

This is to certify that the Insured Life named in the schedule is insured under the Group Policy issued by **THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED** (hereinafter called “the Company”).

This insurance is subject to the terms and conditions of the Group Policy issued to the Policyholder in the schedule.

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 sdic.org.sg).

The insurance cover commences on the Effective Date stated in the schedule and ceases on the Expiry Date.

CERTIFICATE OF INSURANCE

Group Policy Number	:	G0007629
Plan Name	:	GREAT Value Protect (Plan 4)
Effective Date	:	Date of your registration on designated Great Eastern Platform
Expiry Date	:	12 months from Effective Date

Sum Insured

1. Accidental Death Benefit	:	S\$20,000
2. Accidental Total and Permanent Disability Benefit	:	S\$20,000
3. Death due to Coronavirus Disease (COVID-19)	:	S\$10,000
4. Medical Expenses	:	NA
5. Hospital Allowance	:	S\$100 per day, up to a maximum of 14 days due to an Accident, Covered Sickness or Coronavirus Disease (COVID-19).

The aggregate of compensation payable under any or all of (1) and (2) in respect of any one Accident shall not exceed S\$20,000.

All endorsements, changes and amendments to the Policy between the Company and the Policyholder shall be binding on the Insured Life. The Insured Life is not party to the Policy and shall have no rights whatsoever under the Policy.

This is a computer generated letter. No signature required.

GREAT Value Protect: Terms & Conditions

1. 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:

- 1.1. **“Accident”** or **“Accidental”** means an event (except Covered Sickness) which results in a loss to the Insured Life caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- 1.2. **“Accidental Death”** means deaths resulting solely from an Accident.
- 1.3. **“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 Life within 30 days from the date of Accident.
- 1.4. **“Certificate of Insurance”** means a certificate of insurance issued by the Company to an Insured Life which provides confirmation of insurance cover for the Insured Life under the Policy.
- 1.5. **“Claim Event(s)”** refers to any claim event(s) stated in the Certificate of Insurance occurring to the Insured Life which must be a result of an Injury due to an Accident or Hospitalisation due to Accident, Covered Sickness or Coronavirus Disease (COVID-19), within 30 days from the date of such Accident.
- 1.6. **“Country of Issue”** refers to the country in which this Policy is issued.
- 1.7. **“Covered Sickness”** refers to unequivocal, final and confirmed diagnosis by a Registered Medical Practitioner in accordance with prevailing clinical guidelines published by Ministry of Health, where available, supported by acceptable clinical, radiological, histological and laboratory evidence:
 - i) Food Poisoning
 - ii) Dengue / Yellow Fever / Zika
- 1.8. **“Death due to Coronavirus Disease (COVID-19)”** means deaths resulting solely from Coronavirus Disease (COVID-19) infection. The death must happened in Singapore.
- 1.9. **“Effective Date”** means the date from which the insurance coverage of the Insured Life has become effective as specified under the Certificate of Insurance.
- 1.10. **“Eligible Member”** shall mean any registered participant of the promotion by the Company and Mothercare (S) Pte. Ltd. to offer complimentary one-year insurance coverage under GREAT Value Protect (Plan 4) which has been agreed in writing between the Policyholder and the Company to an eligible individual: (a) who is between the ages of 18 and 64 years (age next birthday) as at the Effective Date; (b) who is a Singaporean or Singapore Permanent Resident or foreigner holding a valid Employment Pass or S Pass or dependant’s pass in Singapore; (c) who is residing in Singapore; and (d) who is not insured under another GREAT Value Protect (Plan 4 and/or Plan 5) policy issued by the Company.
- 1.11. **“Hospital”** means an establishment constituted and registered in Singapore as a hospital for the care and treatment of sick and injured persons as bed-paying patients and which:
 - i) 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 Registered Medical

- Practitioner;
- ii) 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.

