

SAMPLE POLICY CONTRACT OF DIRECT - GREAT LIFE II 70 WITH DIRECT - GREAT CRITICAL CARE 70

GREAT EASTERN LIFE

SECTION A: MAIN BENEFITS

1 DEFINITIONS AND INTERPRETATIONS

- 1.1 **"Basic Sum Assured"** refers to the Basic Sum Assured as set out in the Schedule to the Policy, or as may be revised from time to time subject to the satisfaction of such conditions as may be imposed by the Company in its absolute discretion. Revision of the Basic Sum Assured will apply when there is a partial surrender of the Policy.

"Bonuses" refer to reversionary bonuses and/or terminal bonuses payable (if any) under the Policy.

"Date of Commencement" refers to the date of commencement of the Policy as set out in the Schedule to the Policy.

"Date of Issue" refers to the date of issue of the Policy as set out in the Schedule to the Policy.

"Death Benefit" refers to the benefit as set out in clause 2.1.

"Guaranteed Surrender Value" refers to the surrender value in respect of the end of each Policy Year as set out in Endorsement 143 (GSV) or in respect of any particular point of time during a Policy Year, such other pro-rated amount as surrender value for that Policy Year as may be determined by the Company (taking into account factors as it may deem appropriate) in accordance with the terms therein.

"Life Assured" refers to the person who is the life assured of the Policy as at that point in time during the term of the Policy.

"Medical Practitioner" refers to a surgeon or physician qualified by degree in western medicine, who is legally and duly qualified to practice medicine and surgery and authorised in the geographical area of his practice other than the Policyholder, the Life Assured or a family member of either.

"Policy Anniversary" refers to any anniversary of the Date of Commencement while the Policy remains in force.

"Policy Year" refers to a period which starts on the Date of Commencement or any Policy Anniversary, and ends on the day immediately before the following Policy Anniversary.

"Pre-existing Condition" refers to a condition for which prior to the Date of Issue or the date of any reinstatement (if applicable) of the Policy:

- (a) symptoms of the condition existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- (b) medical advice or treatment was recommended by or received from a Medical Practitioner.

"Terminal Illness" refers to the conclusive diagnosis of an illness that is expected to result in the death of the Life Assured within twelve (12) months of the diagnosis. This diagnosis must be supported by a specialist and confirmed by the Company's appointed doctor. Terminal Illness in the presence of HIV infection is excluded.

"Terminal Illness Benefit" refers to the benefit as set out in clause 4.1.

"TPD" refers to such total and permanent disability as defined in clause 3.2.

"TPD Benefit" refers to the benefit as set out in clause 3.1.

- 1.2 A reference to one gender shall include reference to the other genders. Words in the singular shall include the plural and *vice versa*.
- 1.3 The headings in the Policy are inserted for convenience only and shall not affect the construction and interpretation of the Policy.
- 1.4 A reference to any government or statutory authority shall include and refer to the authority or body succeeding such authority from time to time.

- 1.5 A reference to any statute or statutory instrument shall include and refer to any statute or statutory instrument amending, consolidating or replacing them respectively from time to time and for the time being in force.
- 1.6 References to clauses are to the corresponding numbered provisions set out in Section A of the Policy and references to paragraphs are to the corresponding numbered/titled provisions set out in Section B of the Policy.

2 DEATH BENEFIT

- 2.1 If the Life Assured dies while the Policy is in force, the Company will pay the Basic Sum Assured plus accumulated Bonuses, less any amounts owed to the Company, in one lump sum.

Exclusions for Death Benefit

The payment of the Death Benefit will not be made for death due to suicide while sane or insane within twelve (12) months from the Date of Issue or the date of reinstatement (if applicable) of the Policy and the Policy will be rendered void. The Company will refund all premiums paid for the Policy without interest (after deducting any outstanding debt, and any benefits and/or bonuses paid).

