

## MediLite – Hospital Cash & Medical Insurance

### Important Notice

1. **STATEMENT Pursuant to Section 25(5) of the Insurance Act** (or any subsequent amendments thereof) - We would remind you that you must disclose to us fully and faithfully the facts you know or ought to know otherwise you may not receive any benefits from your Policy.
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.

The Policyholder has applied to Sompo Insurance Singapore Pte. Ltd. (hereinafter called “the Company”), by a signed application and/or declaration and/or other information supplied, for the insurance contained in this Policy and has paid or agreed to pay the premium as consideration for such insurance.

If at any time during the Period of Insurance, the Insured Member requires hospitalisation and incurs any hospital and/or surgical expenses as described in the Policy Schedule as a result of injury, sickness or disease, Sompo Insurance Singapore Pte. Ltd. agrees to pay to the Policyholder the benefits as shown in the Schedule of Benefits for the selected plan specified on the Policy Schedule, subject to the exclusions and conditions, clauses, definitions, endorsements contained or endorsed hereon, hereinafter collectively referred to as the Terms of this Policy.

The application and/or declaration and/or other information supplied by the Policyholder shall form the basis of this contract and is deemed to be incorporated in this Policy.

### Definitions

Wherever the following words are used in this Policy or on the Policy Schedule they shall have the meanings given below:

1. **Accident or Accidental**  
An event that is sudden, unforeseen or unexpected.
2. **Age**  
Refers to age next birthday.
3. **Anaesthetist**  
A Registered Medical Practitioner qualified by degree in Western Medicine and legally licensed or duly qualified to perform anaesthetics authorised in the geographical area of his/her practice.
4. **Bodily Injury**  
Physical bodily damage caused solely by an Accident.
5. **Day Surgery**  
An event whereby a patient requires the use of a recovery facility for a Surgery performed on a pre-planned basis (but not for an overnight stay) in a Hospital or a clinic duly qualified to perform such a Surgery.
6. **Dependant**  
The Policyholder’s legal spouse aged sixty (60) and below at enrolment and up to eighty (80) years on renewal, unless legally separated from the Policyholder, and all the unmarried and unemployed natural children, legal step-children and legally adopted children who are aged fourteen (14) days old (provided the children are discharged from the hospital in a healthy condition) and below twenty-one (21) years. For those in full-time tertiary institutions, the age limit will be extended to their twenty-fifth (25th) birthday.
7. **Disability**  
An Illness or the entire injuries arising out of a single or continuous series of Accidents.
8. **Effective Date**  
The policy commencement date or date of Insured Member’s first enrolment into the policy whichever is the later.
9. **Home Country**  
Shall mean Singapore.

**10. Hospital**

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

- a. has facilities for diagnosis and major surgery;
- b. provides twenty-four (24) hours a day nursing services by registered graduate nurses;
- c. is under the supervision of a physician; and
- d. is not primarily a nature cure clinic, a place for alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged or similar establishment.

**11. Hospitalisation**

An in-patient confinement in a hospital for a period of not less than six (6) hours and for which the Hospital made a room and board charge.

**12. Hospital Expenses**

The cost of medical, surgical or other remedial attention, treatment or appliances given or prescribed by a Registered Medical Practitioner that are medically necessary to treat the Insured Member's condition, incurred during the Insured Member's Hospitalisation including

- a. **Hospital Room & Board**  
Hospital charges for accommodation, general nursing services and meals for each day of confinement as an in-patient in a Hospital. This benefit shall be payable on the actual charge of the selected ward category, up to a standard class air-conditioned room of a 1-bedded ward.
- b. **Intensive Care**  
The daily room and board charges incurred for confinement as an in-patient in the intensive care unit of a Hospital.
- c. **Surgical Fees**  
The actual fees charged by a Surgeon(s), an Anaesthetist and for the use of an operating theatre that are incurred for a Surgery performed in a Hospital or a Day Surgery performed in a Hospital or a clinic by a duly qualified Surgeon.
- d. **Hospital Miscellaneous Services**  
The actual Hospital charges for any of the following items incurred whilst confined in the Hospital:
  - Drugs and Medicines consumed on premises;
  - Dressings, Ordinary Splints and Plaster Casts;
  - Laboratory Examinations;
  - Electrocardiograms;
  - Basal Metabolism Tests;
  - Physical Therapy;
  - X-ray therapy, radium therapy, radium and isotopes;
  - X-ray Examinations;
  - Intravenous Infusions;
  - Administration and the cost of Blood or Blood Plasma;
  - Physician's Visits with a maximum of one visit per day;
  - Medical Report fees up to a limit of S\$100.00.
- e. **Ambulance Fees**  
The charges for local road ambulance service (inclusive of attendance) to and/or between Hospitals in medical emergencies resulting in the Insured Member subsequently hospitalized.

**13. Illness or Sickness or Disease**

Any sudden and unexpected pathological deviation from the normal healthy state, marked by interruption, cessation or disorder of body functions, systems or organs as confirmed such by a Registered Medical Practitioner.

**14. Insured Member**

The Policyholder or the Insured Dependant(s) whose application has been accepted by the Company and is covered by this insurance Policy.

**15. Medical Condition**

Any type of Illness, Sickness, Disease, Disability, Physical Deformity and/or Bodily Injury resulting from an Accident sustained by the Insured Member.

