

**NOTICE:** This document is available in English, Bahasa Indonesia, Bengali, Burmese, Chinese and Tamil. The English version shall always prevail in case of any discrepancy or inconsistency between the English version and its other translations.

**Name of Policyholder:** Singtel Mobile Singapore Pte Ltd  
**Insured Person(s):** Individual members nominated by the policyholder, as per declaration

## Free 30-day Insurance for Singtel Prepaid Customers

In consideration of the payment of premium by the **policyholder** to **us** and subject to the terms, exceptions and conditions contained in this policy document or endorsement issued, **we** will provide **you** with insurance cover as described in the **policy** during the period of insurance.

The **policyholder** agrees that the benefits under this group **policy**:

- are provided free of charge to selected customers ('**you**') nominated by the **policyholder**;
- can be changed or discontinued following a joint decision by the **policyholder** and **us**.

### BENEFITS

#### SECTION 1 – ACCIDENTAL DEATH / PERMANENT DISABILITY

##### For death

If **you** sustain an **injury** as a result of an **accident** during the period of insurance which results in **your** death within 30 days of date of the **accident**, **we** will pay the maximum limit as shown in the table of benefits below.

##### For permanent disability

If **you** sustain an **injury** as a result of an **accident** during the period of insurance which results in **permanent disability** within 30 days of date of the **accident**, **we** will pay the maximum limit as shown in the table of benefits below.

##### Table of benefits

Coverage		Maximum Limit per Insured Person
A)	Death	S\$10,000
B)	Permanent total disability	
C)	Other Permanent disability: <ul style="list-style-type: none"> <li>• Total and permanent <b>loss of one or two limbs</b> at or above the wrist or ankle; or</li> <li>• Total and permanent <b>loss of sight</b> in one or both eyes; or</li> <li>• Total and permanent <b>loss of one limb and total loss of sight</b> in one eye; or</li> <li>• Total and permanent <b>loss of speech and hearing</b> in both ears.</li> </ul>	

The most **we** will pay under this section during the period of insurance is up to the maximum limit of S\$10,000.

**We** will not pay any compensation for death if **we** have already paid compensation for any one of the permanent disabilities under coverage B or C as shown in the table of benefits.

If **we** pay compensation for death, **we** will not pay any compensation under coverage B or C above.

#### SECTION 2 – POST HOSPITALISATION RECOVERY BENEFIT

**We** will pay a cash benefit of S\$100 if **you** have to stay in a **hospital** for at least 48 hours consecutively, as an inpatient, due to an **injury** as a result of an **accident** during the period of insurance. **We** will only pay one claim under this benefit during the period of insurance.

**We** will only pay this benefit if **you** are admitted to a **hospital** within 7 days from the date of **accident**, and a qualified **medical practitioner** confirms that this is medically necessary.

### **SECTION 3 – JOB LOSS EMERGENCY FUNDS**

**We** will pay a cash benefit of S\$1,000 if **you** are involuntarily unemployed for at least 30 consecutive days because **you** are no longer medically fit to take on any form of employment with **your** employer after being hospitalized as an inpatient for at least 48 hours consecutively due to an **accident** or **illness**. **We** will only pay one claim under this benefit during the period of insurance.

**We** will only pay this benefit if:

- **you** provide a letter of termination from **your** employer showing the reason for termination; and
- a qualified **medical practitioner** confirms in writing that **you** are medically unfit to perform the major duties connected with your employment.

If **you** have more than one employer, this benefit is only applicable to **your** main employment which contributes the majority of **your** monthly salary.

**We** will not pay this benefit if the termination of employment is due to the following:

- any reason other than **you** no longer being medically fit to perform the major duties connected with **your** employment; or
- **you** choosing not to continue with **your** employment; or
- **you** choosing to be self-employed, or engaged in casual employment, temporary or free-lance assignments or odd-jobs; or
- expiration of employment contract, resignation or retirement.