3 TOTAL AND PERMANENT DISABILITY BENEFIT

- 3.1 If the Life Assured suffers from TPD while the Policy is in force, the Company will pay the Death Benefit in one lump sum, subject to the following conditions:

- (a) The Life Assured's disability under clause 3.2 must occur before the Policy Anniversary on which his age next birthday is sixty-five (65) years.
- (b) The total amount of benefits payable by the Company for total and permanent disability is limited to S\$5,000,000 under the Policy and all other policies and riders issued by the Company on the same Life Assured.

3.2 Definition of Total and Permanent Disability

- (a) The Life Assured, due to accident or sickness, is disabled to such an extent as to be rendered totally unable to engage in any occupation, business or activity for income, remuneration or profit; and the disability must continue uninterrupted for at least six (6) consecutive months from the time when the disability started and the disability must, in the view of a medical examiner appointed by the Company, be deemed permanent with no possibility of improvement in the foreseeable future; or
- (b) The Life Assured, due to accident or sickness, suffers total and irrecoverable loss of use of:
- (i) the entire sight in both eyes; or
- (ii) any two limbs at or above the wrist or ankle; or
- (iii) the entire sight in one eye and any one limb at or above the wrist or ankle.

3.3 Exclusions for TPD Benefit

Payment of the TPD Benefit will not be made for:

- (a) TPD resulting from self-inflicted injury, while sane or insane; or
- (b) TPD resulting from bodily injury sustained while the Life Assured is in or on an aircraft other than:
- (i) as a fare-paying passenger or a crew member on an aircraft licensed for passenger service and operated by a regular airline on a scheduled route; or
- (ii) as a member of the armed forces travelling as a passenger in a military transport aircraft;
- (c) a diagnosis of TPD due to a Pre-existing Condition.

4 TERMINAL ILLNESS BENEFIT

- 4.1 If the Life Assured is diagnosed with Terminal Illness while the Policy is in force, the Company will pay the Death Benefit in one lump sum.
- 4.2 Exclusions for Terminal Illness Benefit
Payment of the Terminal Illness Benefit will not be made for:
- (a) Terminal Illness in the presence of Human Immunodeficiency Virus (“HIV”) infection;
 - (b) a diagnosis of Terminal Illness due to a Pre-existing Condition.

5 REVERSIONARY BONUS

- 5.1 The Policy will be entitled to a reversionary bonus if declared by the Company. The Company usually declares a reversionary bonus each year. The Company does not guarantee that it will declare a reversionary bonus every year.
- 5.2 Reversionary bonus (if any) is payable upon the death, TPD or Terminal Illness of the Life Assured, whichever event occurring first.
- 5.3 Any reversionary bonus declared for the Policy during the initial three (3) years from the Date of Commencement will only take effect after the Policy has been in force for three (3) years from the Date of Commencement, or otherwise as decided by the Company in its absolute discretion.
- 5.4 Where the Policyholder surrenders the Policy after it has been in force for three (3) years, the surrender value of reversionary bonus declared as determined by the Company will be included in the surrender value payable.

6 TERMINAL BONUS

- 6.1 The Policy may be entitled to a terminal bonus. The amount of terminal bonus payable will be determined by the Company in its absolute discretion. It will only be payable once and is not guaranteed.
- 6.2 A terminal bonus (if any) is payable upon surrender of the Policy or upon a claim being admitted under the Policy which terminates the Policy, whichever event occurring first.

7 CONDITIONS

- 7.1 The Policyholder or claimant must notify the Company in writing and produce satisfactory proof of the death, TPD or Terminal Illness of the Life Assured (as the case may be) to the Company on forms furnished by the Company within six (6) months from the death of the Life Assured or the date of diagnosis of the TPD or Terminal Illness (as the case may be).
- 7.2 For TPD and Terminal Illness claims, the Policyholder shall ensure the following:
- (a) The TPD or Terminal Illness suffered by the Life Assured must be certified by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company.
 - (b) If required by the Company, the Life Assured must undergo medical examination by a Medical Practitioner appointed by the Company in connection with the alleged TPD or Terminal Illness.
 - (c) The Company reserves the right to obtain medical evidence at its own expense at any time to confirm the Life Assured’s continuing TPD.
- 7.3 All medical reports and any other evidence required by the Company for any claim must be furnished at the Policyholder or claimant’s expense.
- 7.4 The Company has the right to request for any other documents to process a claim.
- 7.5 The Company will not be liable if there is a failure to comply with any of the above conditions.

