

# THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED

(Reg. No. 1908 00011G)

## HEAD OFFICE:

1 Pickering Street #13-01,  
Great Eastern Centre,  
SINGAPORE 048659.

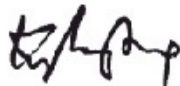
## GROUP PERSONAL ACCIDENT POLICY

Group Policy Number : G0007336  
Policyholder : SEMBCORP POWER PTE LTD  
Policy Commencement Date : 01 September 2020

Whereas the Policyholder has requested The Great Eastern Life Assurance Company Limited (hereinafter called "the Company") to grant the benefits hereinafter referred to. The Company hereby agrees to pay to the Policyholder the benefits subject to all the terms, conditions and provisions of this Policy. This Policy is issued in consideration of payment of the necessary premiums and shall take effect on the Policy Commencement Date.

The terms, conditions and provisions in this and the subsequent pages, including all schedules, riders, amendments or endorsements included at issue or added thereafter, shall be deemed to form part of this Policy.

IN WITNESS WHEREOF, the Company has caused this Policy to be signed as of 28 July 2020 .



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Koh Beng Seng  
Chairman



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Norman Ip  
Director

# GROUP PERSONAL ACCIDENT POLICY

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## GROUP PERSONAL ACCIDENT POLICY

### SECTION I - GENERAL DEFINITIONS

In this Policy where the context so admits the masculine gender shall be deemed to include the feminine, and likewise, the singular word shall be deemed to include the plural and vice versa, and the following words and expressions shall be deemed to have the following meanings:

- (a) **"Accident"** means any event suffered by an Insured Member which is caused solely and directly by external, violent, visible and accidental means, which is independent of any cause and is not caused by self-inflicted means.
- (b) **"Accidental Coverage"** means the insurance coverage for any Eligible Member who has suffered bodily injury caused directly or indirectly and solely by violent, accidental, external and visible means and independently of any other causes, resulting in Death or Permanent Disability.
- (c) **"Accidental Injury"** means any bodily injury caused solely and directly by Accident, and independently of any other cause, and such injury shall result in the death or disability of the Insured Member within 12 months from the date of the Accident.
- (d) **"Actively At Work"** means reporting for work at the place assigned by the Policyholder and performing, in the customary manner, all the regular duties of his employment with the Policyholder on full time basis or being on entitled annual leave for reasons other than on medical grounds.
- (e) **"Eligibility Date"** means the date agreed in writing between the Policyholder and the Company on which an Eligible Member is eligible to participate in the assurance under this Policy
- (f) **"Eligible Member"** means a full-time and permanent employee of the Policyholder who has not yet attained the age of 65 years at the Policy Commencement Date or any Renewal Date and whose eligibility to participate in the insurance plan under this Policy has been agreed in writing between the Policyholder and the Company.
- (g) **"Foreign Based Employee"** means a permanent full time employee of the Policyholder who is residing, or is based, outside the Republic of Singapore for more than one year, and engaged in a Class 1 or 2 Occupation where:  
  
**"Class 1 Occupation"** means a professional, managerial, administrative, clerical, non-manual occupation or work of a supervisory nature which does not involve the use of tools and machinery or exposure to special hazards,  
  
and  
  
**"Class 2 Occupation"** means a work involving a substantial amount of travelling, or manual work not of a particularly hazardous nature but involving the use of tools and machinery.
- (h) **"Insured Member"** means an Eligible Member, in respect of whom an insurance coverage under this Policy has been effected as specified in the endorsement attached to this Policy.
- (i) **"Limb"** means a hand at or above the wrist or a foot at or above the ankle.
- (j) **"Loss"** means total, permanent and irrecoverable loss of use or loss by physical severance.
- (k) **"Loss Event"** refers to any of the loss events set out in the Schedule of Compensation.

