is 60 days or more, any premium due must be received in full by **us** or the intermediary **you** took the **policy** out through within 60 days of:
- the start date or renewal date of the **policy**; or
 - the date each endorsement (if any) that applies to the **policy** comes into force.
- b) If the premium due is not received in full by **us** or the intermediary within 60 days, as referred to above, then:
- cover will automatically end immediately after the end of the 60-day period; and
 - **we** will be entitled to a payment of either S\$25 or an appropriate proportion of the premium to reflect the time **you** were covered, whichever is more.
- c) If the **policy period** is less than 60 days, any premium must be received in full by **us** or the intermediary within the **policy period**.

11.3 Essential condition for cover (corporate insured)

The cover under the **policy** only applies if either of the following is true.

- a) **You** have not had any insurance cover cancelled in the last 12 months due, totally or partly, to **you** breaking any condition relating to paying the premium.
- b) If **you** have told **us** that in the last 12 months **you** have had insurance cover cancelled due, totally or partly, to **you** breaking any condition relating to paying the premium:
- **you** have since paid all the premium due for the time **you** were covered, as calculated by the relevant insurer; and
 - **you** provide written confirmation of this from the insurer before cover under the **policy** starts.

12. Reasonable precautions

You and the **insured person** must take all reasonable precautions to prevent any **accident** or injury.

13. Renewal

We are not legally obliged to send **you** any notice of renewal, or to renew the **policy** if **you** ask us to.

14. Policy automatically ending

The **policy** will automatically end:

- when the **insured person** dies; or
- at the end of the **policy period** in which the **insured person** reached the age of 75;

whichever is earlier.

If **you** die, and **you** are not the **insured person**, the **policy** will continue for the **insured person** until the **policy period** ends.

15. Employment ending

If the **insured person** is working in Singapore under a work permit or employment pass issued by the Ministry of Manpower, the cover under the **policy** will end on the date their contract of employment ends (the employment end date).

The **insured person** must tell us about their contract of employment ending. If no claim has been made during the **policy period**, **we** will refund the premium **you** have paid, less a deduction to reflect the period the **insured person** was covered for.

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

If the **insured person** does not tell **us** about their employment ending, this will not extend the cover beyond the employment end date. However, any claim that arose before the employment end date will still be covered.

Claim conditions that apply to the whole policy

1. Medical examination

The **insured person** must, when reasonably required by **us**, undergo a medical examination carried out by a **medical practitioner** appointed by **us**. **We** would pay for the examination.

2. Reporting an accident

If any **accident** that could give rise to a claim under the **policy** happens, **you** must give **us** full details of the **accident** and any **injuries** within 30 days, and the **insured person** must get any necessary medical or surgical advice or treatment as soon as possible.

3. Providing documents

You must give **us** all certificates, forms, bills, receipts, information and evidence **we** ask for, at **your** own expense. Any bills, receipts and other documents **we** ask **you** to provide to support a claim must be the original copies, unless **we** agree otherwise in writing.

4. Providing proof we ask for

If **we** ask **you** to provide any proof of loss, **you** must send it to **us** within 60 days of the date of the loss.

Extensions

1. Terrorism

Section 1 of the **policy** is extended to cover terrorism. For claims under section 1 that relate to terrorism, the total amount **we** will pay is:

- the maximum limit that applies to **your** chosen plan, as shown in the summary of benefits at the end of this document; or
- S\$300,000; whichever is lower.

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

- committed, whether acting alone or on behalf of or in connection with any organisation or government, for political, religious, ideological or similar purposes;
- intended to influence any government; and
- designed to scare or intimidate the public, or any section of the public.

'Terrorism' does not include the following.

- Using nuclear weapons of mass destruction (that is, using any explosive nuclear weapon or device, or releasing any radioactive material at a level that could disable or kill people or animals).
- Using chemical weapons of mass destruction (that is, releasing or distributing any solid, liquid or gaseous chemical compound that could disable or kill people or animals).
- Using biological weapons of mass destruction (that is, releasing or distributing any pathogenic (disease producing) micro-organism or biological toxin that could disable or kill people or animals).

2. Strike, riot and civil commotion

The **policy** is extended to cover death or **injury** caused as a result of strike, riot or civil commotion, as long as the **insured person** did not take part in or plan the riot, strike or commotion, was not involved in the event in any way, and did not provoke any assault or action that could reasonably have been avoided.

3. Murder and assault

The **policy** is extended to cover death by murder and **injury** from assault, as long as the **insured person's** death or **injury** did not arise from an event or attack the **insured person** planned, provoked, took part in or otherwise knew would happen.

4. Hijacking

The **policy** is extended to cover hijacking, or any threat of or attempt at hijacking.

For the purpose of this cover, hijacking includes unlawful seizure or control of any aircraft or form of transport the **insured person** is travelling in as a fare-paying passenger.

Hijacking does not include activities directly associated with war, invasion (whether war is declared or not), rebellion, revolution or uprising (whether or not violence is used).

5. Exposure

The **policy** covers claims arising out of **injury** caused by the **insured person** being exposed to extreme weather or conditions as a result of an **accident**.

6. Disappearance clause

If the **insured person** disappears while the **policy** is in force, their body is not found within 365 days after they disappeared, and **we** receive satisfactory evidence that leads **us** to believe that they were killed in or as a result of an **accident**, **we** will pay the appropriate amount under section 1 for death. The **insured person's** legal representative would first need to sign a contract agreeing to refund the payment if the **insured person** were found to be alive.

7. Smoke, poisonous fumes, gas and drowning

If the **insured person**:

- dies or receives an **injury** as a result of smoke, poisonous fumes or gas; or
- drowns;

we will pay the appropriate amount shown for section 1, as long as the incident does not arise as a result of the **insured person's** deliberate actions.

8. Flying

The cover under the **policy** is extended to cover the **insured person** travelling as a fare-paying passenger in a properly licensed private aircraft or helicopter.

9. Reservist training

The cover under the **policy** is extended to cover up to 42 days of reservist duty (under Section 14 of the Enlistment Act (Chapter 93) of The Republic of Singapore) during peacetime.

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 **your 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).

Summary of benefits

24-hour Emergency Assistance Services

Hotline: (65) 6708 7453

WhatsApp : +1 888 831 7667

Click-to-Call : <https://emakl.3cx.com.my:5001/greasterngeneral>

Cover		Maximum limit				
		Plan A	Plan B	Plan C	Plan D	Child
1	Death or permanent disability	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$25,000
2	Temporary disability	S\$100	S\$200	S\$300	S\$500	Not covered
3	Daily hospital allowance	S\$100	S\$200	S\$250	S\$300	Not covered
4	Medical expenses	S\$2,000	S\$4,000	S\$5,000	S\$7,000	S\$500
5	Physician's expenses	S\$150	S\$150	S\$150	S\$150	S\$150
6	Mobility aid	S\$1,000	S\$1,000	S\$1,000	S\$1,000	S\$1,000
7	Personal belongings	S\$200	S\$300	S\$400	S\$500	Not covered
8	Evacuation and repatriation	S\$50,000	S\$50,000	S\$50,000	S\$50,000	S\$25,000
9	Funeral expenses	S\$3,000	S\$3,000	S\$3,000	S\$3,000	S\$3,000

Please see the policy wording for full details.