

PA SUPREME

Great is to be prepared for all eventualities



You wish to live life to the fullest, but sometimes unknowns and uncertainties can happen. Having a comprehensive protection for accidents is all you need to protect you along your life journey.

PA Supreme provides 24-hour worldwide insurance protection for you and your family anywhere in the world, anytime of the day. With 4 varying options available, coverage can be obtained from as little as 44 cents per day. These options will enable you to choose the most suitable plan for you and your family.

When accidents happen, the last thing you need is to worry about hefty medical bills and the financial security of your loved ones. With PA Supreme comprehensive coverage, your medical and hospitalisation expenses are well taken care of.

With PA Supreme, you can focus on the good things in life

Contact your representative to secure yourself against any unknowns.

To contact us:

 **+65 6248 2888**

 **greateasterngeneral.com**

 **gicare-sg@greateasterngeneral.com**

Important Notes:

1. This brochure is for general information only. It is not a contract of Insurance. Please refer to the policy documents for the precise terms and conditions of the insurance plan.
2. This policy is subject to the Premium Before Cover Warranty Clause, which requires the premium to be paid and received on or before the inception date of the policy.
3. 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 websites (www.gia.org.sg or www.sdic.org.sg).
4. PA Supreme is underwritten by Great Eastern General Insurance Limited, a wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.
5. You may wish to seek advice from a qualified adviser before making a commitment to purchase this product. In the event that you choose not to seek advice from a qualified adviser, you should consider whether the product in question is suitable for you. If you decide that the policy is not suitable after purchasing it, you may terminate the policy in accordance with the free look provision, if any, and the insurer may recover from you any expense incurred by the insurer in underwriting the policy.
6. It is usually detrimental to replace an existing accident and health plan with a new one. A penalty may be imposed for early plan termination and the new plan may cost more or have less benefits at the same cost.

Information correct as at 1 July 2019

Great Eastern General Insurance Limited (Reg No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

Put your mind at ease with a comprehensive accident cover



- Coverage of up to S\$500,000 in case of death and permanent disablement
- S\$500 weekly allowance in case of temporary disablement (coverage of up to 104 weeks)
- Benefits of up to S\$50,000 for emergency medical evacuation and repatriation
- Reimbursement of medical expenses including those by licensed Chinese physicians and bonesetters
- Daily hospital allowance of up to 90 days
- Up to S\$1,000 coverage of expenses incurred for mobility aid
- Coverage also extends to personal effects and belongings damaged as a result of accident

Your benefits at a glance:

Summary of Benefits	Plan				
	A	B	C	D	Child
A. Death & Permanent Disablement	S\$100,000	S\$200,000	S\$300,000	S\$500,000	S\$25,000
B. Temporary Disablement (weekly up to 104 weeks)	S\$100	S\$200	S\$300	S\$500	N.A.
C. Daily Hospital Allowance (>24 hours, up to 90 days)	S\$100	S\$200	S\$250	S\$300	N.A.
D. Medical Expenses (up to the benefit limit as specified)	S\$2,000	S\$4,000	S\$5,000	S\$7,000	S\$500
E. Chinese Physician/Bonesetter (up to the benefit limit as specified with S\$50 excess)	S\$150	S\$150	S\$150	S\$150	S\$150
F. Mobility Aid (up to the benefit limit as specified)	S\$1,000	S\$1,000	S\$1,000	S\$1,000	S\$1,000
G. Personal Effects and Belongings damaged as a result of accident payable under policy (up to the benefit limit as specified)	S\$200	S\$300	S\$400	S\$500	N.A.
H. Evacuation/Repatriation (up to the benefit limit as specified)	S\$50,000	S\$50,000	S\$50,000	S\$50,000	S\$25,000
I. Funeral Expense	S\$3,000	S\$3,000	S\$3,000	S\$3,000	S\$3,000
Your Class of Occupation	Annual Premium (inclusive of 7% GST)				
Class 1: Person engaging in professional, managerial, administrative, clerical and not superintending or engaging in Manual Labour in general. e.g. Accountant, Administrator, Architect, Doctor, Home-maker, Lawyer, Nurse, Indoor sales/marketing, Retiree, Teacher	S\$158.36	S\$278.20	S\$386.27	S\$594.92	
Class 2: Person engaging in supervisory nature and others not in Class 1 whose duties do not involve use of tools and machinery or exposure to special hazard; Person involving in substantial amount of travelling. e.g. Assembly line operators, Chauffeur, Engineer, Foreman (non-construction), Insurance agents; Outdoor sales/marketing, Students (full-time)	S\$205.44	S\$361.66	S\$501.83	S\$771.47	S\$55.64
Class 3: Person engaging in Manual Labour not of particularly hazardous nature but involving the use of tools and machinery. e.g. Contractor, Courier, Driver, Hawker, Mechanic, Painter (not involving work at height)	S\$284.62	S\$500.76	S\$695.50	S\$1,066.79	