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- (l) **"Policy"** means 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 Member or the Policyholder constituting the entire contract.
- (m) **"Policy Commencement Date"** means the date from which the insurance coverage under this Policy becomes effective.
- (n) **"Policy Period"** means a period of one calendar year or such other periods as may be agreed in writing between the Company and the Policyholder, starting from the Policy Commencement Date for the first Policy Period and from the respective Renewal Dates for subsequent Periods of Insurance.
- (o) **"Registered Medical Practitioner"** means a person qualified by degree in western medicine and legally licensed and authorised to practice medicine and surgery in the geographical area of his country, who is neither an Insured Member himself, nor a relative, sibling, spouse, child or parent.
- (p) **"Renewal Date"** means the date immediately following the last day of any Policy Period as stated in the endorsement to this Policy.
- (q) **"Sum Assured"** means the amount of insurance coverage effected under this Policy in respect of the Insured Member.
- (r) **"Terminal Illness"** means the conclusive diagnosis of an illness that is expected to result in the death of the Insured Member within 12 months. 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.
- (s) **"Third Degree Burns"** means major burns which result in full thickness skin destruction as determined by a Registered Medical Practitioner.
- (t) **"Total and Permanent Disability"** means that the disability must be total and permanent and that there is neither at the point of commencement of the disability nor at any time thereafter any work, occupation or profession that the Insured Member can ever sufficiently do or follow to earn or obtain any wages, compensation or profit. The total and irrecoverable loss of sight of both eyes, or loss by severance of two or more limbs at or above the wrists or ankles, or the total and irrecoverable loss of sight of one eye together with loss by severance of one limb above the wrist or ankle shall be considered as Total and Permanent Disability.

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### SECTION II - GENERAL PROVISIONS

#### 1. Eligibility and Commencement of Insurance

- (a) All Eligible Members who are Actively At Work on the Policy Commencement Date shall be covered under this Policy on such date, unless otherwise agreed by the Company.
- (b) All Eligible Members who are not Actively At Work on the Policy Commencement Date shall not be covered under this Policy and shall only be covered on the date they are Actively At Work, unless otherwise agreed by the Company.
- (c) All new and existing employee of the Policyholder becoming eligible after the Policy Commencement Date will be covered on his respective Eligibility Date provided he is Actively At Work on his respective Eligibility Date. Any Eligible Member who is on medical leave or in hospital on his respective Eligibility Date, will be covered on the date he returns to active service at work.
- (d) An Eligible Member shall be covered automatically for his Sum Assured on his Eligibility Date except that if he is not Actively At Work on that date, his Sum Assured shall be effective on the date after he is Actively At Work, subject to the condition that the Policyholder shall notify the Company within 90 days after the Eligible Member is eligible to be covered under this Policy.
- (e) Any Insured Member's Sum Assured which has been changed (in accordance to the basis of coverage as endorsed in the Policy) shall be covered automatically for the aggregate Sum Assured on the date of change.
- (f) An Insured Member whose insurance coverage under this Policy was terminated due to any cause and who re-applies for insurance coverage shall be considered as a new member.

#### 2. Termination

- (a) The coverage of any Insured Member shall automatically be terminated on the earliest of the following dates:
  - (i) The date of termination of his active full-time employment with the Policyholder;
  - (ii) The date on which this Policy is terminated;
  - (iii) The date of expiration of the period for which the last premium payment is made in respect of his coverage;
  - (iv) The end of the Policy Period during which the Insured Member reaches his 70th birthday;