**16. Per Disability**

All claims arising from the same cause, including any and all complications therefrom.

**17. Place of Residence**

Means the residential address as declared by the Insured Member.

**18. Pre-Existing Conditions**

An Injury, Illness or Illnesses which existed or have developed symptoms or there exists manifestation of illnesses before the Effective Date of cover in respect of an Insured Member of which the Insured Member was aware or should reasonably have been aware, based on normal medically accepted pathological development of the Illness or Illnesses.

**19. Policyholder**

A person to whom the Policy has been issued.

**20. Reasonable and Customary**

Charges and fees for medical care and treatment which are considered reasonable and customary to the extent that it does not exceed the general level of charges or fees being made by others of similar medical standing and of similar disability in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individual of the same sex of comparable age for a similar sickness, disease or injury at National University Hospital, Singapore, and are

- a. consistent with the diagnosis and treatment of the covered disability;
- b. not perform for the convenience of the Insured Member or the medical personnel;
- c. performed under the least costly setting required of the disability; and
- d. for which the charges are fair and reasonable for the disability.

**21. Registered Medical Practitioner or Physician**

A person qualified by degree in Western Medicine and duly licensed or registered to practice medicine and surgery in the geographical area of his practice, and who in rendering such services is practicing within the scope of his licensing and training but excluding a medical practitioner who is the Insured Member or the spouse, relative or employee of the Insured Member.

**22. Renewal Date**

The date immediately following the last day of any Period of Insurance.

**23. Surgeon**

A person qualified by degree in Western Medicine and duly licensed or registered to perform surgery.

**24. Surgical Operation or Surgery**

Laser surgery or the act involving actual cutting of tissue or involving the resetting of fractures and/or dislocations.

**25. Usual Country of Residence**

Shall mean Singapore.

**Schedule of Benefits**

The limits of cover shown in the Schedule of Benefits for the selected plan specified on the Policy Schedule apply for each disability per policy period unless otherwise indicated in the Policy Schedule.

<b>Per Disability Limit</b> Unless otherwise indicated	<b>PLAN 1</b> <b>(S\$)</b>	<b>PLAN 2</b> <b>(S\$)</b>	<b>PLAN 3</b> <b>(S\$)</b>
<b>A. Hospitalisation Expenses</b>			
1. due to Illness (up to 365 days)	\$5,000	\$3,000	\$2,000
2. due to Accident (up to 365 days)	\$10,000	\$6,000	\$4,000
<b>B. Daily Cash Allowance During Hospitalisation</b>			
1. due to Illness (up to 500 days)	\$200	\$150	\$100
2. due to Accident (up to 90 days)	\$400	\$300	\$200
3. when warded at Intensive Care Unit (up to 30 days)	\$600	\$450	\$300
<b>C. Discharge Transportation Grant</b>	\$50	\$50	\$50
<b>D. Recuperation Grant</b>	\$200	\$150	\$100
<b>E. Special Grant (Death due to accident only)</b>	\$1,000	\$1,000	\$500

**Note:**

Benefit A2 is payable in lieu of Benefit A1.

Benefit B2 is payable in lieu of Benefit B1.

Benefit B3 is payable in lieu of Benefit B2 or B1.

## **Description of Benefits**

### **Section A – Hospitalisation Expenses**

In the event the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will reimburse the Hospital Expenses incurred within three hundred and sixty-five (365) days from the date of the Accident or commencement of Medical Condition up to the limit specified in the Schedule of Benefits Per Disability.

### **Section B – Daily Cash Allowance During Hospitalisation**

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay a daily cash benefit for each day of Hospitalisation up to the limit and for a maximum period specified in the Schedule of Benefits Per Disability.

### **Section C – Discharge Transportation Grant**

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay the lump sum benefit specified in the Schedule of Benefits for the Insured Member's conveyance back home upon discharge from the hospital, provided a valid claim is also payable under Sections A and B, and is limited to a maximum of one (1) payment Per Disability.

### **Section D – Recuperation Grant**

If the Insured Member is hospitalised due to a Medical Condition or Bodily Injury during the Period of Insurance, the Company will pay the lump sum benefit as specified in the Schedule of Benefits, provided a valid claim is also payable under Sections A and B, and is limited to a maximum of one (1) payment Per Disability.

### **Section E - Special Grant**

In the event of death of the Insured Member as a result of an Accident for which a claim is payable under the Policy, the Company shall pay the lump sum benefit as specified in the Schedule of Benefits.

## **Benefits Limits**

The Company shall pay the actual costs incurred in respect of treatment of an insured Medical Condition or Bodily Injury in accordance with the Plan which the Insured Member is covered under as specified in the Policy Schedule and shall not exceed the limit specified in the Schedule of Benefits.

If the Insured Member is covered under more than one MediLite policy, the benefit payable shall be based on the policy with the higher limit set forth in the Schedule of Benefits that is in force at the time of claim.

## **Sompo Assist**

This policy is extended to provide twenty-four (24) Hour Emergency Assistance Service available directly from our Appointed Assistance Company. Information about the Insured Member and the Policy will be disclosed to our Appointed Assistance Company for the purpose of providing the Emergency Assistance Services. Any contracts entered into for such services or any request for such services shall be deemed to be made between the Insured Member our Appointed Assistance Company and the Company does not in any way accept any liability to provide such services or for the performance thereof.