## **GENERAL CONDITIONS**

### **1. Eligibility**

For cover to apply, **you** must be:

- a Singaporean, Singapore permanent resident or an individual holding a valid Singapore identification document such as an Employment Pass, Work Permit, Long Term Visit Pass or Student Pass; and residing in Singapore during the period of insurance; and
- a Singtel prepaid mobile customer; and
- aged between 16 and 65 on the start date of the period of insurance.

### **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 of group policy**

**We** or the **policyholder** can cancel this **policy** by giving thirty (30) days' notice in writing. Cancellation of this group policy by **us** or the **policyholder** shall be without prejudice to any claim arising before the cancellation date. If the cancellation date is before the end of the period of insurance, the insurance coverage for **you** would end on the expiry date of the period of insurance.

### **4. Cancellation of insurance coverage**

**We** or **you** can cancel the insurance coverage under this **policy** by giving thirty (30) days' notice in writing. Cancellation of insurance coverage by **us** or **you** shall be without prejudice to any claim arising before the cancellation date and there will be no premium refunded.

### **5. Contracts (Rights of Third Parties) Act**

The policy conditions cannot be enforced by anybody other than the **policyholder**, **us** or the **insured person**.

### **6. Keeping to the policy**

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

### **7. Interpretation**

The **policy** and any amendment or endorsement issued should be read together. Any word or

expression which has a specific meaning in this policy document has the same meaning in the endorsement.

**8. Governing Law**

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

**9. Notice and alterations**

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

**We** may make alterations to the **policy** with the agreement of the **policyholder**. If the alteration of the **policy** is made during **your** period of cover, it will not affect **your** existing cover.

**10. False information and fraud**

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

**11. Premium payment warranty**

Premium due for **your** cover under this **policy** must be paid by the **policyholder** and actually received by **us** in full within 60 days from **your** start date of cover.

If any premium due is not received by **us** within 60 days from **your** start date of cover, **your** cover under the **policy** may be terminated after the expiry of the 60-day period from the start date of **your** cover.

**12. Paying claims**

**We** will make all claim payments (except for death under section 1) under the **policy** to **you**. In the event of **your** death, claim payment will be made to your legal representative or estate. Any receipt that **you** (or anyone acting on **your** behalf) 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.

**13. Duplicate cover**

If **you** have more than one cover under this **policy**, **we** will only pay up to the limit under the **policy** first issued.

**14. Reasonable precautions**

**You** must take all reasonable precautions to prevent any **accident** or **injury**.

**15. Renewal**

**We** are not legally obliged to send any notice of renewal or to renew the **policy**.

**16. Territorial limit**

This **policy** will cover **you** for any **injury** or **illness** arising within Singapore only.

## CLAIM CONDITIONS

**1. Abandonment of Claim**

If **we** reject any claim under the cover, and the matter is not referred to arbitration (as set out above) within 12 calendar months from the date of **our** decision, that claim will be considered to have been abandoned and **you** cannot continue with it.

**2. Medical Examination**

**You** 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.

**3. Reporting an accident**

**You** must give **us** full details of the **accident** as soon as possible, and in any case within 30 about any event which may give rise to a claim under the **policy**. **We** have the right to reject the claim and will not be liable to pay any claim if the **accident** is reported to **us** later than 30 days from the date of event.

**4. 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 for to support a claim must be the original copies, unless **we** agree otherwise in writing.