- 1.12. **“Hospital Allowance”** means a daily allowance that shall be payable up to a maximum of 14 days for Hospitalisation occurring within 36 hours of an Accident, Covered Sickness or Coronavirus Disease (COVID-19) and requiring Hospital confinement in Singapore for at least 12 hours.

The benefit is not applicable to anyone requiring quarantine at home, Government Quarantine Facilities or other suitable facilities to those:

- a) who are served a quarantine order under the Infectious Diseases Act;
- b) who are being placed under leave of absence;
- c) who are self-quarantine; or
- d) who are being placed under stay-home notice.

- 1.13. **“Hospitalisation”** means confinement of the Insured Life in a Hospital:

- i) for 12 consecutive hours or longer;
- ii) for which a room and board charge is made in connection with such confinement; or
- iii) is required because of a surgical procedure.

- 1.14. **“Insured Life”** shall include Eligible Member in respect of whom insurance under this Policy has been effected.

- 1.15. **“Limb”** means a hand at or above the wrist or a foot at or above the ankle.

- 1.16. **“Loss”** means total, permanent and irrecoverable loss of use or loss by physical severance.

- 1.17. **“Medical Expenses”** refers to expenses actually incurred due to Accident or Covered Sickness:

- i) medical and surgical treatment of the Insured Life by a Registered Medical Practitioner; and / or
- ii) Hospitalisation.

which are Reasonable and Customary Charges for Medically Necessary treatments.

Medical Expenses exclude expenses incurred for the following:

- i) treatment provided by a family member of the Insured Life, including the prescription of drugs, and consequences of such treatment;
- ii) transport for any trip made for the purpose of obtaining medical treatment except for ambulance services;
- iii) any governmental tax payable on the Medical Expenses in any jurisdiction except the Goods and Services Tax levied in Singapore; and
- iv) Treatment received outside of Singapore.

Limitations: When an Insured Life is entitled to benefits payable under the law or legislation, other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of charges not covered by benefits payable under the law or legislation, and other insurances, whichever is less.

- 1.18. **“Medically Necessary”** means a treatment which is ordered by a Registered Medical

Practitioner which is:

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

1.19. **“Coronavirus Disease (COVID-19)”** refers to unequivocal, final and confirmed diagnosis by a Registered Medical Practitioner in accordance with prevailing clinical guidelines published by Ministry of Health, where available, supported by acceptable clinical, radiological, histological and laboratory evidence.

1.20. **“Period of Insurance”** means a period of 12 consecutive months starting from the Effective Date.

1.21. **“Policy”** shall mean this agreement, any rider or endorsement therein, any amendment signed by the Company, the application of the Policyholder, and any individual proposal form, consent form or any other form signed by the Insured Life or the Policyholder constituting the entire contract.

1.22. **“Pre-Existing Condition”** means any condition, illness, disease, disability or defect for which:

- i) the Insured Life 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
- ii) 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.

1.23. **“Reasonable and Customary Charges”** means charges that do not exceed the general level of charges made by providers of medical services of similar standing in the locality where the charges are incurred for similar or comparable treatment or services or supplies for similar illness or Injury.

1.24. **“Registered Medical Practitioner”** means a person qualified by degree in western medicine and legally licensed and authorised to practise medicine and surgery in Singapore, other than the Policyholder, the Insured Life or a family member of either.

1.25. **“Sum Insured”** in respect of any Insured Life shall mean the amount of insurance as stated in the Certificate of Insurance.

1.26. **“Total and Permanent Disability”** means:

- i) For actively working Insured Life age between 18 to 65 next birthday

"Total and Permanent Disability" means that the disability must be total and permanent due to Accidental Injury 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 Life can ever sufficiently do or follow to earn or obtain any wages, compensation or profit.

- ii) For Insured Life with no gainful occupation age between 18 to 65 next birthday

"Total and Permanent Disability" means that the disability must be total and permanent

due to Accidental Injury and inability of the Insured Life to perform at least 3 out of 6 activities of daily living as defined below, even with the aid of special equipment, and will always require the physical assistance of another person throughout the entire activity.