7.6 If there is a claim under the Policy, the Company will not refund any part of the premiums which have been paid, except where expressly set out in an endorsement made by the Company.

8 TERMINATION

8.1 The Policy will terminate on the earliest of the following events:

- (a) the date on which the Company receives the Policyholder's written request to terminate the Policy;
- (b) the date of death of the Life Assured;
- (c) the date on which the Life Assured is diagnosed with TPD or Terminal Illness and the claim is admitted; or
- (d) when the Policy lapses, is surrendered or otherwise terminated.

8.2 All valid claims will extinguish other rights and benefits under the Policy.

SECTION B: GENERAL PROVISIONS

1 VARYING OF THIS CONTRACT OF INSURANCE

1.1 The Policy may only be varied if the Company consents in writing. The Policyholder's and the Life Assured's statements made when applying for the Policy will be taken to be representations and not warranties, unless there is fraud. Any subsequent endorsement made by the Company will take effect from the date of the endorsement.

1.2 The Company may from time to time determine the manner in which the Policy is varied by way of an endorsement to the policy document.

2 RESIDENCE, OCCUPATION AND TRAVEL

The Policy is free from restrictions as regards to residence, occupation and travel.

3 FREE LOOK

3.1 The Policy may be cancelled by written request to the Company within fourteen (14) days after the Policyholder receives the policy document in which case premiums paid less any costs incurred by the Company in assessing the risks for the Policy, including but not limited to, any medical fees incurred, will be refunded.

3.2 If the policy document is sent by post it is deemed to have been delivered and received in the ordinary course of the post seven (7) days after the date of posting.

4 INDISPUTABILITY

The Company will not dispute the validity of the Policy during the lifetime of the Life Assured after two (2) years from the date of issue or the date of reinstatement of the Policy, whichever is later, unless there is fraud, non-payment of premiums or claims which would have been denied if arising from exclusions. For the avoidance of doubt, this clause only applies to life and critical illness policies and riders.

5 PREMIUMS

5.1 The Policyholder has to pay all premiums on or before the due dates without any need for the Company to inform him that a premium is due.

- 5.2 The Policy will continue to be in force as long as the premiums are paid annually in advance. The Company may allow the premiums to be paid by instalments at such frequency as may be permitted by the Company from time to time.
- 5.3 If there is a claim made on the Policy, the Company will deduct any future instalments needed to complete the full year's premium from the claim proceeds.

6 CONFIRMATION OF AGE

The Policyholder must prove the date of birth of the Life Assured to the Company before the Company is required to pay any benefit under the Policy.

7 SURRENDER VALUE

After the Policy has acquired a surrender value, the Company will pay the surrender value to the Policyholder if he surrenders the Policy. If the Policy is entitled for reversionary bonus and the Company has declared any reversionary bonus, the surrender value payable will be inclusive of the surrender value of the reversionary bonus as determined by the Company. If the Policy is entitled to terminal bonus and the Company has determined the amount payable as terminal bonus for the Policy (if any), the terminal bonus (if any) will also be payable. If the Policyholder owes a debt under the Policy, this sum will be deducted from the surrender value and the Company will pay the balance sum. Once the Policy has acquired a surrender value, the following may happen, with regard to the Policy:

7.1 Loans

- (a) The Company will provide the following types of loans:
- (i) the Policyholder may apply to the Company for cash loans which the Company may grant to the Policyholder, the amount of which will be quoted by the Company on application by the Policyholder; or
 - (ii) if the Policyholder fails to pay a premium within the grace period as provided in the Days of Grace paragraph, the Policy will not lapse but:
 - a. the Company will automatically grant an automatic premium loan ("APL") equal to the unpaid premium. However, at the due date of the unpaid premium, the surrender value less any amount owed under the Policy ("net surrender value") must be more than or equal to the unpaid premium. The Policy will continue until the next premium due date; or
 - b. the Company will automatically grant an APL equal to the net surrender value if it is less than the unpaid premium. The Policy will continue for a pro-rated period, in proportion to the APL granted as it relates to the unpaid premium. The Policy will lapse at the end of the pro-rated period.
- The unpaid premium includes premiums payable for all supplementary benefits stated in the Schedule of Supplementary Benefits of the Policy.
- (b) The Company will charge interest on the above loan amount(s) at interest rates to be determined by the Company from time to time. Any unpaid interest will form part of the loan so long as the surrender value of the Policy allows. The Policy will lapse if the total loan amount owed is more than the surrender value of the Policy.
- (c) Any loan or any part of any loan may be repaid while the Policy is in force. If there is no indication how the repayment amount is to be used, the Company will first use that amount in payment of any APL. If there is no APL, then the Company will use that amount to pay any unpaid premiums or any cash loan, in that order of priority.
- (d) Any outstanding loan under the Policy is a first charge against the Policy until it is repaid. If there is a claim under the Policy, any sum owed will be deducted from the claim proceeds before payment is made.

7.2 Paid-up Assurance

- (a) The Policyholder may apply to the Company for a paid up assurance which the Company will grant, with a reduced sum assured, without the need for the Policyholder to pay any more premiums.
- (b) Any debt owed to the Company under the Policy will be deducted from the surrender value before the conversion into a paid-up assurance. The net surrender value immediately before conversion will be used to calculate the reduced benefit payable for the paid-up assurance. The paid-up assurance will only provide death benefits for the Life Assured. The paid-up assurance will not participate in the profits of the Company. The paid-up assurance will not be entitled to any reversionary bonus or terminal bonus.

7.3 Extended Term Assurance

The Policyholder may apply to the Company for an extended term assurance for the full sum assured. Any debt owed to the Company under this Policy will be deducted from the surrender value before the conversion into an extended term assurance. The duration of the extended term assurance will be what the net surrender value can purchase at the age of the Life Assured on the date of the application. The extended term assurance will only provide death benefit for the Life Assured. The extended term assurance will not participate in the profits of the Company. The extended term assurance will not be entitled to any reversionary bonus or terminal bonus.

8 DAYS OF GRACE

- 8.1 The Policyholder has thirty (30) days ("the grace period") from the due date of the premium to pay the renewal premium.
- 8.2 If the Life Assured dies or is diagnosed with TPD or Terminal Illness during the grace period before the premium is paid, the Policy will be as valid and effective as though the premium has been paid. However, the Company will deduct all unpaid premium instalments needed to complete one full year's premium, from the claim proceeds.
- 8.3 The Policy will lapse if there are still unpaid premiums at the end of the grace period and the Company will forfeit any premiums paid unless the Policy has acquired a surrender value as provided for in the Surrender Value paragraph.

9 REINSTATEMENT

If the Policy lapses under clause 7 and 8, the Policyholder may reinstate it within three (3) years from the date of lapsing, at the option of the Company, subject to the following conditions:

- (a) the Policyholder pays all unpaid premiums and any interest charged by the Company which have accumulated up to the date of reinstatement; and
- (b) the Policyholder makes full repayment of any loans and any interest charged by the Company which have accumulated up to the date of reinstatement.

10 NOTICE OF ASSIGNMENT

A written notice of assignment or charge on the Policy only binds the Company, if it is delivered to the Company at its head office or its branch offices. The Company is not responsible for the validity of any assignment or charge by just acknowledging the notice.