If the Insured Member shall suffer Bodily Injury and/or a Medical Condition and is in need of emergency assistance services outside Singapore while arising out of and in the course of his journey, provided that such journey is not undertaken

1. against the advice of a Medical Practitioner; and/or
  2. for the purpose of obtaining or seeking any medical or surgical treatment abroad,
- the following Emergency Assistance Services benefits shall be available directly from our Appointed Assistance Company upon specific verbal notification by the Insured Member or the Insured Member's representative to the specified twenty-four (24) hour Alarm Centre, on call collect or reverse charge basis.

All services are purely on referral or arrangement basis only. The Company and our Appointed Assistance Company shall not be responsible for any third party expenses incurred which shall be the responsibility of the Insured Member.

## **Emergency Assistance Services (By Our Appointed Assistance Company)**

### **A. Travel Assistance**

#### **1. Pre-trip Information Services**

Provide information concerning visas and inoculation requirements for foreign countries worldwide.

- 2. Embassy Referral**  
Provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- 3. Lost Luggage Assistance**  
Assist the Insured Member who has lost his/her luggage while travelling outside his/her Home Country or Usual Country of Residence by providing directions for recovery.
- 4. Lost Passport Assistance**  
Assist the Insured Member who has lost a passport while travelling outside his/her Home Country or Usual Country of Residence by providing directions for recovery.
- 5. Weather and Exchange Rate Information Assistance**  
Assist the Insured Member by providing referral information services including weather and exchange rate information.
- 6. Emergency Message Transmission Assistance**  
Assist the Insured Member to transmit urgent messages to family Insured Members, friends or business associates upon the Insured Member's request in the event of a medical emergency.
- 7. Interpreter Referral**  
Assist the Insured Member by providing the address, telephone number and hours of operating of interpreters worldwide.
- 8. Arrangement of Hotel Accommodation**  
Arrange for hotel accommodation for the Insured Member's companion who is visiting the Insured Member while he/she is hospitalised outside his/her Home Country or Usual Country of Residence.

**B. Medical Assistance**

- 1. Telephone Medical Advice**  
Arrange for the provision of medical advice to the Insured Member over the telephone.
- 2. Medical Service Provider Referral**  
Provide the name, address, telephone number and, if requested by the Insured Member and if available, office hours for physicians, hospitals, clinics, dentists and dental clinics (collectively, "Medical Service Provider"). Our Appointed Assistance Company shall not be responsible for determining the appropriate medical specialist for handling the Insured Member's particular problem nor for providing medical diagnosis or treatment. Our Appointed Assistance Company shall not be liable in respect of any consequences arising out of or howsoever caused by the services provided by the Medical Service Providers referred by our Appointed Assistance Company. The final selection of the Medical Service Provider shall be the responsibility of the Insured Member.
- 3. Arrangements of Appointments with Local Doctors for Treatment**  
Assist the Insured Member by arranging for appointments with local doctors for treatment.
- 4. Arrangement of Hospital Admission**  
If the medical condition of the Insured Member is of such gravity as to require hospitalisation, our Appointed Assistance Company will assist the Insured Member with hospital admission.
- 5. Dispatch of Essential Medicine**  
When medically necessary and whenever possible, our Appointed Assistance Company will dispatch essential medicine which is not available locally. The delivery of such medical commodities will be subject to the laws and regulations applicable locally for the importation or delivery of such products.
- 6. Arrangement of Emergency Medical Evacuation**  
Arrange for the provision of air and/or surface transportation, medical care during transportation, communications and all usual ancillary services required to move the User to the nearest hospital where appropriate medical care is available. Our Appointed Assistance Company will arrange for the provision of appropriate communication and linguistic capabilities, mobile medical equipment and medical escort crew.

#### **7. Arrangement of Emergency Medical Repatriation**

Arrange for the return of the Insured Member to his/her Home Country or Usual Country of Residence following an emergency medical evacuation for subsequent in-hospital treatment in a place outside his/her Home Country or Usual Country of Residence. Our Appointed Assistance Company will arrange for the provision of appropriate communication and linguistic capabilities, mobile medical equipment and medical escort crew.

#### **8. Arrangement of Repatriation of Mortal Remains**

Arrange for transporting the Insured Member's mortal remains from the place of death to his/her Home Country or Usual Country of Residence or if requested by the Insured Member's family, arrange for local burial at the place of death, subject to any governmental regulations.

### **Exclusions**

This Policy shall not pay any benefits relating to any of the following events and any medical conditions arising therefrom:

1. Pre-existing conditions including all illnesses or conditions which in the opinion of a Physician appointed by the Company are caused by or related to that condition, including the consequences of treatment, unless stated in the application form and expressly accepted by the Company by endorsement on this Policy;
2. Treatment relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions;
3. Any Illness or Sickness, which commences within the first thirty (30) days from the Effective Date of Cover of the Insured Member, except for accidental injuries;
4. Charges for services received in health spas, nature cure clinics or similar establishments or nursing homes attached to such establishments;
5. Services of a Medical Practitioner or any person acting in such capacity for the purpose of out-patient treatments, unless as provided for under this Policy;
6. Routine physical examinations, health check-ups or any other tests not related to the treatment or diagnosis of any Injury, Illness or Sickness or any treatment of a preventive nature including vaccinations, treatment for obesity, weight reduction and weight improvement programmes, dental condition, unless as provided for under this Policy;
7. Treatment of varicocele, impotence or any consequence;
8. Circumcision operations unless medically necessary;
9. Treatment arising from pregnancy, miscarriage (excluding miscarriage caused by accidental falling of the Insured Member with external injury or by traffic accident), or childbirth (including diagnostic tests for pregnancy), tests to do with and treatment for sub-fertility, and charges for abortion or sterilization, and contraception including any complications relating thereto;
10. Treatment or surgery for tonsils, adenoids, hernia or a disease peculiar to the female generative organs which commences within the first one hundred and twenty (120) days from the Effective Date of Cover of the Insured Member;
11. Cosmetic treatment whether or not for psychological purposes other than treatment performed as a direct result of an Accident during the period of insurance;
12. Surgical/dental appliances spectacles contact lenses or hearing aids;
13. Any eye examination/treatment, surgical procedure for correction of eye refraction, except to the extent that such Surgery is necessary for the repair of damage caused solely by Accidental Bodily Injuries covered under this Policy;
14. Accident or Injury occurring while the Insured Member is engaged in or practising for or taking part in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, underwater activities involving the use of underwater breathing apparatus, bungee jumping, sky diving, hang-gliding, paragliding, parachuting or any activities in aerial balloon whilst airborne, motor rallies or any kind of racing other than on foot or any sports in a professional capacity unless otherwise agreed in writing by the Company;

15. Accident or Injury occurring while the Insured Member is engaging in aerial activities or air travel except as a fare paying passenger in any properly licensed aircraft being operated by a licensed airline in accordance with published schedules of flights or timetables or in a properly licensed multi-engine aircraft being operated by any other licensed commercial air carrier;
16. Services of a non-medical nature provided by a hospital, such as television, telephones, newspaper, radios, guests meals or similar facilities and any personal luxury;
17. Cost of acquisition of organ for transplant and all expenses incurred by the donor of such organ;
18. Any treatment undertaken for relief of chronic illness or palliative treatment of terminal conditions except as provided for under this Policy;
19. Treatment directed towards developmental delay and/or learning disabilities in children;
20. Alternative medicine including osteopathy homeopathy chiropractic acupuncture and the like unless as provided for under this Policy;
21. Treatment of Alcohol Dependence Syndrome Drug Dependence and/or abuse of drugs or alcohol including treatment of any Medical Condition which in the opinion of the Company's appointed medical consultant is considered to be either an underlying cause of or directly attributable thereto;
22. Any investigation test or treatment which directly or indirectly results from or is related to
  - a. infection by, which includes sero-positivity to, any Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) or any similar or related condition or syndrome; or
  - b. any condition or illness directly or indirectly arising from any such infection condition or syndrome;
  - c. sexually transmitted / venereal diseases.
23. Expenditure directly or indirectly arising from or consequent upon
  - a. War invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion riot civil disturbance rebellion revolution insurrection military or usurped power or while serving in a police or military unit other than peace-time reservist training in Singapore;
  - b. Earthquake volcanic eruption flood avalanche or tempest;
  - c. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel and for the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission;
  - d. Nuclear weapons or device or chemical or biological agent.
24. Treatment relating to sex change;
25. Wilful self inflicted injuries suicide attempted suicide provoked assault or any attempt thereof;
26. Psychiatric treatment or treatment of mental disorder;
27. Injury sustained as a result of a criminal act of the Policyholder or Insured Member, violation or attempted violation of law and resistance to lawful arrest or any resultant imprisonment;
28. Treatment provided by a member of the Insured Member's immediate family and any auto-therapy including prescribed drugs;
29. Any costs of treatment which arise out of any accident or illness in the course of employment and which would constitute a valid claim under any Policy indemnifying liability under any Workmen's Compensation Act or similar Act or Ordinance or at Common Law except for those expenses in excess thereof;
30. Use or treatment of any drugs not licensed by an official government control agency of the country in which the drug is given;
31. Injury under the influence of intoxicants unless it is established that intoxicants were not major factor contributing to the injury;
32. The cost of second opinion for medical conditions unless considered by the Insured's medical advisers to be reasonable and necessary having regard to the medical facts and circumstances;
33. Treatment received after the period of insurance under this Policy has expired unless the Policy is renewed within the grace period of thirty (30) days and payment of full year's premium;
34. The Insured Member's physical absence from Singapore (unless the Insured Member returns to Singapore for medical treatment but not including the Emergency Assistance Services) for more than one hundred and eighty (180) consecutive days during the Policy Year.

## **Provisions**

### **A. Eligibility**

1. Persons eligible for cover under this Policy are
  - a. The Policyholder, whose age is between nineteen (19) years and sixty (60) years at enrolment and up to eighty (80) years on renewal or otherwise agreed by the Company;
  - b. The Policyholder's Dependents as defined in this Policy;
  - c. Singapore Citizens, Singapore Permanent Residents as well as expatriates or foreigners who are holding a valid Employment Pass, Work Permit, Dependent Pass, Student Pass, Long Term Social Visit Pass or any other valid Pass issued by the relevant government authorities as approved by the Company and who are domiciled in Singapore or otherwise agreed by the Company subject to the payment of additional premium.

