

## CERTIFICATE OF INSURANCE

**Policy Number** : G0007148  
**Plan Name** : Great MozzieSafe (Basic Plan)  
**Effective Date** : Date of your policy activation via designated Great Eastern Life's website  
**Period of Insurance** : 180 days from Effective Date

### Schedule of Benefit

Benefit	Admitted into Singapore Hospital (Standard Room & Board)	Admitted into Singapore Hospital (Intensive Care Unit)
<b>Daily Hospital Cash Benefit</b>  Cash benefit for each 24-hour day of confinement in a Singapore Hospital due to Covered Disease, up to a maximum of 10 days per Hospitalisation	S\$50 per 24-hour day	S\$150 per 24-hour day

### Important Notes:

- This Certificate of Insurance confirms your activation of the above mentioned plan
- Please read the attached Policy Terms & Conditions carefully
- Please keep this Certificate of Insurance and the attached Policy Terms & Conditions in a safe place for your future reference

## **Policy Terms & Conditions – Great MozzieSafe**

### **1. Product Information**

- 1.1. Great MozzieSafe (Basic Plan)** is an insurance offered to Eligible Person. It is a medical plan covering Covered Disease with a policy term of 180 days from the Policy Effective Date. It provides daily hospital cash benefit, for the Insured Person when he/she is hospitalised due to a Covered Disease.
- 1.2. Great MozzieSafe (Basic Plan)** is underwritten by The Great Eastern Life Assurance Company Limited, located at: 1 Pickering Street, #16-01, Great Eastern Centre, Singapore 048659. The Great Eastern Life Assurance Company Limited is a wholly-owned subsidiary of Great Eastern Holdings Limited and a member of the OCBC Group.
- 1.3.** Doctor Anywhere Operations Pte Ltd is the policyholder (“Policyholder”) for Great MozzieSafe (Basic Plan) policy contract. Insured Person is not a party to this policy contract.
- 1.4.** This Certificate of Insurance is not a contract of insurance. Its purpose is to provide you with a confirmation of your insurance cover under the Policy.
- 1.5.** The benefits payable for an Insured Person is subject to the terms and conditions of the Policy.
- 1.6.** Your insurance cover under the Policy will only be valid if you observe all the terms and conditions of the Policy and you are truthful in all statements and answers in the proposal form and in any health declaration or in respect of any claim.
- 1.7.** All material facts and circumstances up to the Effective Date relating to the insurance cover to be provided to you under the Policy must be fully disclosed to the Company. The Company is entitled to refuse any liability to you in the event of any non-disclosure or misrepresentation or fraud that is relevant to your insurance cover.

### **2. Definitions**

#### **2.1. Claim Event(s)**

Any claim event(s) stated in the Schedule of Benefit occurring to the Insured Person which must be a result of the covered event, within 180 days from Effective Date.

#### **2.2. Country of Issue**

The Republic of Singapore.

#### **2.3. Covered Disease**

Refer to the any of the following diseases diagnosed by a Medical Practitioner in accordance with prevailing clinical guidelines published by the Ministry of Health, where available.

- i) Dengue fever;
- ii) Zika;
- iii) Malaria;
- iv) Yellow Fever; and
- v) Chikungunya Fever.

**2.4. Daily Benefit Insured**

The applicable amount stated in the Certificate of Insurance.

**2.5. Effective Date**

The date from which the insurance coverage of the Insured Person as specified under this Policy becomes effective.

**2.6. Effective Date of Cancellation**

The date of cancellation advised in the notice of cancellation or date of receipt of the notice of cancellation by the Company, whichever is later.

**2.7. Eligibility Date**

The date agreed in writing between the Policyholder and the Company on which an Eligible Person is eligible to participate in the assurance under this Policy.

**2.8. Eligible Expenses**

Expenses covered according to the provisions of this Policy.

**2.9. Eligible Person**

Registered member of Doctor Anywhere who has not yet attained the age of 99 years at the Effective Date is eligible to participate in the insurance plan under this Policy as agreed in writing between the Policyholder and the Company.

**2.10. Hospital**

An establishment constituted and registered as a hospital in Singapore for the care and treatment of sick and injured persons as bed-paying patients and which:

- a) has facilities for diagnosis and major surgery, provides 24 hours a day nursing services by registered nurses and is under the constant supervision of a Medical Practitioner;
- b) is a Government / restructured / private specialist medical centre.

However, the term "Hospital" does not refer to a clinic, an alcoholic or drug rehabilitation centre, a nursing, rest or convalescent home, a spa or a hydroclinic, a community hospital or similar establishment.

**2.11. Hospitalisation**

Confinement of the Insured Person in a Hospital:

- a) for 24 consecutive hours or longer;
- b) for which a room and board charge is made in connection with such confinement; or
- c) is required because of a surgical procedure.

**2.12. Insured Person**

An Eligible Person in respect of whom an insurance coverage under this Policy has been effected.