## GROUP PERSONAL ACCIDENT POLICY

- (v) When the Insured Member begins his temporary leave of absence, vacation without pay, sick or injured for more than 6 months. Written notice shall be given to the Company within 14 days after the 6th month from the date the Insured Member was first on temporary leave of absence, vacation without pay, sick or injury;
  - (vi) The date the Insured Member dies;
  - (vii) The date that this Policy is terminated in accordance with Section II Clause 2(b) and 2(c) of this Policy.
- (b) 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.
- (c) 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 Policy is terminated by the Company, a prorata premium will be charged for the period the Policy was in force. If the Policyholder terminates the Policy the premium charged will be based on the following scale:

| <u>Period Of Cover</u>                | <u>Premium Charged</u> |
|---------------------------------------|------------------------|
| Up to 1 Month                         | 3 Months               |
| More than 1 Month and Up to 2 Months  | 4 Months               |
| More than 2 Months and Up to 3 Months | 5 Months               |
| More than 3 Months and Up to 4 Months | 6 Months               |
| More than 4 Months and Up to 5 Months | 7 Months               |
| More than 5 Months and Up to 6 Months | 8 Months               |
| More than 6 Months and Up to 8 Months | 10 Months              |
| More than 8 Months                    | 12 Months              |

### 3. Premium

Premium is payable to the Company in advance on each premium due date, unless otherwise specified by the Company in writing. The payment of any premium shall not maintain the coverage under this Policy in force beyond the date when the next premium becomes payable, except as set forth in the provision below entitled 'Grace Period'.

The Company reserves the right to change the rate at which the premiums are calculated on any Renewal Date or when the risks being insured under this Policy have substantially increased and provided further that the Company notifies the Policyholder at least thirty (30) days in advance.

### 4. Renewal Privilege

This Policy shall be renewed for a further term of one policy year on each Renewal Date subject to the consent of the Company.

### 5. Grace Period

It is a condition precedent to liability under this Policy that any premium due must be paid and actually received in full by the Company within the time period stipulated below ("Grace Period"):

- (a) Where the premium is payable on an annual basis, thirty (30) days from Policy Commencement Date or Renewal Date of the Policy, or thirty (30) days from the date of the premium/tax invoice issued by the Company, whichever is the later, or

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- (b) Where the premium is payable other than on annual basis,
  - (i) Thirty (30) days from the Policy Commencement Date or Renewal Date of the Policy or thirty (30) days from the date of the premium tax invoice issued by the Company, whichever is the later, for the first instalment, and
  - (ii) on the agreed premium payment dates for subsequent instalments.

Where the Policyholder has confirmed its intention to renew the Policy but has not provided the Company with the complete data necessary for the renewal of the Policy by the Renewal Date, the Company shall issue a premium tax invoice for the estimated renewal premium. The premium tax invoice will be issued within thirty (30) days from the date of risk inception. The payment of the estimated premium under the premium tax invoice shall be subject to the Grace Period.

- (c) In the event that any premium is not paid to the Company within the Grace Period, the Company reserves the right to terminate this Policy from the Renewal Date and the Company shall be discharged from all liability therefrom.

No claim incurred within the Grace Period shall be paid until premiums due under this Policy relating to the respective Policy Period is received in full by the Company.

### 6. Data Required

- (a) The Policyholder shall furnish to the Company all such data, information and evidence as the Company may reasonably require upon or with regard to the happening of any event affecting or relating to the insurance coverage of any Insured Member under this Policy. Clerical errors in keeping the Policyholder's records shall not invalidate insurance otherwise validly in force nor continue insurance otherwise validly terminated. But upon discovery of such error, an equitable adjustment will be made.
- (b) The Company shall be permitted to examine the Policyholder's records at all reasonable times, as far as they relate to the subject matter of this Policy.
- (c) The Policyholder shall give immediate notice to the Company of any change in the nature of its business which increases the risks already being insured under this Policy and shall pay additional premium that may be required by the Company.

### 7. Assignment or Succession

If the business of the Policyholder shall be assigned to or succeeded by any person, persons or corporation, then subject to the consent of the Company, the payment of premiums under this Policy may at the option of such person, persons or corporation be continued in which case such person, persons or corporation shall as from the date of such assignment or succession take the place of and be treated for all purposes of this Policy (including this present condition) as being the Policyholder hereof.

### 8. Evidence of Age

Documentary evidence of age satisfactory to the Company shall be required before any benefit in respect of any coverage under this Policy shall be payable.

