

PAStar

Be fully equipped for the unexpected.

Amid life's unforeseen circumstances, our coverage offers value and stability you can count on.



DOUBLE HOSPITAL ALLOWANCE

For up to 50 days if you are warded in ICU.

GUARD AGAINST 17 INFECTIOUS DISEASES

Covers medical expenses for dengue fever, H1N1, H7N9, Zika, etc.

MARRIAGE & BABY BONUSES

Celebrate life's special moments with cash allowances.

FREE EXTENSION COVERAGE

For food poisoning, ticket cancellation, accidental miscarriage, and more.

With PAStar, you'll never be caught off guard

No one can predict when an accident will happen, but we can be prepared for life's uncertainties.

Equip yourself and your loved ones with PAStar – a comprehensive personal accident insurance plan – so you can celebrate joyous moments and embark on life's new adventures with peace of mind.



Highlights

DOUBLE INDEMNITY

For Accidental Death in traffic accident where you are a passenger or in fatal accident involving both self and spouse.

CHINESE PHYSICIAN & CHIROPRACTOR TREATMENTS

Up to \$1,000 per accident.

DOUBLE HOSPITALISATION ALLOWANCE

If you are warded in ICU due to an accident.

FULL TERRORISM COVER

Up to \$500,000 in sum insured.

GUARD AGAINST 17 INFECTIOUS DISEASES

Covers medical expenses for treatment of diseases such as dengue fever, HFMD, H1N1, Zika, etc.

MARRIAGE AND BABY ALLOWANCES

\$100 marriage bonus and \$100 per newborn child.

BUY OR RENT MOBILITY AIDS

Up to \$4,000 per accident for crutches, wheelchairs, etc.

24-HOUR WORLDWIDE PROTECTION

Stay protected against accidents and access our 24-hour emergency assistance hotline at anytime.

NO CLAIM BONUS

Up to 25% increase in sum insured.

FREE EXTENSION COVERAGE

For food poisoning, accidental miscarriage, etc.

STAYCATION & TICKET CANCELLATION

Up to \$100 per event due to hospitalisation.

BASIC COVER

Benefits per Insured Adult	Standard	Deluxe	Elite	Elite2	Elite6
A. Accidental Death (AD) / Permanent Disablement (PD) Double Indemnity for Accidental Death [^] - In the event of fatal accident involving both Insured Adults - As a passenger in a traffic accident [^] excluding acts of terrorism	\$50,000 \$100,000 \$100,000	\$100,000 \$200,000 \$200,000	\$200,000 \$400,000 \$400,000	\$300,000 \$600,000 \$600,000	\$500,000 \$1,000,000 \$1,000,000
B. Medical Expenses per disability incurred in Hospital or Outpatient Clinic - due to Accident - due to Infectious Diseases (See list below) List of 17 Specified Infectious Diseases - Severe Acute Respiratory Syndrome (SARS) - Dengue Fever / Dengue Hemorrhagic Fever - Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease' - Nipah Virus Encephalitis - Japanese Viral Encephalitis - Malaria - Pulmonary Tuberculosis - Measles - Rabies - Melioidosis - Hand, Foot, Mouth Disease (HFMD) - Avian Influenza or 'Bird Flu' due to Influenza A viral strains H1N1, H5N1, H9N2, H7N7 or H7N9 - Chikungunya Fever - Mumps - Rubella - Middle East Respiratory Syndrome (MERS) - Zika	\$2,000 \$2,000	\$3,000 \$3,000	\$4,000 \$4,000	\$5,000 \$5,000	\$7,000 \$7,000
C. Daily Hospitalisation Allowance up to 365 days if hospitalised for >24 hours due to an accident	\$50	\$100	\$150	\$200	\$300
D. Weekly Income Benefit for temporary disablement up to 104 weeks See Note: 10	\$50	\$100	\$200	\$350	\$650
E. Family/Parental Allowance per month for 12 months in the event of Accidental Death	\$1,000	\$2,000		\$3,000	
F. Re-employment Benefit (upon ≥ 50% Permanent Disablement payment)	\$500	\$1,000		\$2,000	
G. Personal Effects & Belongings damaged as a result of an accident payable under the policy (per policy year)	\$200	\$300		\$400	
H. Emergency Medical Evacuation & Repatriation via 24-hour hotline assistance	\$50,000 (per Insured Person) \$100,000 (in the aggregate per policy)				
I. Tuition Benefit for each Insured Child per month for 12 months	\$100	\$200		\$300	
J. Mobility Aid purchase or rental including wheelchairs, crutches or hearing aids as prescribed by a Registered Medical Practitioner	\$2,000	\$3,000		\$4,000	