**2.13. Benefits Covered**

Refer to the Certificate of Insurance.

#### **2.14. Medical Expenses**

Expenses actually incurred for:

- a) medical and surgical treatment of the Insured Person by a Medical Practitioner;
- b) physiotherapy treatment performed by a qualified physiotherapist who has been referred by a Medical Practitioner; or
- c) Hospitalisation,

and which are Reasonable and Customary Charges for Medically Necessary treatments.

Medical Expenses exclude expenses incurred for the following:

- a) treatment provided by the Policyholder, or a family member of the Insured Person or self-treatment by the Insured Person, including the prescription of drugs, and consequences of such treatment;
- b) transport for any trip made for the purpose of obtaining medical treatment except for ambulance services; and
- c) any governmental tax payable on the Medical Expenses in any jurisdiction except the Goods and Services Tax levied in Singapore.

#### **2.15. Medical Practitioner**

A person qualified by degree in western medicine, who is legally licensed and authorised to practise medicine and surgery in the geographical area of his practice, other than the Insured Person or a family member of Insured Person.

#### **2.16. Medically Necessary**

Means a treatment which is ordered by a Medical Practitioner and which is:

- a) provided for the direct treatment of a medical condition;
- b) appropriate and consistent with the symptoms and findings or diagnosis and treatment of that medical condition;
- c) provided in accordance with generally accepted medical practice;
- d) the most appropriate supply or level of service which can be provided on a cost effective basis; and
- e) not of an experimental nature, not of an investigative nature and not in the nature of research.

#### **2.17. Policy**

This agreement, any rider or endorsement therein, any amendment signed by the Company, the application of the Policyholder, medical reports and any individual proposal form or any other form signed by the Insured Person or the Policyholder constituting the entire contract.

#### **2.18. Policy Commencement Date**

The date from which the insurance coverage under this Policy becomes effective.

### **2.19. Pre-Existing Condition**

Any condition, illness, disease, disability or defect for which:

- a) an Insured Person has sought medical advice, been investigated, diagnosed, hospitalised, received medical treatment, undergone surgical operation, or been prescribed drugs at any time prior to the Effective Date; or
- b) signs and symptoms manifested prior to the Effective Date, which would have caused a prudent person to seek medical advice or counselling, undergo investigation or diagnostic tests, receive medical treatment, undergo surgery, be hospitalised, or be prescribed drugs.

### **2.20. Reasonable and Customary Charges**

Charges applicable for similar or comparable treatment or services provided to individuals of the same gender and comparable age for similar disability or injury in the geographical area where treatment is provided.

### **2.21. Prohibited Person**

Means a person or an entity (as the case may be) who is subject to any sanction(s) pursuant to any laws and/or regulations, administered by any governmental or regulatory authority or any competent authority or law enforcement agency, in any country.

### **2.22. Sanction Limitation and Exclusion Clause**

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations or the European Union, Japan, United Kingdom, United States of America or Singapore.

**2.23. “We” or “our” or “us” or “the Company”** Means The Great Eastern Life Assurance Company Limited.

### **2.24. “You” or “your”**

Means the Insured Person.

## **3. Eligibility, Enrolment & Commencement**

**3.1.** An Eligible Person can enrol for insurance cover under the Policy by submitting your request via designated Great Eastern Life’s website in order for the insurance coverage to be effected.

**3.2.** The insurance cover under the Policy shall commence from the Effective Date.

## **4. Benefits**

### **Daily Hospital Cash Benefit**

- a) The Company will only pay the Daily Benefit Insured for each day of Hospitalisation of the diagnosed Insured Person up to and not more than a maximum period of 10 days for Covered Disease, and if an Insured Person is confined in a Hospital for 24 consecutive hours or more.

- b) The Company will not reimburse any Medical Expenses directly to any Hospital, Medical Practitioner or any other provider of medical or surgical attention or treatment.

## **5. Exclusions**

We will not pay for hospitalisation resulting from Covered Disease which:

- a) The Insured Person has sought medical advice, been investigated, diagnosed, hospitalised, received medical treatment, undergo surgical operation, or been prescribed drugs prior to or at the Effective Date; or
- b) Signs and symptoms manifested at the Effective Date, which would have caused a prudent person to seek medical advice or counselling, undergo investigation or diagnostic tests, receive medical treatment, undergoing surgery, be hospitalised, or prescribed drug prior to or on the Insurance Effective Date.

## **6. Claims**

### **6.1. Notification**

The Policyholder or the Insured Person must, within thirty (30) days after the occurrence of any event likely to give rise to a claim under this Policy, notify the Company of the claim and give written proof of the claim.

### **6.2. Submission and Documentation**

The Policyholder or the Insured Person shall (at the Policyholder's or the Insured Person's own expense) submit to the Company, all certificates, forms, bills and receipts, information and evidence satisfactory to and required by the Company, including but not limited to English translations of any documents written in another language. Only original certificates, bills, receipts and other documents required to support a claim, unless otherwise agreed in writing by the Company.