If the age has been under stated, the amount payable shall be only such sum as the premium paid would purchase according to the premium rate at the true age. If the age is over-stated the excess of premium will be refunded.

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### 9. Misstatement

Where a misstatement of age or other relevant facts has caused an Insured Member to be Insured hereunder when he is otherwise ineligible for insurance coverage, or where such statement has caused an Insured Member to remain insured when he would otherwise be disqualified for further insurance coverage in accordance with the terms and limitations of this Policy, his insurance coverage shall be void and there shall be a refund of premiums paid in respect of the Insured Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, no premiums paid are to be refunded.

### 10. Contract

All statements relating to material facts made by the Policyholder or by an Insured Member shall, in the absence of fraud, be deemed representations and not warranties and no such statement shall avoid this Policy or be used in defence of a claim thereunder, unless it is in writing.

No agent or broker is authorised to make or to modify this contract, to extend the time for payment of premium, to waive any lapse or forfeiture, to waive any of the Company's rights or requirements, or to bind the Company by making any promise or by accepting any representation or information in respect of this Policy.

This Policy cannot be varied unless approved in writing by the Company.

### 11. Alteration of Contract

This Policy may at any time be amended and changed by written agreement between the Company and the Policyholder. Any amendments to this contract shall be binding on all Insured Members whether insured under this Policy prior to or on or after the effective date of the amendment.

### 12. Arbitration

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. Unless and until an award has been made, no action or other legal proceedings shall be commenced in respect of any claim or by virtue of this Policy. 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.

### 13. Exclusion of Contracts (Rights Of Third Parties) Act Cap. 53B

This Policy is a contract between the Company and the Policyholder. A person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act Cap. 53B and any subsequent amendments to the Act, to enforce any of its terms. Insured Members are not parties to this Policy and shall have no rights whatsoever under this Policy.

### 14. Operation of Law

This Policy shall be construed according to and governed by the law of Singapore.



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### 15. Data Use

Any information collected or held by the Company whether contained in the Insured Member's application or otherwise obtained may be used and disclosed to the Company's associated individual/companies or any independent third parties (within or outside Singapore) for any matters relating to the Policyholder's application, this Policy and to provide advice or information concerning products and services which the Company believe may be of interest to the Policyholder and to communicate with the Policyholder for any purpose.

### 16. Non-Participation

This Policy does not participate in the profits of the Company.

### 17. 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 the Policy is automatic and no further action is required from the Policyholder. 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 the Company 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)).

## SECTION III - BENEFIT PROVISIONS

Always subject to all the terms, conditions, exclusions and provisions of this Policy, upon receipt of proof of age and adequate documentary proof that the Insured Member sustains an Accidental Injury resulting in a Loss Event while covered under this Policy and occurring within 12 months from the date of the Accident, the Company will pay to the Policyholder the benefits which shall not exceed the amount obtained by multiplying the appropriate percentages shown for that Loss Event under the Schedule of Compensation by the Sum Assured specified in the Endorsement Schedule but the Insured Member shall not be entitled to compensation under more than one of the Sections in the Schedule of Compensation in respect of any one accident.

## SECTION IV – LIMITATIONS

1. The total amount of benefits payable in respect of an Insured Member in any one Policy Period shall not exceed, in aggregate, 100% of the Sum Assured, except as provided in Section IV Clause 4 of this Policy.
2. No benefit shall be payable for any injury or disability which forms part of another injury or disability for which a greater amount of benefit is payable.
3. If an Insured Member sustains an Accidental Injury during the Policy Period resulting in a Loss Event, the Company shall pay for that specific Loss Event in accordance with the Schedule of Compensation without reference to or taking into account any previous Loss Event suffered by the Insured Member due to the same Accident whether prior to or during the Policy Period.
4. When an Insured Member suffers from the Loss Events described in items 1, 2, 3, 4, 5, 6 and 7 under part (B) of the Schedule Of Compensation, the benefit payable by the Company shall exceed 100% of the Sum Assured, as specified in the said Schedule Of Compensation, and during any one Policy Period, the Company shall pay for only one of the aforementioned Loss Events suffered by the Insured Member.