11 NOTICES AND CORRESPONDENCE

- 11.1 Any request, notice, instruction or correspondence required under the Policy whether to the Company or the Policyholder has to be in writing and will be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.
- 11.2 The Company's notice, request, instruction or correspondence is presumed to be received:
- (a) in the case of a letter, on the seventh (7th) day after posting if posted locally, and on the fourteenth (14th) day after posting, if posted overseas;
 - (b) in the case of personal delivery or delivery by courier, on the day of delivery;
 - (c) in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of despatch; or
 - (d) in the case of other means as approved, adopted or accepted by the Company, on the day that the Company decides is reasonable to receive the notice, request, instruction or correspondence.

12 GOVERNING LAW

The Policy will be governed by the laws of Singapore and the Courts of Singapore have exclusive jurisdiction for any disputes arising out of the Policy.

13 EXCLUSION OF THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT CAP. 53B

A person who is not a party to the Policy shall have no right under the Contracts (Rights of Third Parties) Act 53B to enforce any of its terms.

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GREAT EASTERN LIFE

DIRECT - GREAT CRITICAL CARE 70

1. DEFINITIONS

“**Critical Illness**” means any of the critical illnesses specified and defined in clause 4 below.

“**Medical Practitioner**” means a surgeon or physician qualified by degree in Western Medicine, who is legally and duly qualified to practise medicine and surgery and authorised in the geographical area of his practice.

“**Policy**” means the policy to which this Rider is attached.

“**Pre-existing Critical Illness**” means a Critical Illness for which prior to the commencement of this insurance or date of any reinstatement of the Policy and this Rider:

- symptoms of the Critical Illness existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment; or
- medical advice or treatment was recommended by or received from a Medical Practitioner.

“**TPD Endorsement**” refers to Endorsement No. 717 (TPDDC2), attached to the Policy.

“**TI Endorsement**” refers to Endorsement No. 715 (TIDCIP2), attached to the Policy.

2. PREMIUM

2.1 The premium payable for this Rider is shown in the Schedule of Supplementary Benefits. It is payable at the same interval and on the same dates as the Basic Life Premium shown in the Schedule. The premium is payable for until the Policy Anniversary immediately before the Life Assured reaches age 70 years of age.

2.2 This Rider forms part of the Policy and is valid only if the Policy is valid. It will not participate in the profits of the Company and will not acquire a surrender value.

2.3 Amendment of Premium Rates

2.3.1 The Company may amend the rates of premium at any time provided that the amended rates apply to all riders of this class of insurance and the Policyholder has been notified of the amendments at least 45 days before the premium due date at which time the amended rates will apply.

2.3.2 The amended rates will apply according to the age next birthday of the Life Assured at the date of commencement of assurance under this Rider.

3. BENEFIT

3.1 Subject to this Rider:

If the Life Assured is diagnosed with a Critical Illness, the Company will pay the Amount of Benefits for this Rider stated in the Schedule of Supplementary Benefits (“the Amount of Benefits”), subject to sub-clause 3.3. In addition, the Company will also pay any bonuses applicable to that part of the Basic Sum Assured stated in the Schedule which is equal to the Amount of Benefits.

3.2 After a claim is paid, the Basic Sum Assured stated in the Schedule will be reduced by the Amount of Benefits. The Company will determine the new premium payable for the reduced Basic Sum Assured. Where the Amount of Benefits is equal to the Basic Sum Assured, the Policy and any attaching riders will terminate upon the claim.

3.3 Benefit for Angioplasty & Other Invasive Treatment for Coronary Artery

3.3.1 If the Life Assured undergoes Angioplasty & Other Invasive Treatment For Coronary Artery (“Coronary Angioplasty”) as defined in clause 4(27) below, the Company will pay 10% of the Amount of Benefits (“the Angioplasty amount”) which is equal to 10% of the Amount of Benefits paid out under this sub-clause. In addition, the Company will also pay any bonuses applicable to that part of the Basic Sum Assured stated in the Schedule which is equal to 10% of the Amount of Benefits, subject to the following conditions:

- (a) The Company will not pay any benefit under this sub-clause 3.3 for any future Coronary Angioplasty undergone by the Life Assured.
 - (b) After a claim is paid under this sub-clause 3.3, the Amount of Benefits will be reduced by the Angioplasty amount (“the reduced Amount of Benefits”) and the Basic Sum Assured stated in the Schedule will likewise be reduced by the Angioplasty amount (“reduced Basic Sum Assured”). The Company will determine the new premium payable for the reduced Amount of Benefits and the reduced Basic Sum Assured.
 - (c) The Company will only pay the reduced Amount of Benefits for any other Critical Illness subsequently suffered by the Life Assured.
 - (d) The total amount of sum assured for the payment of the benefit for Coronary Angioplasty made by the Company must not be more than S\$25,000 under this Rider and all policies and riders on the Life Assured providing for benefits payable for Coronary Angioplasty.
- 3.3.2 Once the Company has paid benefits for Coronary Angioplasty under the other policies and riders on the same Life Assured up to the limit of S\$25,000 stated in sub-clause 3.3.1(d) above, the Company will not pay the benefit under this Rider for Coronary Angioplasty and the Company will not pay any benefit under sub-clause 3.3 for any future Coronary Angioplasty undergone by the Life Assured.

4. DEFINITIONS OF CRITICAL ILLNESSES

4.1 Alzheimer’s Disease / Severe Dementia

Deterioration or loss of cognitive function as confirmed by clinical evaluation and imaging tests, arising from Alzheimer’s disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant and supported by the Company’s appointed doctor.

The following are excluded:

- Non-organic diseases such as neurosis and psychiatric illnesses; and
- Alcohol related brain damage.

4.2 Angioplasty & Other Invasive Treatment for Coronary Artery

The actual undergoing of balloon angioplasty or similar intra-arterial catheter procedure to correct a narrowing of minimum 60% stenosis, of one or more major coronary arteries as shown by angiographic evidence. The revascularisation must be considered medically necessary by a consultant cardiologist.

Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Payment under this condition is limited to 10% of the Sum Assured under this policy subject to a S\$25,000 maximum sum payable. This benefit is payable once only and shall be deducted from the amount of this Contract, thereby reducing the amount of the Sum Assured which may be payable herein.

Diagnostic angiography is excluded.

4.3 Benign Brain Tumour

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges or cranial nerves where all of the following conditions are met:

- It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit; and
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.

The following are excluded:

- Cysts;
- Abscess;
- Angioma;
- Granulomas;
- Vascular Malformations;
- Haematomas; and
- Tumours of the pituitary gland, spinal cord and skull base.

4.4 Blindness (Irreversible Loss of Sight)

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes. The blindness must be confirmed by an ophthalmologist.

The blindness must not be correctable by surgical procedures, implants or any other means.

4.5 Coma

A coma that persists for at least 96 hours. This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

For the above definition, medically induced coma and coma resulting directly from alcohol or drug abuse are excluded.

4.6 Coronary Artery By-pass Surgery

The actual undergoing of open-chest surgery or Minimally Invasive Direct Coronary Artery Bypass surgery to correct the narrowing or blockage of one or more coronary arteries with bypass 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.

4.7 Deafness (Irreversible Loss of Hearing)

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.

Total means "the loss of at least 80 decibels in all frequencies of hearing".

Irreversible means "cannot be reasonably restored to at least 40 decibels by medical treatment, hearing aid and/or surgical procedures consistent with the current standard of the medical services available in Singapore after a period of 6 months from the date of intervention."

4.8 End Stage Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

4.9 End Stage Liver Failure

End stage liver failure as evidenced by all of the following:

- Permanent jaundice;
- Ascites; and
- Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

4.10 End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure. This diagnosis must be supported by evidence of all of the following:

- FEV₁ test results which are consistently less than 1 litre;
- Permanent supplementary oxygen therapy for hypoxemia;
- Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less (PaO₂ ≤ 55mmHg); and
- Dyspnea at rest.

The diagnosis must be confirmed by a respiratory physician.