## 5. Providing proof we ask for

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

## GENERAL EXCLUSIONS

If **we** think that any of these general exclusion prevents the **policy** from covering any loss, damage or liability, and **you** disagree, **you** must provide proof that the exclusion does not apply. If **you** do not, 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 and hostilities (whether war is declared or not), civil war, rebellion, revolution, uprising or overthrowing of power, strike, riot, civil commotion.
2. Ionising radiation, toxic contamination or radioactive contamination from nuclear fuel or the nuclear waste from burning nuclear fuel.
3. Any deliberate acts of the **insured person**, including suicide, attempted suicide and self-inflicted **injury**.
4. Mental and nervous disorders, including sleeping disorder, depression, insanity, stress and anxiety.
5. Pregnancy, childbirth or miscarriage (unless caused or induced by an **accident**) or any associated condition or complication.
6. Any kind of hernia.
7. Any sexually transmitted disease, HIV (human immunodeficiency virus), AIDS (acquired immunodeficiency syndrome) or any AIDS-related condition.
8. Provoked assault or any act or event the **insured person** provokes, instigates, participates in or plans, either directly or indirectly.
9. The effect or influence of alcohol or of drugs that:
  - are not prescribed for (and used correctly by) **you**; or
  - are prescribed for the treatment of drug addiction, alcoholism or mental illness.
10. Routine health checks, services and supplies not recommended by a **medical practitioner**, or preventive care or measures, including vaccinations and contraception.
11. Dental surgery or treatment, unless it is needed as a result of an **accident**.
12. Cosmetic or plastic surgery, unless it is needed as a result of an **accident**.
13. Any **pre-existing condition**.
14. Taking part in winter sports (such as skiing or snowboarding), big-game hunting, mountaineering, rock climbing, underwater activity (such as snorkeling, 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).
15. Any **injury** that arises in the course of **your** occupation, if **your** occupation is, or involves, any of the following.
  - a. Taking part in naval, military, air force, civil defence, police, auxiliary police force or fire-service training, duties, services or operations, other than reservist training during peacetime
  - b. 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.
  - c. Professional sports player
16. **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.

## 17. 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.

## 18. Electronic date

The **policy** does not cover any claims directly or indirectly caused by or arising from any computer, electronic equipment, microchip, circuit, device, or software failing to:

- correctly recognise any date;
- save or correctly interpret, process or apply any data, information or instruction as a result of any date being wrong; or
- save or correctly interpret, process or apply any data as a result of any command or program not working on or after a particular date.

## 19. Sanctions

**We** will not be considered to have provided cover, and will not be liable to pay any claim or provide any benefit under the **policy**, if doing so may, in **our** opinion, lead to **us** breaking or going against any sanction, prohibition, restriction or regulations set 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.

## 20. 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 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** do not, 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.

## 21. Total asbestos

This **policy** shall not apply to and does not cover any actual or alleged liability for any claim in respect of loss directly or indirectly arising out of, resulting from or in consequence of asbestos in whatever form or quantity.

## 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.

### Enrolment confirmation

The SMS sent to **your** registered mobile number which proves that **you** are covered under this **policy**.

### 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.

### Illness

Worsening physical health during the period of insurance and is not caused by an **accident**, for which you need the treatment of a **medical practitioner**.

### Injury

Physical injury caused solely and directly by an **accident** and independently of any other cause. This excludes all medical conditions, illnesses, diseases, sickness, bacterial and viral infections, even if such conditions resulted from or were in any way connected with the **accident**.

### Insured person (you, your)

The individual as declared by the **policyholder** to be covered under this **policy** and who meets the eligibility

requirements as stated in this **policy**.

**Loss of hearing**

Total and irrecoverable loss of hearing as certified by a medical practitioner.

**Loss of limb**

Loss by complete physical severance of a hand at or above the wrist or a foot at or above the ankle.

**Loss of sight**

Total and irrecoverable loss of sight as certified by a medical practitioner.

**Loss of speech**

Total and irrecoverable loss of speech as certified by a medical practitioner.

**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 Singapore

The medical practitioner cannot be **you** or

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

**Permanent disability**

Any disability having lasted for a continuous and uninterrupted period of at least 365 days from the date of **accident** and at the expiry of that period be beyond hope of improvement as certified by a **medical practitioner**.

**Permanent total disability**

Total paralysis or permanently bedridden or such disability that prevent **you** from performing any work, profession or occupation for a continuous period of at least 12 months; and ever earning or getting an wages, payment or reward.

**Policy**

The contract of insurance between the **policyholder** and **us**, including any endorsements **we** have issued and the **enrolment confirmation**.

**Policyholder**

Singtel Mobile Singapore Pte Ltd

**Pre-Existing condition**

This means:

- any condition, illness, disease, **injury**, disability or birth defect which **you** have received medical advice for, been diagnosed with, been hospitalised, 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.

**Policy Owners' Protection Scheme**

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