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### SECTION V – EXCLUSIONS

The insurance under this Policy shall not cover any Loss Event caused directly, or indirectly, wholly or partly, by:

1. Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Member is sane or insane;
2. War (declared or undeclared), hostilities, civil war or any warlike operations; military or naval or air-force service while under orders for warlike operations;
3. Participation in riot or commission of an assault or act of crime;
4. Participation in competitive racing of any kind other than on foot;

### SECTION VI – COVERAGE FOR FOREIGN BASED EMPLOYEE

1. This Policy will not insure any person who is residing or based outside Singapore unless:
  - (a) the person is a Foreign Based Employee as defined under Section I of this Policy; and
  - (b) the Policyholder has declared to the Company the name of the Foreign Based Employee and the country in which he is residing or based in; and
  - (c) the Company has advised the Policyholder in writing of the terms of acceptance of insurance on that Foreign Based Employee. Insurance coverage on the Foreign Based Employee will not start until the Company has accepted such cover in writing.
2. The Company reserves the right to decline insurance on any Foreign Based Employee who is based or residing in a country where the risk is not acceptable to the Company.
3. If a Foreign Based Employee's name has not been declared to the Company, the Company reserves the right to decline any claim for benefit under this Policy or adjust the benefit amount payable in respect of that Foreign Based Employee.
4. Upon any Renewal Date of this Policy, the continuation of coverage for any Foreign Based Employee on or after the Renewal Date will be subject to acceptance by the Company in writing, and on such terms and conditions which the Company may choose to impose.

### SECTION VII – CLAIMS

1. Notice and Proof of Claim
  - (a) The Insured Member or his legal representative must notify the Company in writing within 30 days after the happening of any event likely to give rise to a claim under this Policy. However, the claim will not be invalidated if it can be shown that it was not reasonably possible for him to notify the Company within this period.
  - (b) Written notice given by or on behalf of the Insured Member to the Company with particulars sufficient to identify the Insured Member, shall be deemed to be notice to the Company. Failure to furnish notice within the time provided in this Policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that such notice was given as soon as was reasonably possible.

## GROUP PERSONAL ACCIDENT POLICY

- (c) All certificates, medical reports, information and evidence required by the Company shall be furnished at the expense of the Insured Member or the Insured Member's legal representative and shall be in such form and of such nature as the Company may prescribe. The Company shall have the right and opportunity to examine the Insured Member as and when and as often as it may reasonably be required pending any claim or the payment of any claims made under this Policy.
- (d) If the Insured Member is residing in a country outside Singapore, the Company may at its discretion require the Insured Member to come to Singapore for medical examination by a Registered Medical Practitioner in Singapore.
- (e) The Company may also require the Policyholder to furnish at his expense evidence to establish the continuing health condition of the Insured Member and to show that the Insured Member is not engaged in any form of employment.
- (f) Proof of the date of birth of the Insured Member must be furnished to the Company before any claim will be admitted or payable. If the date of birth and/or age of any Insured Member notified to the Company is incorrect, the Company shall not be liable to pay more than the amount which would be payable under this Policy if the date of birth and/or age had been correctly stated.
- (g) In case of death, the Company has the right to investigate the circumstances of death, to have a post-mortem examination either before or after burial. In the event of an accidental death, a police report and post-mortem report must be submitted to the Company.

### 2. Payment of Benefit

- (a) All benefits shall be paid only when the claim shall have been proven to the satisfaction of the Company and the total amount of compensation shall have been ascertained and agreed upon by the Company and Policyholder.
- (b) Any amount payable under this Policy will be paid by cheque to the order of the Policyholder, unless the Policyholder otherwise notifies in writing. Any payment so made shall effectively discharge the Company from any further liability under this Policy.