4.11 Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

4.12 Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

4.13 HIV Due to Blood Transfusion and Occupationally Acquired HIV

- A. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:
- The blood transfusion was medically necessary or given as part of a medical treatment;
 - The blood transfusion was received in Singapore after the Issue Date, Date of endorsement or Date of reinstatement of this Supplementary Contract, whichever is the later; and
 - The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood.
- B. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring after the Issue Date, date of endorsement or date of reinstatement of this Supplementary Contract, whichever is the later whilst the Life Assured was carrying out the normal professional duties of his or her occupation in Singapore, provided that all of the following are proven to the Company's satisfaction:
- Proof that the accident involved a definite source of the HIV infected fluids;
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident. This proof must include a negative HIV antibody test conducted within 5 days of the accident; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit is only payable when the occupation of the Life Assured is a medical practitioner, housemen, medical student, state registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic (in Singapore).

This benefit will not apply under either section A or B where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

4.14 Idiopathic Parkinson's Disease

The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

- The disease cannot be controlled with medication; and
- Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

4.15 Irreversible Aplastic Anaemia

Chronic persistent and irreversible bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Bone marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow or haematopoietic stem cell transplantation.

The diagnosis must be confirmed by a haematologist.

4.16 Irreversible Loss of Speech

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

All psychiatric related causes are excluded.

4.17 Major Burns

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body.

4.18 Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Carcinoma-in-situ (Tis) or Ta;
 - Having borderline malignancy;
 - Having any degree of malignant potential;
 - Having suspicious malignancy;
 - Neoplasm of uncertain or unknown behaviour; or
 - All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;

- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

4.19 Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant neurologist and supported by relevant findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. "Accident" means an event of violent, unexpected, external, involuntary and visible nature which is independent of any other cause and is the sole cause of the head injury.

The following are excluded:

- Spinal cord injury; and
- Head injury due to any other causes.

4.20 Major Organ / Bone Marrow Transplantation

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ.

Other stem cell transplants are excluded.

4.21 Motor Neurone Disease

Motor neurone disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurones which include spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis. This diagnosis must be confirmed by a neurologist as progressive and resulting in permanent neurological deficit.

4.22 Multiple Sclerosis

The definite diagnosis of Multiple Sclerosis, and must be supported by all of the following:

- Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; and
- Multiple neurological deficits which occurred over a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

4.23 Muscular Dystrophy

The unequivocal diagnosis of muscular dystrophy must be made by a consultant neurologist. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

For the purpose of this definition, "aided" shall mean with the aid of special equipment, device and/or apparatus and not pertaining to human aid.

4.24 Open Chest Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.

4.25 Open Chest Surgery to Aorta

The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

4.26 Paralysis (Irreversible Loss of Use of Limbs)

Total and irreversible loss of use of at least 2 entire limbs due to injury or disease persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery. This condition must be confirmed by a consultant neurologist.

Self-inflicted injuries are excluded.

4.27 Primary Pulmonary Hypertension

Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by investigations including cardiac catheterisation, resulting in permanent physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnea, or anginal pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

4.28 Severe Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

- The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

4.29 Severe Encephalitis

Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) and resulting in permanent neurological deficit which must be documented for at least 6 weeks. This diagnosis must be certified by a consultant neurologist, and supported by any confirmatory diagnostic tests.

Encephalitis caused by HIV infection is excluded.

4.30 Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.

The following two terms can be found in some of the above definitions, and their meanings are as follows:

1. Permanent Neurological Deficit

Permanent means expected to last throughout the lifetime of the Life Assured.

Permanent neurological deficit means symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

2. Activities of Daily Living (ADLs)

- (i) Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (ii) Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (iii) Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (iv) Mobility - the ability to move indoors from room to room on level surfaces;
- (v) Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (vi) Feeding - the ability to feed oneself once food has been prepared and made available.

5. EXCEPTIONS

The Company will not pay any benefits:

- (a) if there was a Pre-existing Critical Illness which is the same Critical Illness which is the subject of a claim under this Rider;
- (b) for Heart Attack of Specified Severity, Major Cancer, Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment For Coronary Artery if the diagnosis of the Heart Attack of Specified Severity, Major Cancers, coronary artery disease requiring Coronary Artery By-pass Surgery or Angioplasty & Other Invasive Treatment For Coronary Artery was made within 90 days from:
 - (i) the date of issue of the Policy or this Rider; or
 - (ii) the date of reinstatement of the Policy or this Rider.
- (c) for any Critical Illness which resulted either directly or indirectly from self-inflicted injuries of the Life Assured.