The activities of daily living are:

- 1) Washing
The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
 - 2) Dressing
The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial Limbs or other surgical or medical appliances.
 - 3) Feeding
The ability to feed oneself food after it has been prepared and made available.
 - 4) Mobility
The ability to move indoors from room to room on level surfaces.
 - 5) Toileting
The ability to use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances so as to maintain a satisfactory level of personal hygiene.
 - 6) Transferring
The ability to move from a bed to an upright chair or wheelchair and vice versa.
- iii) Presumptive definition of Total and Permanent Disability - For Insured Life age up to 65 next birthday

An Insured Life shall be regarded as being totally and permanently disabled under the following definition of disability if that Insured Life, due to Accidental Injury, has been subject to one (or more) of the following impairments:

- 1) The total and irrecoverable Loss of sight of both eyes; or
- 2) The Loss by severance or Loss of permanent use of both hands at or above the wrists or both feet at or above the ankles; or
- 3) The Loss by severance or Loss of permanent use of one hand at or above the wrist and one foot at or above the ankle; or
- 4) The Loss by severance or Loss of permanent use of one Limb at or above the wrist or ankle and loss of sight of one eye.

2. General Provisions

2.1. Termination

- (a) The coverage of any Insured Life shall automatically be terminated on the earliest of the following dates:
- (i) After the expiry date of issue of his Certificate of Insurance;
 - (ii) The date the Insured Life dies;
 - (iii) The end of the Period of Insurance during which the Insured Life reaches his 65th birthday;
 - (iv) When the Insured Life:
 - i. is not a citizen or permanent resident of the Country of Issue, and is working in the Country of Issue under an employment pass (EP holder or S Pass holder) issued by the Ministry of Manpower, and the contract of employment is terminated, or holds a dependant's pass issued by the Ministry of Manpower and such pass is terminated or not renewed; or

- ii. has resided outside the Country of Issue for more than 180 days, whether continuously or otherwise.

The Insured Life shall notify the Company in writing of any changes to the citizenship or residency or employment or dependant pass status as soon as practicable. If the Insured Life fails to notify the Company, and there is a claim for any Claim Event(s) occurring on or after the Effective Date following the change of citizenship or residency or employment or dependent pass status, the Company may reject such claim or, at its discretion, adjust the benefits payable.

- (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) For the avoidance of doubt, in the case of termination of the Policy due to expiry of the Policy, the insurance cover for the Insured Life may be continued until the expiry date of his Certificate of Insurance.

2.2. Cancellation of Policy

If the Company terminates the Policy, insurance coverage for Insured Life shall continue with no premium refund.

2.3. Cancellation of Certification of Insurance

This Certificate of Insurance may be terminated by the Company by giving thirty (30) days' notice in writing. Termination of this Certificate of Insurance by the Company shall be without prejudice to any claim arising prior to such termination.

2.4. Assignment

No benefit under the Certificate of Insurance can be assigned.

2.5. 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.

2.6. Non Participating Policy

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

2.7. Free Look Period

Insured Life have 14 days Free Look after he have received the documents for his insurance cover. The Insured Life may cancel this insurance by writing to us.

2.8. Change of Plan Type

The Company will not allow any change of plan type of the Insured Life during the Period of Insurance unless the change is expressly agreed to by the Company upon receipt of evidence of insurability acceptable to the Company and endorsed on this Certificate of Insurance. The Company may refuse an application for such a change of plan type.

2.9. Duplication of Cover

No Insured Life shall be covered under more than 1 (one) GREAT Value Protect policy with the Company. If any Insured Life is covered under more than one such policy, the Company will consider the Insured Life to be only covered under the policy with the highest benefits and the cover of the Insured Life under such other policy(ies) will be cancelled. Where the benefits of the policies are identical, the Insured Life will be insured only under the policy first issued and the cover of the Insured Life under such other policy(ies) will be cancelled. The Company will not refund any duplicated premium paid.