### **6.3. Medical Examiner's Certificate**

The Policyholder or the Insured Person shall (at the Policyholder's or the Insured Person's own expense) submit a certificate (in a form prescribed by the Company) signed by a Medical Practitioner who attended to the Insured Person in respect of the claim. Otherwise, the Company will not pay any benefit under this Policy.

### **6.4. Medical Examination**

If required by the Company, the Insured Person, for whom a claim has been submitted, must undergo medical examinations (at the Company's expense) by a Medical Practitioner appointed by the Company.

### **6.5. Payment of Benefit**

Upon receipt of claim form (together with satisfactory documentary proof) from the Insured Person or her legal representative), if the claim is approved by the Company, the Company shall make payment of such claim, and such payment made shall release the Company from the respective liability in relation to the claim under the Policy.

- a) In the event of a claim for daily hospital cash benefits for the Insured Person, we will pay the daily hospital cash benefit to the Insured Person.
- b) In the event of death of the Insured Person, we will pay to:

- (i) the Insured Person's executor if there is a will; or
- (ii) the Insured Person's estate if there is no will.

#### **6.6. Fraudulent Claim**

If any claim under this Policy is in any respect, fraudulent or if any fraudulent means or devices shall be used by an Insured Person or any one acting on behalf of the Insured Person to obtain a benefit under this Policy, the Company shall have no liability in respect of such claims and shall be entitled to recover any payment made prior to the discovery of fraud.

#### **7. Insurance Cover Void**

The insurance cover under the Policy will be deemed to be void if:

- a) any of the details given in the application or such other documents submitted in respect of the Insured Person is untrue in any respect; or
- b) there has been any misrepresentation, fraud or non-disclosure of any material facts relating to the insurance cover by the Insured Person.

If the insurance cover under the Policy is deemed void, any premiums paid will be refunded (other than in the case of fraud) provided there are no claims paid under the Policy.

#### **8. Termination**

Coverage of any Insured Person shall automatically be terminated on the earliest of the following dates:

- a) The date of expiration of the period for which the last premium payment is made in respect of his coverage;
- b) 180 days from the Effective Date of the Insured Persons' insurance;
- c) The date the Insured Person dies.
- d) When the Insured Person and/or the Policyholder is/becomes a Prohibited Person.

#### **8.2. Terminate by virtue of war**

This Policy shall be terminated on the date notified to the Policyholder by the Company to terminate the Policy by virtue of war (declared or undeclared) or act of war (whether or not there has been a declaration of war) where such date shall be at the discretion of the Company.

#### **8.3. Cancellation by the Company or the Policyholder**

- a) Cancellation of the Policy  
This Policy may be terminated by either the Company or the Policyholder by giving thirty-one (31) days' notice in writing. Termination of this Policy by the Policyholder or by the Company shall be without prejudice to any claim arising prior to such termination. If the Company or the Policyholder terminates the Policy, insurance coverage for Insured Person shall continue with no premium refund.
- b) Cancellation of Certificate of Insurance  
This Certificate of Insurance may be terminated by either the Company or the Insured Person by giving thirty-one (31) days' notice in writing. Termination of this Certificate of Insurance by the Insured Person or by the Company shall be without prejudice to any claim

arising prior to such termination. If the Certificate of Insurance is terminated by the Company, premiums paid under this Policy will be refunded (prorata premium without interest). If the Certificate of Insurance is terminated by the Insured Person, no premium will be refunded but insurance coverage shall continue.

**9. Non Participating Policy**

This is a non-participating Policy with no surrender or cash values.

**10. Amendment of Policy**

The terms of the Policy may be amended by the Company from time to time upon the Company giving a 30 days prior notice to the Policyholder. All amendments to the terms of the Policy shall be binding on all Insured Person if you are enrolled into the Policy after the effective date of such amendments.

**11. Assignment**

No benefit under the Policy can be assigned.

**12. Governing Law and Jurisdiction**

**12.1.** The Policy will be governed by the laws of Singapore.

**14.2.** All differences arising out of the Policy or incidental thereto or to the insurance coverage hereby effected shall be referred to a single arbitrator to be appointed in writing by the parties, or if they cannot agree upon a single arbitrator, to two arbitrators, one to be appointed in writing by each party and such arbitrators shall before commencing their investigations elect an umpire. In all other respects the arbitration shall be subject to the statutory provisions for the time being in force relating to arbitration. The arbitral award shall be final and binding on the parties. After the expiration of two years from the date of an event giving rise to a claim under this Policy, the Company shall not be liable in respect thereof unless the Company shall have admitted liability in respect of such claim or the claim shall in the meantime have been referred to arbitration.

**15. Policy Owner's Protection Scheme**

The Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for the 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](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).