### **B. Overseas Treatment**

1. If any Insured Member has resided outside Singapore for more than ninety (90) consecutive days during the policy year, then any eligible expenses incurred for medical treatment of the Insured Member after the ninety (90) days will be limited to the Reasonable and Customary charges for such treatment at National University Hospital, Singapore.
2. The insurance for any Insured Member will cease automatically if the Insured Member has been physically absent from Singapore for more than one hundred and eighty (180) consecutive days during the policy year, unless prior agreement have been received and endorsed by the Company to extend the policy to include such absence from Singapore and payment of the additional premium chargeable.

### **C. Renewal**

1. This is a short-term accident and health policy and the Company is not required to renew this policy. If the Company invites renewal, the Company may amend the clauses, conditions and rates of premium of the insurance at renewal. The Policyholder will be informed of the amendments at least thirty (30) days before the Renewal Date at which time the amendments will apply.
2. Any endorsements or variations which may have been issued to this Policy including any premium loading imposed will continue to remain in force at each annual Renewal Date unless otherwise agreed in writing by an authorised official of the Company.
3. The Policyholder shall before each renewal of cover give notice in writing to the Company of any disease or physical defect of which the Insured Member may have become aware of during the year immediately preceding renewal of cover and failing such notice by the Policyholder shall be deemed to have reaffirmed the declaration contained in the original Proposal and Declaration Form first lodged with the Company or other statement of health whichever is later.
4. If the Insured Member has any existing medical condition at the policy renewal date, he or she may not be covered under the renewed Policy for such a medical condition. If such a medical condition is covered under the renewed Policy, Policyholder may need to pay additional premiums.
5. Grace Period
  - a. A grace period of thirty (30) days is allowed for payment of the required renewal premium. If the renewal premium is not paid on or before the last day of the grace period, the insurance under this Policy will be treated as ended on the Renewal Date.
  - b. If an Insured Member received treatment for which eligible expenses are incurred during the grace period, the claim will only be admitted if the Policy is renewed and payment of the annual premium is promptly made to the Company.
6. The Policyholder may apply for a change in the level of benefit at least thirty (30) days before the Renewal Date but any such change can only be made on the next renewal of this Policy. The Company will pay benefits for any contracted or diagnosed illnesses and conditions prior to the upgrading based on the benefits of the previous plan for twelve (12) months from the date of the upgrading provided that these illnesses or conditions are not excluded under the Policy. The Company reserves the right to reject such an application.

### **D. Termination**

The insurance granted under this Policy shall automatically terminate on the date whichever of the following events shall occur first:

1. Insurance for any Insured Members under this Policy will terminate on the Renewal Date of this Policy unless the insurance has been renewed in accordance with the 'Cancellation' as stated above.
2. The death of the Insured Member and where the Insured Member is the Policyholder, cover for all Dependents will also terminate at the Renewal Date following the date of the death.



3. The Insured Member ceases to be a citizen or permanent resident of Singapore or no longer has a valid Employment Pass, Work Permit, Dependent Pass, Student Pass, Long Term Social Visit Pass or any other valid Pass issued by the relevant government authorities for residing in Singapore as approved by the Company.
4. The entry into full-time military, naval, air or police service of the Insured Member other than peace-time National reservist training in Singapore.
5. Violation of law resulting in imprisonment.
6. The termination of cover by the Company or the Insured Member or Insured Dependent subject to due notice under the terms of this Policy being given.
7. Insurance for Dependent Child
  - a. If an Insured Child has reached age twenty-one (21) years or twenty-five (25) years for those in full-time tertiary institutions on the Renewal Date of this Policy, the insurance on the Insured Child will end on that Renewal date and will not be renewed.
  - b. The Insured Child whose Insurance has ended as a result of having reached age twenty-one (21) years or twenty-five (25) years for those in full-time tertiary institutions has the option to apply for a separate MediLite policy.
8. If an Insured Member has attained age eighty (80) years on the Renewal Date of this Policy, insurance for the Insured Member will end and will not be renewed.
9. Change in Insured Member's employment, occupation or business, habits or pursuits which is likely to result in a material increase in hazard to the Company during the period of insurance where such employment, occupation or business, habits or pursuits is excluded in this Policy or falls outside the standard acceptable under MediLite, unless prior agreement have been received and endorsed by the Company to extend cover under the Policy, insurance for the Insured Member will not be renewed.
10. If the Insured Member is a citizen or permanent resident of Singapore, he or she is covered by MediShield Life for life, for treatments in Singapore even though he or she had terminated this MediLite Policy. The MediShield Life cover is provided regardless of pre-existing medical conditions or other circumstances that the Insured Member face. For more details on any Insured Member's coverage, please visit [www.medishieldlife.sg](http://www.medishieldlife.sg).

## **General Conditions**

### **1. Interpretation**

- a. This Policy and its attached Schedule shall be read as one contract and any word expression to which a specific meaning has been attached to in any part of this Policy or of the Schedule shall bear such specific meaning wheresoever it may appear.
- b. All notices required to be given by the Policyholder to the Company must be in writing addressed to the Company and no alteration in terms of this Policy nor any endorsement hereon will be valid unless the same is signed or initialed by an authorised representative of the Company.
- c. No agent of the Company is authorised to modify or waive any of the benefits or terms or conditions of this Policy or give advice binding to the Company on any claim unless the Policyholder have submitted written details or a fully completed claim form and formal acceptance of the claim or confirmation of the amendment to the benefits and Terms and Conditions of this Policy has been put in writing by an authorised official of the Company.