2.10. Misstatement

Where a misstatement of age or other relevant facts has caused an Insured Life to be insured hereunder when he is otherwise ineligible for insurance coverage, or where such statement has caused an Insured Life 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 Life, provided always that where there is fraud on the part of the Policyholder or Insured Life, no premiums paid are to be refunded.

2.11. Contract

All statements made by Policyholder and by any Insured Life shall, in the absence of fraud, be deemed representations and not warranties and no such statement shall void this Policy or be used in defence of a claim, unless it is in writing.

2.12. Alteration of Contract

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. Any amendments to this contract shall be binding on all Insured Life whether insured under this Policy prior to or on or after the effective date of the amendment.

2.13. Arbitration

All differences arising out of the Policy or incidental thereto or to the assurance hereby effected shall be referred to a single arbitrator to be appointed in writing by the Policyholder and the Company, 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.

2.14. Operation of Law

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

2.15. Policy Shall be Void

- (a) If any written statements made by the Policyholder or the Insured Life, whichever applicable, on proposal for Application of insurance is untrue in any respect or if any material fact affecting the risk is incorrectly stated or represented in or is omitted from these documents ("Misrepresentation or Non-disclosure"), the Company may, at its sole

discretion:

- (i) declare this Policy or Certificate of Insurance (as the case may be) void, whichever applicable; or
 - (ii) impose such conditions or vary the terms of this Policy or Certificate of Insurance (as the case may be), whichever applicable, as it would have had the Misrepresentation or Non-disclosure not been made.
- (b) If the Company opts to declare the Certificate of Insurance void under Clause 2.15(a) (i) above, the Certificate of Insurance is treated as void on the Effective Date if the Misrepresentation or Non-disclosure was made to the Company on a proposal for insurance.

3. Sanctions Limitation and Exclusion

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 may, in the insurer's opinion, expose that insurer to the risk of or result in any breach or violation of, or non-compliance with, any sanction, prohibition, restriction or regulations imposed by any state or transnational organisation including but not limited to the United States of America, the United Nations, the European Union, the United Kingdom, the Republic of Singapore and any state or country where the insurer or its related entity carries on business ("**Sanctions**").

If the Insured Life, Policyholder, beneficial owner of the policy (if applicable), beneficiary, payee or affiliate of any of the foregoing (collectively the "**Insured**") is designated or listed as a person subject to Sanctions ("**Restricted Party**") or has any involvement whatsoever with any Restricted Party, whether directly or indirectly, or has been charged, or convicted or has had judgment taken against them under any local or foreign law or regulations implementing any Sanctions, the insurer shall be entitled, in its sole discretion and without incurring any liability whatsoever, to exercise any one or more of the following rights and/or remedies against the Insured, namely (i) cancel, terminate, void and/or nullify any policy contract, transaction or business; (ii) withhold and/or suspend any payment, transfer and/or receipt of any money, refund or benefit; (iii) decline and/or refuse any transaction or request; and/or (iv) take or refrain from taking any step or action necessary to eliminate, reduce or minimise the risk of any breach or violation of any Sanctions or exposure to any Sanctions.

The Insured shall indemnify the insurer and hold the insurer harmless from and against any and all losses, damages, costs and/or expenses suffered and/or incurred by the insurer, including but not limited to legal costs and attorney's fees.

4. Benefit Provisions

The benefits of this Policy are set out in the Certificate of Insurance.

In the event that the Insured Life suffers from Total and Permanent Disability, this disability must last for not less than six (6) months.

Geographical Limit – Policy only covers treatment received in Singapore for Accidents, Covered Sickness or Coronavirus Disease (COVID-19) infection.