BENEFITS AT A GLANCE

Free Extensions	Standard	Deluxe	Elite	Elite2	Elite6
Treatment by Licensed Chinese Physician and Chiropractor Cover	\$1,000 per Accident \$2,000 per Insured Person				
	Up to \$50 per visit	Up to \$150 per visit			
Domestic Helper Cover per policy period	\$5,000 (in the aggregate per policy)				
Double Hospitalisation Allowance in ICU up to 50 days if hospitalised for > 24 hours due to an accident	\$100	\$200	\$300	\$400	\$600
Facial Disfigurement & Reconstructive Surgery	\$1,000	\$1,500	\$2,000	\$2,500	\$3,500
Full Terrorism Cover in the aggregate per policy	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000
Recuperation Cash Allowance due to Accidental Miscarriage	\$100				
Trauma Counselling Expenses	\$1,000	\$1,500	\$2,000	\$2,500	\$3,500
Staycation & Ticket Cancellation NEW Up to 2 events per Policy year	\$100 per event				
Marriage Bonus Allowance NEW	\$100				
Baby Bonus Allowance For up to 2 newborn biological children	\$100 per child				

Other Free Extensions

- Accidental Miscarriage
- Full-Time National Service when off-duty
- Insect / Animal Bites
- No Claim Bonus up to 25%
- Riot, Strike, Civil commotion
- Survivor Benefit - free 6 months policy extension
- Food Poisoning
- Hijacking, Murder and Assault
- Motorcycling
- Reservist Training
- Suffocation by Smoke, Poisonous Fumes, Gas & Drowning

Benefits per Insured Child (Based on Basic Cover for Adults)	Standard	Deluxe	Elite	Elite2	Elite6
A. Accidental Death and Permanent Disablement B. Medical Expenses C. Daily Hospitalisation Allowance H. Emergency Medical Evacuation & Repatriation ENHANCED J. Mobility Aid ENHANCED	25% of parent's Sum Insured based on the lower of parent's selected plan. Where Elite2 and Elite6 plans are selected, benefits per child will be computed based on Elite Plan.				

OPTIONAL COVERS

Enhanced Benefits per Insured Adult	Standard	Deluxe	Elite	Elite2	Elite6
K. ID Booster providing Daily Hospitalisation Allowance (up to 60 Days) - Due to 17 Specified Infectious Diseases	\$50	\$100	\$150	\$200	\$300
L. Education Fund for Insured Child(ren) upon Accidental Death of the Insured Self or Insured Spouse	\$25,000				
M. Parent's Cover up to 4 parents including parents-in-law if both Insured Adults are covered under the same PAStar plan	\$25,000 (upon Accidental Death / Permanent Disability)				