### **2. Notice of Material Changes**

- a. The Policyholder shall give reasonable notice to the Company of any change in the Insured Member's country of residence or business or occupation or habits or pursuits or health status which is likely to result in a material increase in hazard to the Company and shall pay any additional premium that may be required by the Company for the continuance of coverage as indicated in writing by an authorized official of the Company.
- b. The Company shall notify the Policyholder in writing of any alterations or amendments to the cover or general procedures as are deemed necessary but any accidental omission or failure to send details shall not invalidate the alteration.
- c. If the Policyholder fails to give notice of the changes noted above to the Company, and there is a claim for any eligible expenses incurred on or after the Renewal Date following the change in country of residence or business or occupation or habits or pursuits, the Company may reject such claim or, at its discretion, adjust the benefits payable in respect of the eligible expenses incurred.

### **3. Premium Payment**

This Policy is not a Medisave-approved policy and the Policyholder may not use Medisave to pay the premium for this Policy.

#### 4. Claims Procedure

- a. Written notice duly supported by original receipts and bills shall be given to the Company or its appointed representative within **thirty (30)** days of the happening of any event likely to be the subject of a claim.
- b. The Policyholder or his/her representative shall co-operate fully with the Company and its medical advisers and will fully and faithfully disclose all material facts and matters which the Policyholder knows or ought to know.
- c. The Company may appoint independent administrators or an Emergency Assistance Centre to settle claims on its behalf. Consequently all rights reserved by the Company in respect of claim procedure equally apply to such third parties acting on the Company's behalf.
- d. All certificates and information and evidence required by the Company shall be furnished at the expense of the Policyholder and shall be in such form and of such nature as the Company shall prescribe. The Policyholder shall provide any authorisation as may be required by the Company, its representatives and medical advisers to access medical records related to an event likely to be the subject of a claim.
- e. The Insured Member, in respect of whom a claim has been submitted, shall, at the expense of the Company, whenever reasonably required to do so submit to medical examinations by the Registered Medical Practitioners appointed by the Company.
- f. The Company must be notified in writing immediately of any claim or right of action against any third party arising from a claim paid under this Policy. The Policyholder must inform the Company in writing of any developments and take all steps that the Company may reasonably require to include all benefits claimed for under this Policy in any claims against the third party with the objective of recovering the claim paid.
- g. Proof of posting a Claim Form is not deemed proof of receipt.
- h. If the Company denies liability to the Policyholder for any claim, the Company will not be responsible for that claim after twelve (12) months have passed from the date of this disclaimer unless the claim is the subject of pending arbitration.

#### 5. Cancellation

- a. The Policyholder may at any time, by giving notice in writing to the Company, terminate this Policy or terminate cover with respect to any of the Insured Members. A short period refund of premium as listed below will be returned to the Policyholder subject to a minimum premium charge of S\$53.50 (inclusive of GST).

Period (Not exceeding)	Refund (%of annual premium)
3 days	95
10 days	90
1 month	80
1 ½ months	75
2 months	70
3 months	60
4 months	50
5 months	40
6 months	30
7 months	25
8 months	20
9 months	15
10 months	10
11 months	5
12 months	0

- b. The Company may also, at its option, terminate this Policy by sending seven (7) days' notice by registered letter to the Insured at his last known address, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to a minimum premium charge of \$50.

No refund premium for the unexpired Period of Insurance will be granted to the Policyholder if any claim(s) has arisen during the current period of insurance.

#### 6. Other Insurances (applicable to Section A only)

If the Policyholder or Insured Member becomes entitled to a refund or reimbursement of all or part of the claimed expenses from any other source (including but not limited to MediShield or MediShield Plus or any Private Medical Insurance Scheme plan administered / approved by the Central Provident Fund Board of the Republic of Singapore), or if there is in place any other insurance against the events covered, the Company will only be liable for the excess of the amount recoverable from such other source or insurance.

## **7. Payment of Benefits**

- a. The receipt of any benefit payable by the Policyholder and/or Insured Member shall be deemed final and complete discharge of the Company's liability.
- b. If the benefits payable under this Policy in respect of expenses incurred by the Insured Member have been partly or fully reimbursed from the Insured Member's MEDISAVE account or Medishield or Medisave-approved integrated plan, then the Company will reinstate partially or fully the claim limits of the Insured Member in the same order in accordance with prevailing legislation or regulations at the time of submission of the claim.

## **8. Misstatement or Fraud**

- a. If the Policyholder's proposal or declaration is untrue in any respect or if any material fact affecting the risk be incorrectly stated therein or omitted therefrom or if this insurance or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression of facts, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then, in any such cases, this Policy shall be void and no refund of premium will be payable.
- b. The due observance and fulfillment of the terms conditions and endorsements of this Policy by the Policyholder or any claimant insofar as they relate to anything to be done or not to be done and the truth of the statements and answers in the proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.