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 Life sustains an Accidental Injury, a Covered Sickness or Coronavirus Disease (COVID-19) infection resulting in Claim Event(s) while covered under this Policy and occurring within 30 days from the date of the Claims Event(s), the Company shall make payment of such claim for the Sum Insured specified in the Certificate of Insurance, and such payment made shall release the Company from that respective liability in relation to the claim under the Policy.

5. Exclusions:

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

- (a) Suicide or any attempted suicide or self-inflicted injury or illness, whether the Insured Life is sane or insane;
- (b) Any pre-existing condition which existed prior to the Insured Life becoming insured under this Policy;
- (c) War (declared or undeclared), hostilities, civil war or any warlike operations; military or naval or air-force service while under orders for warlike operations;
- (d) Participation in riot or commission of an assault or act of crime;
- (e) Participation in competitive racing of any kind other than on foot;
- (f) Insane or mental disorder;
- (g) The Insured Life being under the influence of alcohol or drugs except drugs prescribed by Registered Medical Practitioner for the purpose of treatment;
- (h) Violation or attempted violation of the law or resistance to lawful arrest or any resultant imprisonment;
- (i) The Insured Life being in or on an aircraft of any type or boarding or descending from any aircraft, except as a fare-paying passenger or a crew member on an aircraft on a regular scheduled route operated by a recognized airline;
- (j) Routine general physical or any other examination not directly related to admission, diagnosis, injury or treatment which is not medically necessary;
- (k) Congenital anomalies;
- (l) Acquired Immune Deficiency Syndrome (AIDS), AIDS related complications and all illnesses or diseases associated with the Human Immunodeficiency Virus (HIV);
- (m) Childbirth, pregnancy and complication thereof;
- (n) Bodily injury sustained as a result of the Life Insured parachuting or sky diving or engaging in any kind of aerial flight;
- (o) Accidents that arise in the course of work or at the worksite of the following occupational activities shall be excluded:
 - i. engaging in active military duties such as commando or bomb disposal duties/training, maintenance of civil order, engagement in hostilities whether war be declared or not and travel by military aircraft or waterborne vessel;
 - ii. working from heights of 20 metres above the ground; or in confined spaces such as vessels, tunnels, underground civil works;
 - iii. as professional sports;
 - iv. operating, servicing and/or installing heavy machinery;
 - v. providing protective services (including bouncers, life guards, wardens and firemen);
 - vi. work related to martial arts and the like; or as performing artists (including stuntmen);
 - vii. work in the maritime industry (including deep sea diving and sea crews);
 - viii. work in the aviation industry (pilots and aircrew); or

- ix. working on railway tracks, ships or shipyards, working in warehouses, power stations, chemical factories, industrial plants, offshore rigs, timber camps; or working in the building trade (including construction workers, cable installers, electricians); or working with wood, metal, glass or bleach.

6. Claims:

6.1. Notification

The Insured Life, his legal representative, parent or estate must, within 31 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 Insured Life, his legal representative, parent or estate will be required to submit documentary proof which is satisfactory to the Company for consideration of eligibility of claims. Any cost incurred in acquiring documentary proof will be borne by Insured Life, his legal representative, parent or estate.

6.3. Compensation

No compensation stated in this Certificate of Insurance shall be payable until the total amount of compensation shall have been ascertained and agreed.

6.4. Payment of Benefit

6.4.1. 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.

6.4.2. Upon receipt and approval of due proof of claim of a Insured Life from the claimant (i.e. the Insured Life or Insured Life's legal representative), the Company shall make payment of such claim, and such payment made shall release the Company from all liabilities under this Policy for that Insured Life.

6.4.3. In the event of death of the Insured Life, we pay to:

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

6.4.4. In the event of Total and Permanent Disability of the Insured Life, we pay to the Insured Life.

6.5. 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 Life 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 made prior to the discovery of fraud.

No wording or wordings below this line will be construed as being part of this Certificate of Insurance unless approved by a duly authorised personnel of the Company.