6. CONDITIONS

- 6.1 The Policyholder must notify the Company of any claim in writing as soon as it is practicable.
- 6.2 The Critical Illness must be diagnosed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company.
- 6.3 All medical reports or any other evidence required by the Company for any claim must be furnished at the Policyholder's expense.
- 6.4 If required by the Company, the Life Assured must undergo medical examination by the Medical Practitioner appointed by the Company.
- 6.5 When a claim has been admitted, and the Amount of Benefits is equal to the Basic Sum Assured stated in the Schedule, all other Rights, Options, Values and Benefits under the Policy, including benefits payable on death or survival of the Life Assured, or under the TPD Endorsement (if any), or under the TI Endorsement (if any) will not be valid, from the date of diagnosis of the Critical Illness. However the termination will not affect any claim which arises before the date of diagnosis of the Critical Illness.
- 6.6 The Company will not be liable if there is a failure to comply with any of the above conditions.
- 6.7 The Company will not pay more than S\$3,000,000 of the total amount of sums assured under this Rider and all policies and riders issued by the Company on the same Life Assured which provide similar benefits payable for medical conditions similar to Critical Illness.

7. TERMINATION

This Rider will terminate on the earliest of the following dates:

- (a) when the Company receives the Policyholder's written request for termination of this Rider, in which event, no refund of premium shall be made by the Company to the Policyholder;
- (b) the Policy lapses, is surrendered or converted into a paid-up assurance or an extended term assurance, or is otherwise terminated; or
- (c) a claim under clause 3 above is admitted and the Amount of Benefits is equal to the Basic Sum Assured stated in the Schedule (except for a claim for Angioplasty & Other Invasive Treatment For Coronary Artery under sub-clause 3.3).

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SAMPLE

GREAT EASTERN LIFE

ENDORSEMENT NO. 143 (GSV)

SURRENDER VALUES

(PLAN: DIRECT - GREAT LIFE II 70)

- 1 The surrender values referred to in the Clauses are shown in the table below, which do not include bonuses and/or survival benefits (if any). These values are based on the assumption that premiums have been paid to the end of the policy years shown. If premiums are paid for part of a year, the surrender values will be adjusted in proportion.
- 2 In the table below, Policy Year "1" starts on the Date of Commencement shown in the Schedule to the Policy and ends on the day before the first anniversary of the Date of Commencement. A subsequent policy year will start on an anniversary of the Date of Commencement and end on the day before the next anniversary.

Guaranteed Surrender Values per \$ 1,000 Basic Sum Assured

(based on age at entry 30 years next birthday)

<u>End of Policy Year</u>	<u>Guaranteed Surrender Value</u>	<u>End of Policy Year</u>	<u>Guaranteed Surrender Value</u>	<u>End of Policy Year</u>	<u>Guaranteed Surrender Value</u>
1	0.00	2	0.00	3	17.00
4	26.00	5	36.00	6	46.00
7	56.00	8	66.00	9	77.00
10	88.00	11	99.00	12	111.00
13	123.00	14	136.00	15	149.00
16	162.00	17	176.00	18	190.00
19	205.00	20	220.00	21	235.00
22	250.00	23	266.00	24	282.00
25	298.00	26	314.00	27	331.00
28	347.00	29	364.00	30	382.00
31	399.00	32	418.00	33	436.00
34	455.00	35	474.00	36	494.00
37	514.00	38	535.00	39	556.00
40	577.00				

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GREAT EASTERN LIFE

ENDORSEMENT NO. 642 (PPF-1)

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the Life Insurance Association (LIA) or SDIC websites (www.lia.org.sg or www.sdic.org.sg).

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SAMPLE