## **9. Arbitration**

- a. All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator, to the decision of two Arbitrators; one to be appointed in writing by each of the parties within one calendar month after having been required in writing so to do by either parties; or in case the Arbitrators do not agree, of an Umpire appointed in writing by the Arbitrators before entering upon the references. The Umpire shall sit with the Arbitrators and preside at their meeting and the making of an Award shall be a condition precedent to any right of action against the Company.
- b. If the Company shall disclaim liability to the Policyholder or the Policyholder's legal representatives, or any claimant for any claim hereunder, such claim shall for all purposes be deemed to have been abandoned and shall not hereafter be recoverable hereunder if no action is taken twelve (12) months from the date such disclaimer have been referred to arbitration under the provisions herein contained.

## **10. Form of Notices**

- a. Any request, notice, instruction or correspondence required under this Policy whether to the Company or the Policyholder has to be in writing and will be delivered personally or sent by courier, or by post, or facsimile transmission or electronic mail addressed to the addressee or by any other means as may be approved or adopted or accepted by the Company. For the Policyholder, the mailing address is that stated in the proposal or any other address that the Policyholder has informed the Company in writing.
- b. The Company's notice, request, instruction or communication is presumed to be received:
  - i. in case of a letter, on the (seventh) 7<sup>th</sup> day after posting if posted locally, and on the fourteenth (14<sup>th</sup>) day after posting, if posted overseas;
  - ii. in the case of personal delivery or delivery by courier, on the day of delivery;
  - iii. in the case of a facsimile transmission or electronic mail, on the business day immediately following the day of dispatch; or
  - iv. in the case of other means as approved, adopted or accepted by the Company, as when the Company decides when it is reasonable to be received.

## **11. Alteration of Policy**

No alteration in the clauses of this Policy or any endorsement will be valid unless the alteration or endorsement is signed or initialed by an authorized representative of the Company.

## **12. Conditions Precedent to Liability**

The due observance and fulfillment of the terms provisions conditions and endorsements of this Policy by the Insured insofar as they relate to anything to be done or complied with by them and the truth of the statements and answers in the Proposal and/or Declaration shall be conditions precedent to any liability of the Company to make any payment under this Policy.

## **13. Misstatement of Age**

If the date of birth of any Insured Member stated in the Proposal for this Policy is found to be incorrect, then:

- a. If the Insured Member's true age is greater than that stated, any benefit payable will be pro-rated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year.
- b. If the Insured Member's true age is lower than that state, any premiums paid in excess of that which should have been paid will be refunded to the Policyholder for the year in which the error was discovered without interest.

- c. If at the correct age an Insured Member would not have been eligible for cover under this Policy, no benefit shall be payable. The liability of the Company shall be limited to the refund of the premium paid without interest.

**14. Governing Law**

The Policy is governed by and interpreted in accordance to the laws of Singapore.

**15. Jurisdiction**

The indemnity under this Policy shall not apply in respect of judgements which are not in the first instance delivered by or obtained from a court or tribunal of competent jurisdiction within the Republic of Singapore.

**16. Currency**

All payment shall be made to the Policyholder or a properly appointed nominee. All claims payments shall be made in Singapore currency and no interest will be added to any amount of benefit payable under this Policy.

**17. 14 days Free Look Period (Applicable to Policy issued to an Individual)**

In respect of coverage with "Free Look" provision, the Policyholder or Insured may return the original policy document to the Company or intermediary if the Insured decides to cancel the cover during the "Free Look" period. In such an event, the Insured will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance. The policy will then be deemed as void from inception and the Company shall not be liable for any claims occurring prior to the return of the Policy.

"Free Look" period means the period up to fourteen (14) business days from the time this Policy is received by the Policyholder or Insured and this Policy is deemed to have been delivered and received by the Policyholder or Insured three (3) business days after it is posted by the Company.

This provision is, however, not applicable to any policy with period of insurance less than one (1) year and/or to policy renewals.

**Additional Endorsements**

The following endorsements shall apply to this Policy unless otherwise stated and/or deleted in the Policy Schedule.

**Clarification Agreement**

Property damage covered under this Agreement shall mean physical damage to the substance of property.

Physical damage to the substance of property shall not include damage to data or software, in particular any detrimental change in data, software or computer programs that is caused by a deletion, a corruption or a deformation of the original structure.

Consequently the following are excluded from this Agreement:

1. Loss of or damage to data or software, in particular any detrimental change in data, software or computer programs that is caused by a deletion, a corruption or a deformation of the original structure, and any business interruption losses resulting from such loss or damage. Notwithstanding this Exclusion, loss of or damage to data or software which is the direct consequence of insured physical damage to the substance of property shall be covered.
2. Loss or damage resulting from an impairment in the function, availability, range of use or accessibility of data, software or computer programs, and any business interruption losses resulting from such loss or damage.

**Condition Precedent**

The validity of this Policy is subject to the condition precedent that

1. for the risk insured, the Insured has never had any insurance terminated in the last twelve (12) months due solely or in part to a breach of any premium payment condition; or
2. if the Insured has declared that it has breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months
  - a. the Insured has fully paid all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy; and
  - b. a copy of the written confirmation from the previous insurer to this effect is first provided by the Insured to the Company before cover incepts.

### **Contracts (Rights of Third Parties) Act Exclusion**

It is hereby declared and agreed that a person who is not a party to this Policy shall have no right under the Contracts (Rights of Third Parties) Act (Cap 53B) (or any subsequent amendments thereof) to enforce any of its terms.

