

ABOUT SOMPO

Sompo is a member of SOMPO HOLDINGS*, a trusted and established insurance and risk solutions provider in Japan for over a century. Today, SOMPO HOLDINGS serves its customers in more than 30 countries and regions.

Since 1989, Sompo has been providing companies and individuals with premium yet affordable insurance in Singapore.

At the heart of what we do is our commitment to deliver our best service to our customers. More than just providing comprehensive coverage, we aim to be our customers' trusted partner when it comes to protecting what they value and treasure most. Because, above all, their well-being is what we collectively work for.

**SOMPO HOLDINGS is the abbreviated name representing Sompo Japan Nipponkoa Holdings and Sompo Japan Nipponkoa Group.*

Important Note

- This product write-up is not a contract of insurance. Full details of the terms, conditions and exclusions are provided in the Policy. Please visit sompo.com.sg for 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 visit sompo.com.sg/FAQ or GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

SOMPO INSURANCE SINGAPORE PTE. LTD.

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 Company Registration No.: 198905490E


Personal accident coverage for you and your loved ones



No one can predict if and when an accident will happen. It's necessary to always be ready for life's uncertainties so that you not only protect yourself, but your loved ones too. PAStar is a comprehensive insurance plan that gives you 24-hour worldwide protection from personal accident with comprehensive coverage for medical expenses and more.

With PAStar, you and your loved ones can live life to the fullest. That's our promise.

HIGHLIGHTS

- **Worldwide** 24-hour Protection against sudden, unforeseen and unexpected events with access to 24-hour Emergency Assistance Hotline for medical and travel assistance
- **Full Terrorism Cover**
- **Medical Treatment** for accidents and 16 Specified Infectious Diseases including Dengue Fever, Hand Foot Mouth Disease as well as H1N1, H7N9, Mumps, Rubella and **Middle East Respiratory Syndrome (MERS)** 
- **Food Poisoning**
- **Treatment expenses** from licensed Chinese Physicians, Acupuncturists, Bonesetters and Chiropractors up to S\$1,000 any one accident
- **Double Indemnity** for Accidental Death
 - In the event of fatal accident involving both insured self and spouse
 - As a passenger in a traffic accident
- **Accidental Miscarriage** due to falling or traffic accident plus S\$100 recuperation allowance
- **Double Hospitalisation Allowance** if warded in ICU due to an Accident
- **Baby Bonus Allowance** of S\$100
- **Reconstructive Surgery**, Facial Disfigurement and Trauma Counselling Expenses – Additional coverage up to 50% of the Medical Expenses limit
- Purchase or rental of **Mobility Aid** including crutch, wheelchair, hearing aids and artificial limbs prescribed by a Registered Medical Practitioner up to S\$4,000 any one accident
- **No claim bonus** up to 25% on sum insured for Accidental Death and Permanent Disablement

FREQUENTLY ASKED QUESTIONS

1. Who can enrol in the policy?

Singaporeans, Singapore Permanent Residents or Foreigners with valid employment pass, work permit, dependent pass, student pass and long term social visit pass between the age of 16 to 70 years old* and are domiciled in Singapore, can apply. Children from 1 month old up to 20 years old who are dependent, unmarried and unemployed natural children, legal step-children and legally adopted children of the insured self can also be enrolled in the same policy. For those in full-time tertiary institutions, the age limit will be extended to their 25th birthday. However if you need to leave home for temporary residence overseas ranging from a few months to a few years, please contact our office for separate quotation.

2. Do I need to go for any medical examination?

No. You will be accepted based upon your health declarations on the attached Application Form.

3. What are the main exclusions?

All Insurance policies have exclusions. Some of the major exclusions under this policy are: war, self destruction, non prescribed use of drugs, intoxication, insanity, venereal disease, AIDS, childbirth, pre-existing defects, professional sports, underwater or other hazardous activities, private aviation and full-time military duty. Covers for infectious diseases are subjected to a Pandemic Alert exclusion.

4. Is there a waiting period I can make a claim under Medical Expenses due to Infectious Diseases?

Yes. There is a fourteen (14) days waiting period applicable from first inception of cover for the insured person.

5. If I make a claim in one year, what happens to my "No Claim Bonus"?

Your existing 'bonus' entitlement which shall be earned within the first 5 years from the inception of the policy will NOT be forfeited. However, there will be no 5% increase in the sum insured on renewal for the year following the claim.

6. Will I be penalised for my claims made under the Policy?

No. Your renewal premium will not be increased based on your claims experience. However, your premium may be adjusted from time to time for inflation as well as for material change in risk.

7. My mobile phone was damaged when I sustained injuries from an accidental fall. Will my phone be covered?

This item is not covered under the Personal Effects & Belongings benefits. Other excluded items are jewelry items (but not watches), pagers, portable computers/diaries/PDAs, cameras and video equipment.

8. What happens if I have more than one PAStar policy with Sompoo?

The policy with the highest limit will respond to any claims made.

9. Are all Personal Accident plans the same?

Most likely not. You will need to look out for differences in Definitions, Extensions, Tables of Benefits for Permanent Disablement and Exclusions. For example, our 'Accident' definition is wider than many other policies as it does not require the accident to be violent, visible or external.