Notes

- Age refers to age on next birthday.
- Elite2 and Elite6 plans are not applicable to unemployed, housewives, full-time students and retirees.
- Persons of age 16 to 21 years (inclusive of both year) are limited to Standard plan only.
- Insured Adults must be aged 16 to 70 years (inclusive of both year) at the commencement of this insurance.
- If enrolled before age 60 years and no lapse in cover,
 - Standard plan is renewable up to age 85 years.
 - Deluxe and Elite plans are renewable under the same plan up to age 75 years, thereafter renewable under Standard plan up to age 85 years.
- If enrolled after age 60 years, the plan will cease after age 70 years.
- Child Insured must be a dependent child below 21 years of age who is not married and/or in employment during the policy period. Age limit will be extended to 25 years if the child is in a full-time tertiary institution.
- For policies issued under corporate / company name to cover a group of individuals or family units, the compensation payable in respect of death or disablement of the insured persons travelling in the same conveyance at the same time shall be further subjected to a conveyance limit.
- If you have more than one Sompco Policies covering Terrorism, the maximum amount payable for acts of Terrorism for all policies will be S\$500,000 per person.
- Weekly Income Benefit
 - Payable up to Sum Insured or Insured's weekly Salary at the point of claim, whichever is lower. Salary refers to regular wages from an employment contract or the average of the basic income for the 3 months immediately preceding the time of Accident for a self-employed person. OR
 - Where Insured is not gainfully employed or proof of income is not available – payable up to 25% of the Sum Insured for up to 12 weeks if insured sustains fractures or dislocation as described in the Policy requiring surgery under anaesthesia.
- This insurance does not cover
 - Pre-existing condition or disability;
 - Suicide or attempted suicide while sane or insane, self-inflicted injury, pregnancy (except for miscarriage due to an accident) and childbirth. There are other conditions whereby the benefits under this insurance will not be payable. Please refer to the policy for details.

PERMANENT DISABLEMENT TABLE OF BENEFITS

Description of Permanent Disablement (PD) (Please refer to our office or website for full PD Table of Benefits)	% of Capital Sum Insured Payable
1. Total paralysis of all limbs	150%
2. Total and permanent loss of all sight in - both eyes - one eye	150% 100%
3. Total loss of speech	50%
4. Total loss of speech and hearing in both ears	150%
5. Total loss by physical severance or total and permanent loss of use of - two whole limbs or two feet/hands - one leg at hip or between hip and ankle - one arm at shoulder or between shoulder and wrist - one hand or one foot	150% 100% 100% 100%
6. Total loss by physical severance or total and permanent loss of use of both thumbs and all fingers	100%
7. Total loss by physical severance or total and permanent loss of use of index finger	5% to 15%
8. Total loss by physical severance or total and permanent loss of use of little finger	3% to 10%
9. Total loss by physical severance or total and permanent loss of use of toes	3% to 18%
10. Fractured leg or patella with established non-union of leg or shortening of leg by at least five centimetres	10%
11. Third-degree burns	50% to 100%

Where the injury is not specified, the Company will adopt a percentage of disablement, which in its opinion is not inconsistent with the provisions of the Table of Benefits.

BASIC COVER

Premium per Insured Adult	Standard	Deluxe	Elite	Elite2	Elite6
CLASS 1	\$144.45	\$192.60	\$310.30	\$455.82	\$746.86
CLASS 2	\$162.64	\$235.40	\$379.85	\$529.65	\$829.25
CLASS 3	\$288.90	\$460.10	N.A.		
Premium per Insured Child	Standard	Deluxe	Elite	Elite2	Elite6
If BOTH parents are covered under the same PASTar	FREE for unlimited number of Children				
If only ONE parent is covered under the same PASTar	\$26.75	\$47.08	\$79.18		

OPTIONAL COVERS

Premium per Insured Adult	Standard	Deluxe	Elite	Elite2	Elite6
K. ID Booster according to plan selected	\$14.98	\$19.26	\$23.54	\$29.96	\$42.80
L. Education Fund Per unit of S\$25,000	\$26.75				
M. Parent's Cover Per Parent	\$32.10				
Premium per Insured Child	Standard	Deluxe	Elite	Elite2	Elite6
K. ID Booster If BOTH parents are covered for ID Booster	FREE for unlimited number of Children				
K. ID Booster If only ONE parent is covered for ID Booster	\$4.28	\$5.35	\$6.42		