### **Cyber Risks Exclusion Clause (NMA2915)**

#### 1. Electronic Data Exclusion

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

- a. This Policy does not insure, loss, damage, destruction, distortion, erasure, corruption or alteration of ELECTRONIC DATA from any cause whatsoever (including but not limited to COMPUTER VIRUS) or loss of use, reduction in functionality, cost, expense of whatsoever nature resulting therefrom, regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
- b. However, in the event that a peril listed below results from any of the matters described in paragraph (a) above, this Policy, subject to all its terms, conditions and exclusions will cover physical damage occurring during the Policy period to property insured by the Policy directly caused by perils of Fire and Explosion.

#### 2. Electronic Data Processing Media Valuation

Notwithstanding any provision to the contrary within the Policy or any endorsement thereto, it is understood and agreed as follows:

Should electronic data processing media insured by the Policy suffer physical loss or damage insured by this Policy, then the basis of valuation shall be the cost of the blank media plus the costs of copying the Electronic Data from back-up or from originals of a previous generations. These costs will not include research and engineering nor any costs of recreating, gathering or assembling such Electronic Data. If the media is not repaired, replaced or restored the basis of valuation shall be the cost of the blank media. However this Policy does not insure any amount pertaining to the value of such Electronic Data to the Insured or any other party, even if such Electronic Data cannot be recreated, gathered or assembled.

Electronic Data means facts, concepts and information converted to a form useable for communications, interpretation or processing by electronic and electromechanical data processing or electronically controlled equipment and includes programmes, software, and other coded instructions for the processing and manipulation of data or the direction and manipulation of such equipment.

Computer Virus means a set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programme or otherwise, those propagate themselves through a computer system or network of whatsoever nature. Computer Virus includes but is not limited to 'Trojan Horse' 'worms' and 'time or logic bombs'.

### **Electronic Date Exclusion**

The Company will not pay for any claim of whatsoever nature directly or indirectly caused by or consisting of or arising from the failure or inability of any computer or other equipment or system for processing storing or retrieving data, whether the property of the Insured or not, occurring at any time to

1. correctly recognize any date as its true calendar date;
2. capture, save or retain, and/or correctly to manipulate, interpret or process any data or information or command or instruction as a result of treating any date otherwise than as its true calendar date;
3. capture, save, retain or correctly to process any data as a result of the operation of any command which has been programmed into any computer software, being a command which causes the loss of data or the inability to capture save retain or correctly to process such data on or after any date.

Subject otherwise to the Terms of the Policy.

### **Personal Data Protection**

In relation to the personal data collected for this Insurance, the Insured agreed and acknowledged that

1. the Company may collect, use and disclose the personal data for the purposes stated in its Privacy Policy, which include underwriting and administering the insurance Policy (including reinsurance/underwriting, claims processing, investigation, payment and other related purposes);
2. the Company will not use, disclose or process the personal data for purposes which are not stated in the Privacy Policy or for which the Insured's consent have not been obtained. If the Company wish to use, disclose or process the personal data for another purpose the Company will seek the Insured's prior written consent;
3. the Company may disclose the personal data for the purposes to a related corporation, subsidiaries, holding companies, associated companies, or affiliates of, any credit bureau; any other person to whom disclosure is permitted or required by any law; and our third party service providers and agents (acting on our behalf). Those recipients may be located in or outside Singapore.

**Payment Before Cover Warranty (This warranty applies where the Policy is issued to an Individual)**

1. The Premium due must be paid to the Company (or the intermediary through whom this Policy or Bond was effected) on or before the inception date ("the inception date") or the renewal date of the coverage. Payment shall be deemed to have been effected to the Company or the intermediary when one of the following acts takes place:
  - a. Cash or honoured cheque for the premium is handed over to the Company or the intermediary;
  - b. A credit or debit card transaction for the premium is approved by the issuing bank;
  - c. A payment through an electronic medium including the internet is approved by the relevant party;
  - d. A credit in favour of the Company or the intermediary is made through an electronic medium including the internet.
2. In the event that the total premium due is not paid to the Company (or the intermediary through whom this Policy or Bond was effected) on or before the inception date or the renewal date, then the insurance shall not attach and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever as cover has not attached.
3. In respect of insurance coverage with Free Look provision, the policyholder may return the original policy document to the Company or intermediary within the Free Look period if the policyholder decides to cancel the cover during the Free Look period. In such an event, the policyholder will receive a full refund of the premium paid to the Company provided that no claim has been made under the insurance and the cover shall be treated as if never put in place. Free Look provision does not apply to Bond.

**Premium Payment Warranty (This warranty applies where the Policy is issued to a corporate entity)**

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the Period of Insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:
  - a. the cover under the Policy, Renewal Certificate or Cover Note is automatically terminated immediately after the expiry of the said 60-day period;
  - b. the automatic termination of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
  - c. the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$26.75 (inclusive of GST).
3. If the Period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the Period of Insurance.

**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 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 visit [www.sompo.com.sg/FAQ](http://www.sompo.com.sg/FAQ) or the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

**Sanction Limitation and Exclusion Clause**

The Company shall not be deemed to provide cover and the Company shall not 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 the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

**Terrorism**

Notwithstanding any provision to the contrary within this Insurance or any Endorsement thereto it is agreed that this Insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this Exception an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This Insurance also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

If the Company alleges that by reason of this Exception, any loss, damage, cost or expense is not covered by this Insurance the burden of proving the contrary shall be upon the Insured.

In the event any portion of this Exception is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

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