Compensation Table	% of Sum Insured	Compensation Table	% of Sum Insured
1. Accidental Death	100%	15. Loss of or the permanent total loss of use of index finger	
2. Permanent Total Disablement	150%	• three phalanges	10%
Other Permanent Disablement		• two phalanges	8%
3. Loss of or the permanent total loss of use of two limbs	150%	• one phalanx	6%
4. Loss of or the permanent total loss of use of one limb	125%	16. Loss of or the permanent total loss of use of other finger	
5. Total loss of sight of both eyes	150%	• three phalanges	5%
6. Total loss of sight of one eye	100%	• two phalanges	4%
7. Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150%	• one phalanx	2%
8. Loss of speech and hearing	150%	17. Loss of or the permanent total loss of use of toes	
9. Loss of hearing		• all toes of one foot	15%
• both ears	75%	• big toe - two phalanges	5%
• one ear	25%	• big toe - one phalanx	3%
10. Loss of speech	50%	• other than big toe, each toe	1%
11. Loss of lens in one eye	50%	18. Shortening of leg by at least 5cm	7.5%
12. Loss of or the permanent total loss of use of thumb and 4 fingers of one hand	75%	19. Third Degree Burns (Damage as a % of Total Body Surface Area)	
13. Loss of or the permanent loss of use of 4 fingers of one hand	40%	• Head	
14. Loss of or the permanent total loss of use of thumb		- equal to or greater than 2% but less than 5%	20%
• two phalanges	30%	- equal to or greater than 5% but less than 8%	25%
• one phalanx	15%	- equal to or greater than 8%	50%
		• 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%

Note:

- Occupational classification is for reference only. The exact Occupational Class will be determined by the Company.
- Terrorism extension for death and permanent disablement is capped at maximum limit of S\$300,000 per life.
- Premium rates are not guaranteed and may be adjusted based on future experience.

PA Supreme Proposal Form

Eligibility: This Policy is available to Singaporean(s), Permanent Resident(s) or non-Singaporean(s) residing in Singapore with valid work pass or permit under the Employment of Foreign Manpower Act (Cap. 91A) or Immigration Act (Cap.133).

Statement pursuant to section 25(5) of the insurance act (cap. 142) (or any subsequent amendment thereof), you are to disclose in this proposal form, fully and faithfully, all the facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise you may receive nothing from the policy.

Proposer's particulars (Please tick and fill in the details)

Name/Entity Name: _____
 Mr Mrs Miss Mdm Dr
Gender: M F NRIC no./UEN: _____ Nationality: _____
Address: _____
Postal code: _____
Email: _____
Contact no.: _____ (HP) _____ (H) _____ (O)
Occupation: _____ Class 1 Class 2 Class 3
Industry: _____ Date of birth/incorporation: _____ (dd/mm/yy)
Plan type: A B C D Child Premium: S\$ _____
Period of insurance:
Commences on: _____ Expires on: _____ (dd/mm/yy)

Particular(s) of Insured Person(s) (If the person is different from Proposer)

Name: _____ Nationality: _____
Gender: M F Relationship: _____ NRIC no.: _____
Occupation: _____ Class 1 Class 2 Class 3
Industry: _____ Date of birth: _____ (dd/mm/yy)
Plan type: A B C D Child Premium: S\$ _____
Name: _____ Nationality: _____
Gender: M F Relationship: _____ NRIC no.: _____
Occupation: _____ Class 1 Class 2 Class 3
Industry: _____ Date of birth: _____ (dd/mm/yy)
Plan type: A B C D Child Premium: S\$ _____
Name: _____ Nationality: _____
Gender: M F Relationship: _____ NRIC no.: _____
Occupation: _____ Class 1 Class 2 Class 3
Industry: _____ Date of birth: _____ (dd/mm/yy)
Plan type: A B C D Child Premium: S\$ _____