CLASSIFICATION OF OCCUPATIONS

CLASS 1 Persons engaged in indoor & non-manual work in non-hazardous places	CLASS 2 Persons engaged in outdoor, supervisory or occasional manual work not involving the use of tools or machinery or exposure to any special hazards	CLASS 3 Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery
Examples <ul style="list-style-type: none"> • Barber / Hairdresser • Beautician • Tailor • Nurse • Dentist / Doctor / Surgeon (Non-veterinary) • Indoor sales / Marketing (More than 80% in office) • Software Engineer • Management (Director, Manager, Executive etc.) with overseas travel less than 12 times a year • MINDEF Administrative Staff (Excluding field training) • Home-maker • Retiree • Full-Time Student • Teacher 	Examples <ul style="list-style-type: none"> • Chauffeur • Decorator (Managing) • Engineer (Excluding Software Engineer) • Foreman (Non-Construction) • Outdoor Sales / Marketing • Surveyor • Insurance Agent / Property Agent • Assembly Line Production Worker (Not using tools & machinery) • Unarmed Security Guard • Laboratory Assistant • Management (Director, Manager, etc.) with overseas travel 12 or more times a year • Fitness / Gym Instructor • Chiropractor / Physiotherapist • Chinese Physician • Domestic Helper • Manicurist / Pedicurist 	Examples <ul style="list-style-type: none"> • Baker / Chef • Carpenter (Not using woodworking machinery) • Contractor • Courier • Driver • Hawker / Market Stallholder • Motor Repairer • Painter (Not involving work at heights) • Plumber • Technician • Veterinary Surgeon

REFERRED OCCUPATIONS FOR COVER DURING OFF-DUTY HOURS (Please refer to our office for approval)
 Commercial air crew and pilot, military personnel (excluding MINDEF administrative staff)

DECLINED OCCUPATIONS: Industrial workers using heavy machinery / woodworking tools and machineries; any occupation involving aviation activities; police force personnel, fire fighters; construction / unskilled workers; ship crew or workers on board vessels, stevedores, shipbreakers; occupations involving diving, platforms, oil and gas rig workers, offshore workers. Work involving height (exceeding 30 feet above ground or floor level) and/or works underground and/or travel beyond normal speed on land and/or handling of hazardous chemical / electricity; Professional sports team; Professional divers and jockeys; Welders and the like, Crane operators.

Now connected to the MHC Clinic Network

Exclusively for PAMStar policyholders, outpatient clinic visits are fuss-free with the MHC Clinic Network Locator mobile app. Download the app and create an account to enjoy these benefits:

1 Over 400 GP clinics

Sort MHC panel clinics by distance and locate one nearby.

2 Cardless recognition

Activate your policy simply by flashing the eCard in the app.

3 Cashless treatments

Enjoy free clinic visits subject to the policy limit specified.

For a step-by-step guide, go to bit.ly/PAMStar_MHC_AppUserGuide.

For questions on the app, contact MHC at 6774 5005 (Mon–Fri, 9am–6pm) or enquiry@mhcasia.com.

For more information on MHC, go to mhcasia.com.

Scan to download the app



For iPhone



For Android



Intermediary's Name/Code: _____

Important Notice

1. Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
2. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.
3. The liability of the Company does not commence until this Application is accepted and the premium is paid in accordance with clause 2 above.

APPLICANT'S PARTICULARS

NAME: _____

ADDRESS: _____

NRIC/FIN: _____ NATIONALITY: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____ MOBILE NO.: _____

EMAIL: _____

PARTICULARS OF PERSON(S) TO BE INSURED & COVERAGE SELECTION

Details of spouse, child(ren) and parent(s) are required only if they are included in this cover

SELF: _____	GENDER: M / F	CLASS: 1 / 2 / 3
PLAN: _____	PREMIUM: _____	OCCUPATION: _____
SPOUSE: _____	GENDER: M / F	CLASS: 1 / 2 / 3
DATE OF BIRTH: _____	NRIC / FIN: _____	OCCUPATION: _____
PLAN: _____	PREMIUM: _____	
CHILD: _____	GENDER: M / F	
DATE OF BIRTH: _____	NRIC / FIN: _____	PREMIUM: _____
CHILD: _____	GENDER: M / F	
DATE OF BIRTH: _____	NRIC / FIN: _____	PREMIUM: _____
CHILD: _____	GENDER: M / F	
DATE OF BIRTH: _____	NRIC / FIN: _____	PREMIUM: _____
PARENT: _____	GENDER: M / F	
DATE OF BIRTH: _____	NRIC / FIN: _____	PREMIUM: _____
PARENT: _____	GENDER: M / F	
DATE OF BIRTH: _____	NRIC / FIN: _____	PREMIUM: _____

• Please provide details on the nature /scope of work for general descriptions, e.g. civil servant, self-employed, etc. to determine the classifications of occupation.