### 3. Fraudulent Claims

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

## SECTION VIII – COMPANY NOT LIABLE

The Company shall not be held responsible or be liable as a party in any way whatsoever to any legal proceeding for damages or otherwise, which may be instituted by any Insured Member against any provider of Medical Services for reasons of neglect, malpractice or other causes arising from acts or omissions in the treatment or examination of the Insured Member by any provider of Medical Services as provided in this Policy.

In providing a service to an Insured Member, the Company and its authorised providers may supply information including medical information pertaining to the treatment of the Insured Member to the Policyholder.

Neither the Company nor its employees nor its authorised providers shall be liable for any loss or damage suffered by the Policyholders, Insured Member due to any error or omission in the information supplied however caused if the supply of information had been made in good faith by the Company or its authorised providers.

## GROUP PERSONAL ACCIDENT POLICY

Name of Policyholder : SEMBCORP POWER PTE LTD  
 Group Policy No. : G0007336  
 Policy Commencement Date : 01 September 2020

### SCHEDULE OF COMPENSATION

| Loss Events   | Compensation Payable<br>% of Capital Sum Assured |
|---|--|
| A DEATH   | 100%   |
| Burial Expenses   | S\$2,000   |
| B PERMANENT DISABILITY<br>(unless "Total and Permanent Loss" is a defined term in the Policy)   |  |
| 1. Permanent total disability   | 150%   |
| 2. Total paralysis of all limbs   | 150%   |
| 3. Loss of both hands or both feet  | 150%   |
| 4. Loss of one hand or one foot   | 125%   |
| 5. Loss of entire sight of both eyes  | 150%   |
| 6. Loss of or the permanent total loss of one limb and loss of sight of one eye   | 150%   |
| 7. Total and permanent loss of speech and hearing   | 150%   |
| 8. Permanent and incurable insanity   | 100%   |
| 9. Total and permanent loss of hearing in   |  |
| a. Both ears  | 75%  |
| b. One ear  | 25%  |
| 10. Total and permanent loss of speech  | 50%  |
| 11. Total and permanent loss of the lens of one eye   | 50%  |
| 12. Loss of sight of one eye  | 100%   |
| 13. Loss of one thumb   |  |
| a. Both phalanges   | 30%  |
| b. One phalanx  | 15%  |
| 14. Loss of four fingers and thumbs(all phalanges)  | 70%  |
| 15. Loss of four fingers(all phalanges)   | 40%  |
| 16. Loss of any one finger  |  |
| a. Three phalanges  | 10%  |
| b. Two phalanges  | 8%   |
| c. One phalanx  | 5%   |
| 17. Loss of toes  |  |
| a. All  | 15%  |
| b. Great, both phalanges  | 5%   |
| c. Great, one phalanx   | 3%   |
| d. Other than great, if more than one toe, each   | 1%   |
| 18. Fractured leg or patella with establish non-union   | 10%  |
| 19. Shortening of leg by at least 5 cm  | 7.5%   |
| 20. Third Degree Burns  |  |
| Area Damage as a percentage of total body surface area  |  |
| *Head equal to or greater than 2% but less than 5%  | 50%  |
| equal to or greater than 5% but less than 8%  | 75%  |
| equal to or greater than 8%   | 100%   |
| *Body equal to or greater than 10% but less than 15%  | 50%  |
| equal to or greater than 15% but less than 20%  | 75%  |
| equal to or greater than 20%  | 100%   |
| 21. Other permanent disablement not specified the Company will adopt a percentage that is consistent with the above scale without reference to the Insured Member's occupation. |  |

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Where any other permanent disablement loss is not specified above (other than loss of sense of taste or smell), the Company reserves the right to adopt a percentage of permanent Disablement after consulting its medical advisers which in the opinion of the Company is not inconsistent with the provisions as specified above without taking into account the employment or occupation of the Insured Member.

The aggregate of all percentages payable under any or all of (A) and (B) in respect of any one accident shall not exceed 150%.