General Questions

- I/We have not made any claims for bodily injury or had been declined or accepted on special terms, under a similar personal accident insurance in the last 3 years.
- I/We am/are Singaporean(s), Permanent Resident(s) or non-Singaporean(s) residing in Singapore with valid work pass or permit under the Employment of Foreign Manpower Act (Cap.91A) or Immigration Act (Cap.133).
- I/We do not work or engage as a:
 - Pilot, air or cabin crew,
 - Professional sports player,
 - Private investigator or detective, or
 - Regular armed forces including prison or immigration officer, police force, fire service, civil defence or military personnel, except reservist training and during peacetime. True False

Payment mode (Please tick and fill in the details)

Premium payable: S\$ _____
 By Credit Card (Visa/MasterCard only)
I/We hereby authorise Great Eastern General Insurance Limited to charge the above premium to the following card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.
Credit Card No.: _____
Expiry Date: _____ (mm) _____ (yy) CVV: _____
Name of cardholder: _____
NRIC no.: _____ Signature: _____
 By Cheque: No.: _____ By Cash
Please make cheque payable to "GEG".

Declaration

By submitting this Application Form, I/We, the Insured Person(s) hereby declare the following:

- I/We declare that the information given in this application is true and that no material fact(s), that is, fact(s) likely to influence the assessment and acceptance of this application have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
- I/We understand and agree that no insurance shall take effect until this application has been fully accepted, full payment is received and a policy is issued by Great Eastern General Insurance Limited ("GEG").
- I/We understand and agree that the declarations and disclosures herein shall form the basis of the policy, and subject to the policy terms, conditions and exclusions.
- I/We declare that I am/we are aware that the benefits of the policy will only be payable as a result of an accident.
- I/We agree that the policy is issued as a Singapore policy expressed in Singapore dollars and all payments under the policy, whether to or by GEG will be payable in Singapore dollars. I/We also agree that the policy will be entered in the register of Singapore policies.

Policy Application, Service and Administration

Where the proposer(s) is/are an individual or individuals, by providing the information set out above, the proposer(s) agree and consent to Great Eastern and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing parties, collectively, "Great Eastern Persons"), collecting, using and/or disclosing the proposer(s)' personal data, for purposes reasonably required by the Companies to evaluate the proposer(s)' proposal and to provide the products or services which the proposer(s) is/are applying for (including any policy renewals and policy upgrades, substitutions or replacements) and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes") which is accessible from Great Eastern Singapore's website, which the proposer(s) confirm the proposer(s) has/have read and understood.

Where the proposer is not an individual, the proposer hereby confirms and represents to Great Eastern and its related corporations (collectively, the "Companies"), as well as their respective representatives, agents, the Companies' authorised service providers and relevant third parties (the Companies and all the other foregoing parties, collectively, "Great Eastern Persons"), that the insured individuals of the Policy the proposer is applying for ("Insured Individuals") have agreed and consented to the disclosure of their personal data to the Great Eastern Persons, for purposes reasonably required by the Great Eastern Persons to evaluate the proposal and to provide the products or services which the proposer is applying for, and such other purposes as described in Great Eastern's Privacy Statement (collectively, the "Purposes") which is accessible from Great Eastern Singapore's website, and which the proposer confirms it has read and understood. In respect of the Insured Individuals who are subsequently enrolled into the Policy, the proposer further undertakes that it shall ensure and procure that each Insured Individual has provided such agreement and consent in relation to his/her personal data for the Purposes.

Marketing Consent

We* want to ensure that you fully enjoy our services and products as we update you on relevant news, promotions and advice. We will keep in touch with you through post, digital platforms (including social media), and email.

Please indicate below if you consent to us* to also contact you for the above-mentioned purposes via the methods below:

- Phone number-based messaging (e.g. SMS/MMS, WhatsApp, WeChat)
 Voice Calls

Your privacy is of utmost importance to us and you can withdraw your consent via Great Eastern's website at any time.

* We/us refers to Great Eastern, our related corporations, respective representatives and agents. For more details, please refer to the Privacy and Security Policy on Great Eastern's website.

Signature of Proposer _____ Date _____
Agent Code: _____ Agent Name: _____