OPTIONAL COVERS (S\$) (Inclusive of GST) (Please tick)**Total Premium (S\$)**

- ID Booster**
 - Self \$ _____
 - Spouse \$ _____
 - Child(ren) (if only one parent is covered) \$ _____
- Education Fund** (per unit of S\$25,000) \$ _____
 Maximum number of units up to the number of children insured \$ _____
 (No. of unit) \$ _____
- Parent's Cover** \$ _____
 _____ x \$32.10 \$ _____
 (No. of parent)

ANNUAL PREMIUM (S\$) (Inclusive of GST)

Total Premium for Basic Plan \$ _____
 Total Premium for Optional Cover \$ _____
Total Premium payable \$ _____

PERIOD OF INSURANCE

From _____ to _____

DECLARATION

- I/ We
1. am/are in good health and free from any physical impairment.
 2. am/are residing in Singapore who are Singaporeans, Permanent Residents or Foreigners with valid Employment Pass/Work Permit/Student Pass/Long Term Social Visit Pass/Dependent Pass.
 3. am/are not participating/intending to participate in any hazardous hobbies or activities.
 4. have neither made any claims against any insurer for bodily injury nor had any life or accident insurance applications/policies that are declined, cancelled, refused renewal or imposed with special terms.
 5. will give notice to Sompo of any change in health, occupation, activities or country of residence.
 6. Understand and agree that benefits under this policy will only be payable upon accident occurring with the exception of coverage provided for Specified Infectious Diseases.
 7. am/are aware that for Infectious Diseases, there is a waiting period of 14 days from cover inception and cover is subject to Pandemic Alert Exclusion.
 8. understand the Notes highlighted in the brochure and am/are aware that I/we can seek advice from a qualified advisor to ensure that this product is appropriate for my/our financial needs and insurance objectives before this application is submitted.
 9. consent that the information given in the application is true and complete and shall be the basis of contract between me/us and Sompo
 10. am/are not undischarged bankrupt(s).
 11. acknowledge and agree (in case of corporate policy, I/we represent that I/we have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my/our personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo Insurance's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/ risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at sompo.com.sg.
 12. consent to receive marketing and promotional information from Sompo (e.g. via email, mail, SMS, etc.). I/We understand that I/we can withdraw or manage my/our consent to receive marketing and promotional information at sompo.com.sg
 13. am/are aware of and agree to abide by the Policy terms, conditions and exclusions and confirm that the information given in this application/form is true, accurate and complete.

I/We further declare details relating to Item(s) no. : _____

- PLEASE CHARGE S\$ _____ (Including GST) TO MY VISA / MASTERCARD* (*Delete As Appropriate)
 Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

CARDHOLDER NAME: _____

CARD NO.: ■■■■■ - ■■■■■ - ■■■■■ - ■■■■■ EXPIRY DATE: ■■■ - ■■■

- I ENCLOSE A CHEQUE FOR S\$ _____
 (Including GST) payable to Sompo Insurance Singapore Pte. Ltd.

BANK / CHEQUE NO.: _____

SIGNATURE OF APPLICANT _____
 on behalf of person(s) to be insured _____ DATE: _____

**FOR OFFICIAL USE**

We confirm acceptance of this application in accordance to our policy terms conditions and exceptions, effective

 NAME & SIGNATURE OF APPROVING OFFICER / DATE

Important Note

- This product brochure is not a contract of insurance. The specific terms, conditions and exclusions are set out in the policy. Please refer to our website should you require a specimen copy of the policy wording.
- 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 your insurer or visit the GIA/LIA or SDIC web-sites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).
- If you wish to nominate your beneficiary, please call our Customer Service Hotline at 6461 6555 to request for the relevant forms.

Scan to visit our website
or download the app



Sampo Website



Sampo SG App



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