10. What is this Free Look Benefit? Will I be entitled to premium refund if I need to cancel the policy?

Enjoy 14 days 'Free Look' ** from the day you receive your insurance policy. If the policy is not suitable for you, you can arrange to cancel your policy within this period and receive a full refund on the payment made, no questions asked! Beyond the 'Free Look' period, we will refund you the balance premium after deducting our customary short-term premium or minimum premium provided no claims has been made under the policy.

* Age next birthday

** This is not applicable to renewals

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

BASIC COVER ENHANCED BENEFITS per Insured Adult Section A to J including EXTENDED BENEFITS	ANNUAL PREMIUM				
	STANDARD	DELUXE	ELITE	ELITE2	ELITE6
Per Insured Adult CLASS 1	\$101.65	\$169.06	\$281.41	\$388.41	\$602.41
CLASS 2	\$120.91	\$212.93	\$354.17	\$486.85	\$752.21
CLASS 3	\$258.94	\$449.40	N.A.		
Per Insured Child 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 per child	\$47.08 per child	\$79.18 per child		
OPTIONAL COVERS					
Per Insured Adult K. ID Booster according to plan selected	\$14.98	\$19.26	\$23.54	\$28.89	\$39.59
L. Education Fund Per unit of S\$25,000	\$26.75				
M. Parent's Cover Per Parent	\$32.10 per parent				
Per Insured Child K. ID Booster - If BOTH parents are covered for ID Booster	FREE for Unlimited Number of Children				
- If only ONE parent is covered for ID Booster	\$3.75 per child	\$4.82 per child	\$5.89 per child		

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 of - 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 - loss of 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	from 5% to 15%
8 Total loss by physical severance or total and permanent loss of use of little finger	from 3% to 10%
9 Total loss by physical severance or total and permanent loss of use of toes	from 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	from 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.

CLASSIFICATION OF OCCUPATION

CLASS 1 Persons engaged in indoor & non-manual work in non-hazardous places	CLASS 2 Persons engaged in work of an outdoor or supervisory nature or involve occasional manual work whose duties do not involve the use of tools or machinery or exposure to any special hazard	CLASS 3 Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery
Examples – CLASS 1 <ul style="list-style-type: none"> • Barber / Hairdresser • Beautician • Tailor • Nurse • Dentist / Doctor / Surgeon (Non-veterinary) • Indoor sales / Marketing (More than 50% in office) • Software Engineer • Management (Director, Manager, Executive etc.) with overseas travel less than 12 times a year • MINDEF Administrative Staff (No field training) • Home-maker • Retiree (More than 62 years old) • Full-Time Students (More than 16 years old) 	Examples – CLASS 2 <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 (In schools and colleges) • Management (Director, Manager, etc.) with overseas travel 12 or more times a year • Fitness / Gym Instructor 	Examples – CLASS 3 <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.

APPLICATION FORM

Intermediary's Name/Code: _____

Important Notice

- Statement Pursuant to Section 25(5) of the Insurance Act. You are to disclose on this Application Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- 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 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 / PASSPORT NO.: _____

_____ NATIONALITY: _____

TEL NO.: _____ (HP) _____ (H) _____ (O)

MARITAL STATUS: _____ 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: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ OCCUPATION: _____

BASIC WEEKLY SALARY: S\$ _____ PLAN: _____ TOP-UP: _____ units PREMIUM: \$ _____

SPOUSE: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ OCCUPATION: _____

BASIC WEEKLY SALARY: S\$ _____ PLAN: _____ TOP-UP: _____ units PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

CHILD'S NAME: _____ SEX: Male / Female

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

PARENT'S NAME: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

(REFER TO OPTIONAL COVERS SECTION)

PARENT'S NAME: _____ SEX: Male / Female CLASS: 1 / 2 / 3

DATE OF BIRTH: _____ NRIC / FIN: _____ PREMIUM: \$ _____

(REFER TO OPTIONAL COVERS SECTION)

APPLICATION FORM

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

Total Premium (S\$)

- ID Booster** (*Top-Up Units must be equivalent to Elite Plan Top-Up)
- Self Basic \$ _____ + TOP-UP* \$ _____ \$ _____
- Spouse Basic Basic \$ _____ + TOP-UP* \$ _____ \$ _____
- Child(ren) (if only one parent is covered) No. of Child(ren) _____ x \$ per Child _____ \$ _____
- Education Fund** (per unit of S\$25,000) _____ x \$26.75 \$ _____
- Maximum number of units up to the number (No. of unit)
- Parent's Cover** _____ x \$32.10 \$ _____
- (No. of parent)

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

Total Premium for Basic Plan + Top-up for Insured / Spouse / Child(ren) \$ _____

Total Premium for Optional Cover \$ _____

Total Premium payable \$ _____

PERIOD OF INSURANCE

From _____ to _____

- 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.

DECLARATION

I/We

- am/are in good health and free from any physical impairment.
- 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.
- am/are not participating/intending to participate in any hazardous hobbies or activities.
- 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.
- will give notice to Sompo Insurance Singapore Pte. Ltd. of any change in health, occupation, activities or country of residence.
- 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.
- 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.
- 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.
- confirm that the information given in the application is true and complete and shall be the basis of contract between me/us and Sompo Insurance Singapore Pte. Ltd.
- am/are not undischarged bankrupt(s).
- 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'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.
- consent to receive marketing and promotional information from Sompo Insurance Singapore Pte. Ltd. (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
- 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.

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

Ask about auto-renewal
with GIRO Payment and
Instalment Payment Plan